



## VAGINAL BLEEDING IN EARLY PREGNANCY

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### ABSTRACT

Bleeding is a common complication of pregnancy, with 10-15% of women reporting some bleeding during the first sixteen weeks of pregnancy (Ananth and Savitz 1994). In general, bleeding is considered a risk factor for adverse fetal outcomes, including spontaneous abortion, preterm birth and low birth weight (Batzorn et al. 1984). However, recall bias may explain some of these findings. In addition, Moreover, the timing of bleeding is difficult to determine retrospectively, and studies sometimes group all bleeding during one trimester or half trimester of pregnancy (Ananth and Savitz 1994; Everett, 1997).

### KEYWORDS

Bleeding, first trimester, spontaneous abortion, pregnancy.

### INTRODUCTION

About a quarter of pregnant women experience bleeding in the first trimester. Differential diagnosis includes threatened abortion, early miscarriage, and ectopic pregnancy. Pain and excessive bleeding are associated with an increased risk of early pregnancy loss. Treatment of threatened abortion is a wait-and-

see approach. Bed rest does not improve outcomes, and there is insufficient evidence to support the use of progestins. Trends In quantitative  $\beta$  of human chorionic gonadotropin ( $\beta$ -hCG) subunits, provide useful information for differentiating between normal and abnormal early pregnancy. The discriminatory level

is the  $\beta$ -hCG level above which an intrauterine pregnancy should be visible on transvaginal ultrasound. Failure to detect intrauterine pregnancies combined with  $\beta$ -hCG levels above discriminatory levels should raise concerns about early miscarriage or ectopic pregnancies. Ultrasound findings diagnosing early miscarriage include an average gestational sac diameter of 25 mm or more without embryo and fetal cardiac activity when the crown and sacrum are 7 mm or more long.

## MATERIALS AND METHODS

Women who planned to become pregnant were recruited through newspapers and other advertisements in the local community. The only selection criterion was that the women had to be at least 18 years old and have no known fertility problems or serious health problems. We included 221 eligible women at the time they stopped using any birth control methods. Almost all of the women were white, and 92% of them had some formal education after graduating from high school. One-third of them had never been pregnant (Wilcox et al. 1988). The women collected daily urine samples for 6 months if they were not pregnant, or for at least 8 weeks after their last menstrual period if they became pregnant. At the time of urine collection, the women also filled out daily vaginal bleeding information cards (the number of pads and tampons in the previous 24 hours). Some women reported bleeding that was too light to require

pads or tampons; We include them in spotting. Women also provided daily records of sexual acts. As with urine samples, these diary entries were collected for at least 8 weeks after the last menstrual period.

C2 tests were used to analyze categorical variables. When the number of cells was small, Pearson's tests were used. T-tests were used to analyze continuous variables. Information about the woman's medical history, medication use, smoking, and other factors was collected through a face-to-face interview during the woman's registration.

## RESULTS AND DISCUSSION

A total of 9% of women with clinical pregnancies reported bleeding early in pregnancy for at least 1 day. The data of these pregnancies with bleeding are presented in Figure 1. Bleeding was usually mild, requiring only one or two pads or tampons in 24 hours. (This pattern contrasts with bleeding that has been reported with normal menstruation, for which the women in our study typically used 4-8 pads on the heaviest low-level days). The heaviest bleeding in early pregnancy was 5 days in a row, and no more than three pads or tampons were used per day. This pregnancy ended in a live birth. We investigated the time of bleeding in relation to implantation and the expected onset of menstruation. None of the women reported bleeding between ovulation and implantation. Only one woman had bleeding on the day of implantation.

Bleeding was more likely to occur around the time women could expect their next period. In 8 of the 14 pregnancies, bleeding began between the 27th and 31st day of the cycle (the most common cycle length in our study). This means that bleeding may be more common in certain early stages of pregnancy.

The relative risk of miscarriage after bleeding was 1.5 with wide condensation boundaries (0.4-6.0). Although these numbers are too small for a formal analysis, it is noteworthy that in both miscarriages, bleeding occurred within 30 days of NWO (I and K in Figure 1). These were the only two pregnancies in which the bleeding stopped and then resumed. None of the pregnancies with one continuous bleeding ended in miscarriage. Conversely, the vast majority of pregnancies that eventually ended in miscarriage (13 out of 15) did not have bleeding in early pregnancy. It is suspected that sexual intercourse can cause bleeding in early pregnancy. We didn't see that pattern. Sexual intercourse was no more frequent the day before the bleeding than on other days during this time period.

## CONCLUSION

This bleeding data is unique in that it was collected by women in the earliest stages of pregnancy, even before pregnancy became apparent. The study includes detailed information about ovulation and implantation events, providing unusually accurate benchmarks for the embryonic stages in which

bleeding was observed. Prospective collection of bleeding data has another advantage, which is to eliminate bias, which can distort memories collected later in pregnancy. A total of 9% of women with clinical pregnancies reported bleeding during the first 8 weeks of pregnancy. These findings suggest that bleeding for several days in early pregnancy is not an uncommon event, and furthermore, such bleeding has little to do with the ultimate success of pregnancy. Bleeding that stops and then resumes may be more ominous: Both such episodes in our study ended in miscarriage a few weeks later.

The mechanisms of bleeding in early pregnancy remain unclear. Implantation has been discussed as one of the mechanisms (Speert and Guttmacher 1954). However, we did not find any evidence to support this. Only one episode of bleeding occurred at implantation; Most bleeding began at least 5 days after implantation (Figure 1). Similarly, there was no evidence that sexual intercourse in early pregnancy increases the likelihood of vaginal bleeding. In conclusion, bleeding during the first 8 weeks of pregnancy conceived naturally appears to occur without a clear physiological cause. Most pregnancies with very early bleeding were normal and were live births.

## REFERENCES

1. Askarova F. K., Yakhshinorov I. N. Risk Factors and Recommendations for the Treatment of

- Anemia in Pregnant Women (Literature Review) //Central Asian Journal of Medical and Natural Science. – 2021. – T. 2. – №. 4. – C. 190-193.
2. Askarova F. K. BENEFITS OF THE EFFICACY AND SAFETY OF VITAMIN AND MINERAL COMPLEX" VITRUM PRENATAL FORTE" IN THE PREVENTION OF HYPOVITAMINOSIS AND MINERAL DEFICIENCY IN PREGNANCY //The American Journal of Medical Sciences and Pharmaceutical Research. – 2023. – T. 5. – №. 08. – C. 82-90.
3. Askarova F. K. The Negative Impact of Vitamin D and Other Micronutrient Deficiencies in Pregnant Women //Central Asian Journal of Medical and Natural Science. – 2021. – T. 2. – №. 6. – C. 380-382.
4. ASKAROVA F., ASKAROVA N., ASKAROV K. Anemia during pregnancy //International Journal of Pharmaceutical Research (09752366). – 2020. – T. 12. – №. 1.
5. Askarova F. K. THE ROLE OF VITAMINS IN IRON DEFICIENCY IN PREGNANT WOMEN //World Bulletin of Public Health. – 2021. – T. 4. – C. 99-102.
6. Deutchman M., Tubay A. T., Turok D. K. First trimester bleeding //American family physician. – 2009. – T. 79. – №. 11. – C. 985-992.
7. Dogra V., Paspulati R. M., Bhatt S. First trimester bleeding evaluation //Ultrasound quarterly. – 2005. – T. 21. – №. 2. – C. 69-85.
8. Kudratovna A. F. REALITIES OF THE TIME: IDIOPATHIC THROMBOCYTOPENIC PURPLE AND PREGNANCY //World Bulletin of Public Health. – 2022. – T. 11. – C. 22-24.
9. Rakhimovna K. D., Abdumuminovna S. Z. The role of staphylococcal infection in the structure of inflammatory diseases. – 2022.
10. Shopulotova Z. A., Zubaydilloeva Z. K. THE VALUE OF ULTRASOUND DIAGNOSTICS IN PREGNANT WOMEN WITH CHRONIC PYELONEPHRITIS //Бюллетень студентов нового Узбекистана. – 2023. – T. 1. – №. 9. – C. 19-22.
11. Shopulotova Z. A., Zubaydilloeva Z. K. PERINATAL CARDIOLOGY: PREGNANCY AND CONGENITAL HEART DEFECTS //Евразийский журнал академических исследований. – 2023. – T. 3. – №. 9. – C. 55-59.
12. Shopulotova Z. A., Zubaydilloeva Z. K., Khudoyarova D. R. COMORBID EVENTS IN PREGNANT WOMEN WITH PYELONEPHRITIS AND PREVENTION OF THESE CONDITIONS //Бюллетень педагогов нового Узбекистана. – 2023. – T. 1. – №. 9. – C. 35-38.
13. Mukhsinovna H. S., Kudratovna A. F. Dynamics of Hemostasiogram Parameters in Pregnant Women with Chronic Placental Insufficiency

- //Central Asian Journal of Medical and Natural Science. – 2023. – Т. 4. – №. 1. – С. 346-350.
14. Shopulotova Z., Shopulotov S., Kobilova Z. MODERN ASPECTS OF HYPERPLASTIC PRO //Science and innovation. – 2023. – Т. 2. – №. D12. – С. 787-791.
15. Shopulotova Z., Kobilova Z., Bazarova F. TREATMENT OF COMPLICATED GESTATIONAL PYELONEPHRITIS IN PREGNANTS //Science and innovation. – 2023. – Т. 2. – №. D12. – С. 630-634.
16. Васильев А. Г. и др. Патофизиологические особенности массивных кровотечений в гинекологической и акушерской практике //Российские биомедицинские исследования. – 2021. – Т. 6. – №. 4. – С. 23-36.
17. Роненсон А. М. и др. Референсные показатели ротационной тромбоэластометрии у беременных и рожениц: систематический обзор и метаанализ //Анестезиология и реаниматология (Медиа Сфера). – 2021. – №. 3. – С. 28-40.
18. ХУДОЯРОВА Д. Р., кизи ЮЛДАШЕВА А. Н., кизи ШОПУЛОТОВА З. А. ОЗОНОВАЯ ТЕРАПИЯ ДЛЯ БЕРЕМЕННЫХ С ВРОЖДЕННЫМИ ПОРОКАМИ СЕРДЦА //БИОМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ. – С. 64.
19. ХУДОЯРОВА Д. Р., ОЧИЛДИЕВ А. А. РЕАЛИИ ВРЕМЕНИ И МЕДИЦИНСКИЕ АБОРТЫ //БИОМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ. – 2020. – Т. 6. – №. 5. – С. 76-81.