

Progesterone for bleeding in early pregnancy

Information for patients



Outstanding
Care for One+All

Who is this leaflet for?

If you have a history of previous miscarriage and experience bleeding in early pregnancy (before 16 weeks), national guidance suggests we offer you progesterone treatment.

The guidance doesn't suggest you should definitely take it, but that you should be offered it and decide whether it is right for you. This leaflet provides more information about the advantages and disadvantages to help you make an informed choice.

What does the treatment involve?

It involves placing tablets into your vagina (natural progesterone called cyclogest) twice daily up until 16 weeks of pregnancy. A scan first needs to show that the pregnancy is in the right place (even if it's too early to see whether there is a heart beat).

What are the benefits?

Evidence suggests it MAY help prevent a miscarriage in some women.

Are there any disadvantages?

Possible disadvantages are:

- Side effects are usually minor, but may include bloating, constipation, breast pain and mood changes.
- As many miscarriages are caused by abnormalities in the baby rather than a lack of progesterone, so the treatment may not prevent a miscarriage.
- Whilst we do not know of any harm caused by progesterone to the unborn baby, long term data is not available as to whether it affects development in the early stages of pregnancy.

Who is it suitable for?

It is most suitable for women who have experienced more than three previous miscarriages.

Several well conducted big trials concluded that there is no clear benefit of having progesterone pessaries unless you have experienced more than three previous miscarriages. For this reason many specialists don't feel that it should be offered to women who have experienced one or two previous miscarriages.

Miscarriage is very common (20-25% of all pregnancies end in miscarriage) and so many women will have experienced a miscarriage at some point in their life.

What if I've had previous miscarriages but don't experience bleeding?

We do NOT recommend progesterone treatment if you have had a previous miscarriage and have NOT experienced bleeding in the current pregnancy as there is no evidence of any benefit.

What if I experience bleeding in early pregnancy and have not had a previous miscarriage?

We do NOT recommend progesterone treatment in early pregnancy if you experience bleeding and have never had a previous miscarriage as there is no evidence of any benefit.

What are the proven benefits of taking progesterone in early pregnancy if I've had previous miscarriages?

Studies suggest that if you take a group of 100 women who've had 1-2 previous miscarriages and they all take progesterone if they experience bleeding, there may be an extra 3-4 successful pregnancies over those that don't take progesterone. When this is looked at in statistical terms, this doesn't reach 'statistical significance', which means it's not a definitely proven benefit.

If you take a group of 100 women who have had 3 previous miscarriages and they receive progesterone after experiencing bleeding in early pregnancy, there will be an extra 14-15 successful pregnancies. This is statistically significant, which means it is proven to have benefit.

Any questions?

If you would like to discuss anything further, please don't hesitate to ask our specialist nurses or doctors.

Further information

We hope this information is useful.

If you would like to look at the details of the NICE guidance, this can be found at:

➔ Website: www.nice.org.uk/guidance/NG126

If you would like to look at details of the studies mentioned above, this can be found at:

➔ Website: www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013792.pub2/epdf/full

The trial with the greatest influence on the NICE guidance was the PRISM study 2019:

➔ Website: www.nejm.org/doi/pdf/10.1056/NEJMoa1813730



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call 01872 252690**

**Royal Cornwall Hospitals NHS Trust
Treliske, Truro, Cornwall, TR1 3LJ.
Switchboard: 01872 250000**

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