

Healthier Communities,
Outstanding Care



Sherwood Forest Hospitals
NHS Foundation Trust

Pain and bleeding in early pregnancy

Information for patients and their partners



Bleeding in the early stages of pregnancy can be very common and occurs in approximately one in 10 pregnancies. We understand this can be a very worrying time for you, but in the majority of cases a scan will confirm the pregnancy is developing normally. However, sometimes it can be a sign of miscarriage and always needs to be investigated.

In most cases we often cannot give you a cause for the pain or bleeding, but if the scan is as we would expect in a normal pregnancy, then mostly your symptoms will settle and you will continue with your pregnancy supported by your midwife.

Pain and bleeding

Some common causes of vaginal bleeding:

- Implantation bleeding occurring when the pregnancy attaches to the lining of your uterus.
- A cervical erosion, a harmless change to your cervix in pregnancy - bleeding often occurs after intercourse.
- Bleeds outside of the sac that contains the small pregnancy.
- Vaginal infection.
- Bicornuate uterus.
- Twin pregnancy.
- Benign changes called polyps.
- Infection.
- Low lying placenta.
- Miscarriage.
- Ectopic pregnancy (pregnancy outside of the uterus.)

Vaginal bleeding is often accompanied by a period-type discomfort which usually settles.

However, ladies can experience pain without a bleed; this is a reflection of normal pregnancy changes within your body - often no cause is found and again settles. This is mostly mild period type in nature, requiring simple pain relief such as paracetamol. If you are concerned or it doesn't settle please speak to a medical professional.

It is advisable not to have sexual intercourse or use tampons whilst bleeding heavily, as this can increase your risk of infection.

Common causes of pain:

- **Ovarian cyst; this is often a normal part of the pregnancy not requiring intervention.**
- **Vaginal infection.**
- **Urinary infection.**
- **Ectopic pregnancy (if your pain is severe or getting worse, always contact a medical practitioner).**
- **Miscarriage.**

Investigations

Before six weeks of pregnancy, an ultrasound scan may not be helpful to establish if your pregnancy is ongoing, and assessing your pregnancy hormone levels may be more appropriate.

An ultrasound scan is best performed from six weeks onwards; this may be performed abdominally or transvaginal. An internal scan is not harmful to your baby and may give us more information. If your pregnancy is **confirmed with a heartbeat and is in the correct location** then you will be discharged care of your midwife. If you have not got an appointment with your midwife then please arrange this and the midwife will arrange your routine scans.

At this stage we may offer you progesterone supplements if you have experienced recurrent miscarriage, or a significant bleed is noted around your pregnancy sac.

If you have any further problems then we are happy to advise or support you, but if a further scan is required, you will need a new referral from your midwife/GP.

Other investigations may include checking for urine or pelvic infection.

We may check your blood group if you are over 12 weeks and experiencing a bleed or trauma. An injection called anti-D may be given if you are a negative blood group.

You may benefit from some time off work, particularly if your loss is heavy. We appreciate this is a stressful time for you and your family.

Inconclusive scan

If the location of your pregnancy is not confirmed, then pregnancy hormone levels are monitored over 48 hours to help us rule out ectopic pregnancy or miscarriage, but often it is just that the pregnancy is just too early to see on a scan.

If we see a sac and a yolk sac on scan, then we know your baby is in the correct location. If no heartbeat is visible then you will be offered a rescan at a time when we would expect to see a baby and heartbeat. Often at follow up, everything is fine.

If sadly we see a small baby and no heartbeat, a rescan will be offered. Again this may well be because your pregnancy is too early to detect a heartbeat, although there is small chance there could be a problem. We will advise and support you through this process. If you are still under our care because viability/location is not confirmed, then if symptoms change you can self refer to the Early Pregnancy Unit (EPU) or ring for advice.

Follow up appointment in EPU:

On: _____

At: _____

Contact telephone numbers:

EPU - 01623 622515, extension 4288

OR

Ward 14 - 01623 622515, extension 2314

Useful contact details and information

Early Pregnancy Unit

Telephone: 01623 622515, extension 4288

Ward 14

Telephone: 01623 622515, extension 2314

Snowdrops and Butterflies

This is our hospital support group for baby loss.

Online support and meetings:

[www.facebook.com/snowdrops and butterflies](https://www.facebook.com/snowdropsandbutterflies)

Telephone: 01623 622515, extension 3047 (Chaplaincy department)

The Miscarriage Association

Telephone: 01924 200799

www.miscarriageassociation.org.uk





Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references (if relevant) for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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