Bleeding and Pain in Early Pregnancy

Patient Information

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What might happen?

Most ladies experiencing pain or bleeding during early pregnancy are scanned and reassured that the pregnancy appears to be well and go on to have a normal pregnancy and a healthy baby. However, approximately 15 to 20% of all pregnancies end in miscarriage and most occur between the 6th and 12th week of pregnancy.

Often a scan is able to be performed at your first visit but occasionally, particularly during the night, there may be no one available who is trained to scan.

There is an early pregnancy assessment clinic on Ward 2 at Leigh Infirmary each weekday morning and you can be referred to this clinic by:

- Your own General Practitioner/Midwife
- Antenatal Clinic
- The Gynaecology emergency room on Swinley Ward at Wigan Infirmary

What are the causes of early bleeding?

There are a number of causes of bleeding in early pregnancy which include:

Spotting or bleeding may occur shortly after conception, this is known as an **implantation bleed**. It is caused by the fertilised egg embedding itself in the lining of the womb. Sometimes this results in a little bleeding that shows up on an early scan as a haematoma (collection of blood). The haematoma will gradually disappear and in most cases, the pregnancy remains safe.

Hormonal bleeding is when some women experience a light bleed at around four to eight weeks of pregnancy, or around the time their period would have been due. This can be very confusing for women who are pregnant and is the reason many women do not realise they are pregnant for a while. Again, it is totally normal. This usually settles around the 13th week of pregnancy, as by this time the placenta is sufficiently developed to produce all of the hormones needed to sustain the pregnancy.

Cervical Erosion (alternatively known as cervical ectropion) may be a source of spotting or bleeding. The blood supply to the womb and cervix is increased during pregnancy and the cervix may bleed harmlessly and painlessly. An erosion may cause bleeding following intercourse.

Can bleeding indicate a miscarriage?

Not all bleeding in pregnancy is harmless, and it can be the first sign of a miscarriage. As many as 1 in 5 pregnancies are thought to end in miscarriage. The cause of miscarriage is not always known, but researchers have shown that in some cases there is a problem with the developing pregnancy, which means it is unable to develop normally. Experiences of miscarriage vary. In some cases there may be only very slight spotting, in other cases bleeding may stop and start or heavier bleeding with clots and cramping period type pains can occur. Sometimes there may be no bleeding at all.

What are the causes of abdominal and back pain?

Some of the aches and pains experienced during pregnancy are thought to be due to hormonal changes. Large amounts of the hormone progesterone are produced, which are needed to sustain pregnancy. In addition to this, progesterone acts on the muscles, ligaments and joints, causing them to become slacker and more flexible. This hormonal effect is thought to be responsible for some of the stitch-like pains that some women experience in the lower part of the tummy and in some cases this can be quite severe. The same hormones can be responsible for constipation during pregnancy; this can also cause abdominal pain.

The enlarging womb is made up of layers of muscles and is held in place in the pelvis by supporting ligaments. As the womb expands to accommodate the developing baby, it can pull on the ligaments and muscles, to cause these “growing pains”.

The backache that some women get in early pregnancy is also thought to be due to a hormonal effect, and the supporting muscles are softer.

Abdominal and/or backache can also be a sign of a urine infection. This may also cause burning or stinging when passing urine and the need to pass urine more frequently. You must inform your doctor of these symptoms, so that a urine test can be obtained and treatment given if needed.

Pain on its own does not mean that a miscarriage will occur. However if you experience bleeding as well as pain, this could indicate a threatened miscarriage.

Can I take pain relief medication during pregnancy?

If you find that you need to take pain relief medication to relieve any pain, it is safest to use something simple such as paracetamol. Drugs such as aspirin and ibuprofen should be avoided. If you find that you need a stronger pain relief medication, you must always check with your doctor, nurse or midwife first.

What happens at the early pregnancy assessment clinic?

A nurse will need to ask you some general questions regarding your symptoms. If you are more than 12 weeks pregnant, she may need to take a blood test to determine whether or not you are Rhesus negative. If so, you will need an Anti-D injection and the reasons for this will be explained to you. This is important and if this is the case, further information will be given to you. The scanning procedure will then be explained to you. At all times, you will be encouraged to tell us about your worries and we will try to answer your questions honestly. It may be advisable to have a partner/relative/friend to accompany you for support and to help you remember everything that has been explained. A scan will be performed either on the ward or in the Scan Department and you will be seen by a doctor who will explain the results of your scan to you.

Is it safe to have a scan in early pregnancy?

Yes it is safe; there is so far no evidence to suggest that an ultrasound scan is unsafe.

What type of scan will I have?

A vaginal scan is the best method in early pregnancy (under 10 weeks), as it gives us a more accurate result at an earlier stage in pregnancy than an abdominal scan. This is similar to having an internal examination – It may be a little uncomfortable, but it is safe to be done; you do not need a full bladder when having a vaginal scan. If you do not wish to have an internal scan, please tell the nurse and an abdominal scan will be performed. This requires a full bladder. If this scan does not provide enough information, the doctor will then advise an internal scan.

What will scanning indicate?

If the scan shows a baby with a heartbeat within the womb, you will be advised to take things easy until the bleeding settles. You should avoid intercourse until the bleeding stops and you will be advised to attend for antenatal care as usual. If you experience any further fresh bleeding you will be advised to contact Ward 2 at Leigh Infirmary 01942 264252 or 01942 264857; or Swinley Ward at the Royal Albert Edward Infirmary on 01942 822568.

If the scan indicates there is no pregnancy and that your womb is empty, a blood test may be done to assess pregnancy hormone levels (HCG). If these levels are very low, it could indicate that you have either had a miscarriage or the pregnancy is still very early. If the levels are higher it might indicate an ectopic pregnancy (a pregnancy outside the womb, usually in the Fallopian tube). There will be time to speak to the nurse or doctor and ask any questions you may have; as much support as possible will be offered.

If the results of the scan are inconclusive, such as a baby but with the heartbeat not visible or a sac of fluid within the womb but no baby visible, and the bleeding you have is minimal, you may be allowed home with an appointment for a repeat scan in 1 to 2 weeks. If you experience further fresh bleeding, with or without pain, you must contact Ward 2 or out of hours, Swinley Ward, Royal Albert Edward Infirmary on 01942 822568. You will be advised to take things easy during this time.

An on-going pregnancy: If your scan indicates there is an on-going pregnancy, but you are still bleeding more heavily than a period, you may be advised to remain in hospital until this subsides.

An early miscarriage: If your scan indicates that your pregnancy has stopped growing, but your womb has not emptied, it will be necessary to discuss further options with you. There are three options, which are:

- To await events. This means that you miscarry yourself and have a scan to check whether you have miscarried completely. If you have any heavy

bleeding or pain, you are advised to ring the hospital on the telephone numbers given at the end of this leaflet.

- To have tablets to assist the miscarriage to happen. This involves taking tablets (it is not necessary to stay in hospital at this time) but you will have to come back 24 to 72 hours later for more tablets, at which time you need to remain in hospital for most of the day. A follow-up scan is then arranged to ensure the miscarriage is complete. If the pain or bleeding becomes heavy, you will be advised to ring the hospital on the telephone numbers given at the end of this leaflet.
- To go to theatre to have surgical removal of the pregnancy – called evacuation of the uterus. This involves a general anaesthetic and is usually done as a day case. The staff will arrange for the earliest possible date available to avoid further anxiety.
- To have MVA, which stands for, Manual Vacuum Aspiration. A small hand held device is used to empty out the contents of the uterus after some local anaesthetic has been applied to the cervix (neck of the womb).This procedure offers an additional choice to women who want surgical management of miscarriage, but want to avoid having a general anaesthetic.

All of these options will be discussed with you at the time. The risks and benefits of all three will also be explained. You do not need to make the decision on the day, but can go home and consider them before letting us know.
Unfortunately, bleeding and/or pain in early pregnancy can mean that you have had or are having a miscarriage. Sadly, early miscarriages are common. In the first 3 months, one in five women will have a miscarriage, for no apparent reason, following a positive pregnancy test. However, most miscarriages occur as a one-off event and there is a good chance of having a successful pregnancy in the future. For further information on miscarriage, see the RCOG patient information “Early miscarriage” (www.rcog.org.uk/en/patients/patient-leaflets/early-miscarriage).

An ectopic pregnancy; when a pregnancy starts to grow outside the womb, it is called an ectopic pregnancy. In the UK, one in 90 pregnancies is ectopic. Your symptoms, scan findings and blood tests might lead to suspicion that you have an ectopic pregnancy. An ectopic pregnancy can pose a risk to your health. If this is suspected or confirmed, you may be advised to stay in hospital. For further information, see the RCOG patient information “An ectopic pregnancy” (www.rcog.org. uk/en/patients/patient-leaflets/ectopic-pregnancy).

A molar pregnancy: A molar pregnancy is an uncommon condition where the placenta is abnormal and the pregnancy does not develop properly. It affects only one in 700 pregnancies. A molar pregnancy is usually diagnosed when you have an ultrasound scan. For further information, see the RCOG patient information Gestational trophoblastic disease (www.rcog.org.uk/en/ patients/patient-leaflets/gestational-trophoblastic-disease-gtd).

A pregnancy of unknown location (PUL): If you have a positive pregnancy test and your pregnancy cannot be seen clearly on ultrasound scan, it is known as a pregnancy of unknown location (PUL). Reasons for this may be:

- That your pregnancy is in the womb but it is too small or too early to be seen. Modern pregnancy testing kits are extremely sensitive and can detect the pregnancy hormone just a few days after conception. However, a pregnancy may not be seen on ultrasound until approximately 3 weeks after conception (at least 5 weeks from your last period).
- That an early miscarriage has occurred, particularly if you have had bleeding that has now settled. Pregnancy tests can stay positive for a week or two after a miscarriage
- An ectopic pregnancy that is too small to be seen. As many as one in five women with a PUL may have an ectopic pregnancy.

I have been told that I have a PUL – what happens next?
It is important that you are followed up to get a diagnosis and to confirm whether your pregnancy is continuing or not. You will be given an appointment to attend your early pregnancy unit for follow-up. You are likely to be asked to come every 2–3 days for a blood test to check the level of your pregnancy hormone (βhCG). The results should help show where the pregnancy is developing. They will also help to guide your follow-up:

- In a normal pregnancy, βhCG levels rise significantly
- In an ectopic pregnancy, the level will usually rise slightly or stay the same
- Once a miscarriage has occurred, the level will fall significantly.
- You may also be booked for another ultrasound scan, usually within 1–2 weeks.
- If an ectopic pregnancy is suspected, a member of staff may contact you with your results and give you advice.

This uncertainty will be difficult, but it often takes time to come to the right diagnosis. Sometimes this is reached within a few days, but it may take up to 2 weeks. The team looking after you will discuss your options at each step.

Some of your questions answered:

Have I done something to cause the bleeding?
No. Bleeding in pregnancy is very common. Many women bleed slightly all the way through their pregnancy. Some women bleed in early pregnancy as the pregnancy is settling and becoming established.

Will the scan increase my chances of losing the pregnancy?
No. This is done only to assess development of the pregnancy and will not affect the eventual outcome. Please feel free to ask the staff on the ward any questions you may have – they will do their best to answer your queries clearly and honestly.

Counselling help

If you feel in need of emotional support and advice, please feel free to contact the Patient Counsellor on 01942 264308 between 9:00am and 5:00pm, Monday to Friday.

If there is no reply, the Counsellor may be with another patient, or you may have called outside normal working hours. If so, please leave your name, and telephone number on the answerphone and a Counsellor will call you back. This also applies if you call outside normal working hours.

Contact Telephone Numbers

Ward 2, Leigh Infirmary, Monday to Friday 9:00am to 5:00pm	01942 264252 or 01942 264857
Outside these hours telephone:	
Swinley Ward, Royal Albert Edward Infirmary	01942 822568

General Advice and Consent

Most of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion with the healthcare team.

Consent to treatment

Before any doctor, nurse or therapist examines or treats you, they must seek your consent or permission. In order to make a decision, you need to have information from health professionals about the treatment or investigation which is being offered to you.

You should always ask them more questions if you do not understand or if you want more information.

The information you receive should be about your condition, the alternatives available to you, and whether it carries risks as well as the benefits. What is important is that your consent is genuine or valid. That means:

- you must be able to give your consent
- you must be given enough information to enable you to make a decision
- you must be acting under your own free will and not under the strong influence of another person

Information about you

We collect and use your information to provide you with care and treatment. As part of your care, information about you will be shared between members of a healthcare team, some of whom you may not meet. Your information may also be used to help train staff, to check the quality of our care, to manage and plan the health service, and to help with research. Wherever possible we use anonymous data.

We may pass on relevant information to other health organisations that provide you with care. All information is treated as strictly confidential and is not given to anyone who does not need it. If you have any concerns please ask your doctor, or the person caring for you.

Under the Data Protection Act (1998) we are responsible for maintaining the confidentiality of any information we hold about you. For further information visit the following page: Confidential Information about You.
If you or your carer needs information about your health and wellbeing and about your care and treatment in a different format, such as large print, braille or audio, due to disability, impairment or sensory loss, please advise a member of staff and this can be arranged.

Please use this space to write notes/reminders.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

How We Use Your Information

For details on how we collect, use and store the information we hold about you, please take a look at our “how we use your information” leaflet which can be found on the Trust website: www.wwl.nhs.uk/patient_information/Leaflets/default.aspx

This leaflet is also available in audio, large print, braille and other languages upon request.
For more information please ask in department/ward.

CALL 111
when it's less urgent than 999