

Pain and bleeding in early pregnancy

The Royal Women's Hospital Fact Sheet / www.thewomens.org.au



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Bleeding in early pregnancy

Bleeding in early pregnancy can be very distressing but it does not always mean that you are having a miscarriage. Bleeding is very common in early pregnancy, affecting about one in four women, many of whom will go on to have a healthy baby.

If the bleeding is being caused by a miscarriage, there is no treatment or therapy that can stop the miscarriage from occurring. However, it is still very important to be seen by a health professional. If your bleeding is very heavy with large clots and accompanied by crampy pains you may need urgent care. Otherwise you can make an appointment with your General Practitioner or Early Pregnancy Assessment Service.

Ectopic pregnancy can also cause bleeding and pain. This is when the pregnancy is growing outside the uterus - usually in the fallopian tube. One to two percent of all pregnancies are ectopic and without treatment an ectopic pregnancy can seriously impact on your health and fertility. If you experience severe pain it is very important to see a health professional.

Other causes for early bleeding

Often, a cause will not be found and the pregnancy will continue normally. Sometimes a blood clot seen on ultrasound will suggest that there has been some bleeding around the pregnancy sac, this is sometimes referred to as implantation bleeding.

Other causes, which have nothing to do with pregnancy, may also need to be considered; such as, benign polyps, infection or changes in the cervix. If bleeding continues or recurs after a normal pregnancy scan, it is important that you are examined for other possible causes.

Early bleeding that does not lead to miscarriage will not have caused your baby any harm.

Tests for bleeding in early pregnancy

When you visit your GP or Early Pregnancy Assessment Service, you may be offered one or all of the following tests.

Internal examination

A doctor or nurse may do an internal examination to see if:

- the uterus is the size we would expect given your stage of pregnancy
- there is any cause for pain
- there is any visible cause for bleeding such as infection or an open cervix (neck of womb).

Further tests may be needed to investigate infection.

Ultrasound

After about six weeks of pregnancy the baby's heart beat can usually be seen on ultrasound. If you have been bleeding in pregnancy you will usually be offered a vaginal ultrasound because it will offer the best possible view of your pregnancy. The vaginal ultrasound is a narrow probe which is put inside the vagina. It will feel similar to an internal examination and is quite safe. Before six weeks, an ultrasound is unlikely to give a definite answer, but may be helpful if there is concern that your pregnancy is ectopic.

Blood tests

Blood tests are done to measure if the pregnancy hormone (HCG) level is appropriate for your stage of pregnancy (based on the time of your last period). Often the test has to be repeated to check whether the hormone levels are rising normally.

You may also need a blood test to check your blood group.

What should I do while waiting for results?

- Try, as much as possible, to rest and relax.
- Continue, as much as you are able, to do your usual day to day activities, including work if you wish. Usual activity, that is not too strenuous, will not be harmful.
- If you have pain you can take paracetamol (such as Panadol or Panadeine) according to instructions on the packet.
- Many authorities advise avoiding tampon use during or after a miscarriage or threatened miscarriage. This is because of a possible risk of infection, although tampons have not been proven to cause infection in this situation.
- Most people prefer to avoid sex if there is pain or bleeding. Once bleeding settles, it's OK to have sex if you feel comfortable. People often feel anxious about having sex in these circumstances, but we do not believe that it will make any difference to the risk of miscarriage.
- If the tests are inconclusive, it is possible that a miscarriage may occur while you are waiting for further tests. If you experience heavy bleeding with clots and crampy pain, it is likely that you are having a miscarriage. The bleeding, clots and pain will usually settle when most of the pregnancy tissue has been passed. Sometimes the bleeding will continue to be heavy and you may need further treatment. You should see a doctor or go to an emergency department for a check-up if you think you are having or have had a miscarriage.

You should go to your nearest Emergency Department if you experience:

- heavier bleeding, for instance soaking two pads per hour and/or passing golf ball sized clots
- severe abdominal pain or shoulder pain
- fever or chills
- dizziness or fainting
- unusual smelling vaginal discharge.

Where can I get more support?

It is normal to feel distressed or upset if you have bleeding or pain during pregnancy. Some women find it helpful to seek counselling and other emotional or psychological support. Ask your GP for recommendations in your local area. The Women's Welcome Centre at the Women's can help you to locate quality information on the Internet. (The Welcome Centre contact details are below).

I'm undecided about being pregnant

For some women, early pain and bleeding may be the first signs that they are pregnant. Coming to terms with being pregnant while coping with a possible loss can be very confusing. If you are unsure about continuing your pregnancy, you should discuss this with your doctor or another health professional.

Who should I contact for help?

General contact options

- Your GP
- Community health service
- Nearest emergency department
- Nearest early pregnancy assessment service
- Nurse on call - 1300 60 60 24

Royal Women's Hospital options

For assessment, tests and treatment

Early Pregnancy Assessment Service (EPAS)

- Phone (03) 8345 3643 Monday to Friday from 8.00am to 3.00pm. You may have to leave details on the answering machine but someone will call you back.

- Attend between 9am and 11am Monday to Friday .
- Bring any information and test results for this pregnancy when you attend.

Women's Emergency Centre (24 hours)

- Attend any time if in need of urgent care.
- Ultrasound for possible miscarriage, if needed, will usually need to be booked in the next available EPAS clinic.

For information

Women's Welcome Centre

- Telephone (03) 8345 3037 or toll-free 1800 442 007 (regional areas) 9.00am to 5.00pm Monday to Friday.

For emotional support or someone to talk to about how you are feeling

- **Women's Social Support Services**
Telephone: (03) 8345 3050 (office hours)
- **Pastoral Care and Spirituality Services**
Telephone (03) 8345 3016 (office hours)
- After hours call the hospital switchboard on (03) 8345 2000 and ask to speak to someone from Social Support Services or Pastoral Care.

If you are undecided about being pregnant

- Telephone the **Pregnancy Advisory Service (PAS)** on (03) 8345 3061 or ask one of our staff to refer you.
- PAS can offer you counselling and support; they can also talk through your options with you and make sure you are referred to appropriate services, whatever you decide.

References

RCOG (2006) Greentop Guideline number 25: The Management of Early Pregnancy Loss, <http://www.rcog.org.uk/index.asp?PageID=515>

RCOG (2004) Greentop Guideline number 21: The Management of Tubal Pregnancy, <http://www.rcog.org.uk/index.asp?PageID=537>

AEPU (2004) Organisational, Clinical and Supportive Guidelines, <http://www.earlypregnancy.org.uk/guidelines.asp>

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