

Pain and bleeding in early pregnancy



the women's
the royal women's hospital

Pain and bleeding are common in early pregnancy and do not always mean you are having a miscarriage.

Bleeding in early pregnancy

If you are bleeding in your pregnancy you should talk to your local doctor or GP. It might not be a miscarriage.

Early pregnancy means before 14 weeks. You can ask your doctor for a referral to your nearest early pregnancy assessment service. They will help you with tests and treatment that are right for your stage of pregnancy.

You should go to the nearest Emergency department if:

- you are bleeding a lot, like enough to fill two pads in an hour
- there are large blood clots, like the size of golf balls
- you have very bad cramps and stomach pain
- you have a fever or chills
- you feel dizzy or like you will faint
- you have unusual smelling vaginal discharge.

Victorian Virtual Emergency Department

You can also use the internet to contact the Victorian Virtual Emergency Department.

- at any time of day or night
- for a video call with emergency doctors and nurses.

Website: vved.org.au

You will need to use a device that has a camera, like your phone or computer.

Make sure you are somewhere you feel safe and comfortable.

Why are you bleeding?

Some people bleed because they are having a miscarriage. The loss of any pregnancy is difficult. You should talk to your doctor about any treatment or other support you need.

If you have bleeding that is not a miscarriage, the bleeding won't harm your baby.

Some people bleed because they have an ectopic pregnancy. Ectopic pregnancy is when the pregnancy is growing outside your uterus. It is rare to have an ectopic pregnancy. It can be very bad for your health and fertility. You will need treatment.

Some people have some bleeding around the uterus, this can be called implantation bleeding. Your doctor will find out about this with an ultrasound.

Some people could be bleeding because of reasons that are not about your pregnancy:

- benign polyps
- infection
- changes in your cervix.

If your pregnancy scan doesn't show anything but the bleeding keeps going, you should ask your doctor to check for other causes.

What tests do you need?

Your doctor or early pregnancy assessment service will do some tests. They will decide what tests you need based on how many weeks pregnant you are. You can ask them to explain the tests.

You might need an internal examination

The doctor or nurse might need to look inside you to check if:

- your uterus is the size we would expect for your stage of pregnancy
- they can see any cause for pain
- they can see what is making you bleed, like an infection or changes in your cervix.

They might need to do more tests if it looks like you have an infection.

You might need blood tests

You might need a blood test to check:

- your blood group
- if you have an infection.

You might need a blood test to check the level of your pregnancy hormone, called hCG. When a miscarriage is about to happen, pregnancy hormone levels often go down. We also need to know your pregnancy hormone level to decide to do an ultrasound.

Your pregnancy hormone might be lower than expected because:

- you might not be as many weeks pregnant as you thought
- your pregnancy hormone is starting to stay at the same level because you are about 10 weeks pregnant
- your pregnancy hormone is not going up at the rate we expect before 10 weeks.

If your pregnancy hormone is going up slowly:

- you might be having a miscarriage
- you might have an ectopic pregnancy
- you might have different hormonal patterns and your pregnancy is okay.

We might need to do another blood test after two days to see if your pregnancy hormone is going up. If your pregnancy hormone is going down you might be having a miscarriage.

You might need an ultrasound

Your doctor might ask if they can do a vaginal ultrasound to check on your pregnancy. The doctor will put a narrow probe inside your vagina. It will feel like an internal examination. It is safe for you and your baby.

An ultrasound is helpful if you are more than six weeks pregnant because we might be able to see your baby's heartbeat. Before six weeks, an ultrasound is unlikely to be as helpful. But an ultrasound would show if you have an ectopic pregnancy.

If your ultrasound shows your baby's heartbeat

This is good news. A miscarriage is rare after this. You can continue your pregnancy care and appointments as planned. You should have a cervical screening test if you are due for one or if you keep bleeding.

If your ultrasound shows you are having a miscarriage

An ultrasound might show that the pregnancy has stopped growing by the size of the pregnancy sac, the size of the embryo and there is no heartbeat.

Sometimes we can see that a miscarriage has already started. You might need treatment to make sure all the pregnancy tissue has gone from your body. Your doctor will talk to you about whether this is urgent or not.

If your ultrasound shows no embryo or heartbeat

If we find no embryo or heartbeat, it could mean:

- it is still too early in your pregnancy for us to see the embryo.
- your pregnancy is not developing.

We will have to wait and do another ultrasound, usually 7 to 14 days later.

Your doctor or assessment service will tell you when you will have your next ultrasound.

We have to wait for the second ultrasound, there is no faster way to find out what is happening. You might bleed or have a miscarriage while you wait.

If your ultrasound shows an empty uterus

The ultrasound might show your uterus is empty because:

- you are not enough weeks pregnant to see anything.
- you have had a complete miscarriage and have bled out all of the pregnancy tissue.
- you might have an ectopic pregnancy and need treatment.

We will do more tests to confirm if it is a miscarriage or ectopic pregnancy. You will usually need to have another blood test so we can check what other treatment or tests you need.

If your ultrasound shows an ectopic pregnancy

If you have an ectopic pregnancy you might need urgent treatment. Ectopic pregnancy can be very bad for your health and fertility. You might need:

- to have surgery to remove the ectopic pregnancy.
- to take medicine to make the ectopic pregnancy get smaller.
- to wait for your body to bleed out the ectopic pregnancy tissue.

Your doctor or early pregnancy assessment service will check your test results and symptoms to decide what treatment you need.

While you wait for test results

What you do while you wait will depend on how you are feeling. You should try to rest and relax if you can.

If you are in pain you can take paracetamol, for example, Panadol. You should follow the instructions on the packet.

You can keep doing your usual day to day activities if you feel you can. For example, you might still feel okay to work if it is not too strenuous or tiring.

You can have sex when you feel comfortable. Most people don't have sex when they have pain or bleeding. You might feel like it when your bleeding is less. Having sex will not increase your risk of miscarriage.

You might have a miscarriage while you wait for more tests and results. If you have heavy bleeding with clots and crampy pain, you might be having a miscarriage.

You should see a doctor or go to an emergency department if you think you are having or have had a miscarriage. Usually the bleeding and pain will stop when the miscarriage is over. If your bleeding is still heavy you might need medical treatment.

Who can you ask for help?

You can go to your:

- local doctor or GP
- community health service
- nearest hospital emergency department
- early pregnancy assessment service.

Nurse on call

You can call any time of day or night.

1300 60 60 24

Royal Women's Hospital

The Women's Early Pregnancy Assessment Service

You can call between 8 am and 4 pm.

(03) 8345 3643

Women's Emergency Centre

If it is urgent, you can go here any time of day or night.

20 Flemington Road, Parkville.

You can talk about how you feel

You could talk about how you feel with someone you feel safe with:

- your partner, friend or family.
- your local doctor or GP
- counselling or other support options.

You can also talk to someone at the Women's.

Social Work

(03) 8345 3050

Spiritual Care

(03) 8345 3016

You can decide if you want to be pregnant

Sometimes pain and bleeding might be the first time you know you are pregnant.

If you do not want to continue your pregnancy, talk to your doctor to find out about abortion or other options.

You can contact 1800 My Options

1800 My Options is a helpline. You can talk to them confidentially about contraception, abortion and other options.

1800 696 784

1800myoptions.org.au

Family Violence Support

1800 Respect National Helpline

Support for people impacted by sexual assault, domestic or family violence and abuse.

You can call any time of day or night.

1800 737 732

1800respect.org.au

Do you need an interpreter?



If you need an interpreter, you can ask for one.

For more information

Women's Welcome Centre

(03) 8345 3037

1800 442 007

thewomens.org.au

The Royal Women's Hospital would like to thank Northern Health for their contribution and help translating this information.

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