This leaflet provides information to help you understand the possible reasons for your symptoms and explains some of the tests/care that you may be offered.

**What are the common causes for bleeding and pain in early pregnancy?**

- **Implantation bleeding** – As the pregnancy attaches itself into the lining of the womb it may cause some blood vessels of the womb to bleed. This may cause some spotting or occasional heavier bleeding.

- **A haematoma** – This is a small area of bleeding, like a bruise, next to the pregnancy sac. It is difficult to know why these happen to some ladies. The bleeding may be reabsorbed by the body or come away naturally as a vaginal discharge.

- **The cervix** – During pregnancy, tissues become softer and rich in blood. As a result of this change, any slight trauma to the neck of the womb (the cervix) can cause some bleeding. You may be offered a vaginal examination to assess this, particularly if you experience repeated episodes of bleeding.

- **Infections** – Infections, such as thrush, bacterial vaginosis or potentially a sexually transmitted disease can cause your cervix to become inflamed and bleed. You may be offered a vaginal examination to assess this and swabs may be taken to check for infection.

- **Constipation** – This is a common cause of pain in early pregnancy. The bowel becomes lazy because of the effect of the pregnancy hormones and you may find that you go to the toilet less frequently to open your bowels. This can lead to a build up of faeces in the bowel which leads to abdominal pain. This usually eases by around 12 weeks of pregnancy.

- **Urine infection** – This is very common in pregnancy. If an infection is suspected you may be asked to provide a urine sample so that this can be tested for infection.

- **Miscarriage** – Sadly we do see ladies who are bleeding/have pain because the pregnancy has died or is not developing normally. The majority of these losses occur within the first 12 weeks of pregnancy and sadly, most cannot be prevented.

- **Ectopic Pregnancy** – This is where a pregnancy grows outside of your womb. The most common place is within the fallopian tubes. It is very important to keep any follow up appointments if this diagnosis is suspected as it is potentially dangerous and life threatening.
• **Molar pregnancy** – This is a rare condition where the cells of the placenta and baby do not develop properly.

**I have been told that my baby is alright following a scan**

Your ultrasound scan has shown that your pregnancy is continuing (viable) however it is possible that you may still experience some pain and/or bleeding and understandably you may worry about what might be happening. It is very difficult to give specific advice, as each lady is different, however these guidelines may help you decide what to do.

- My bleeding is light, like the beginning or end of a period. In this situation we would suggest you monitor the bleeding over 2-3 hours to see whether it increases or stops. If you experience any mild tummy pain try taking some simple pain killers (such as paracetamol). If the symptoms do not improve please contact The Women’s Health Unit or your GP/Midwife for further advice.

- I am bleeding like a period and have passed some blood clots. I also have pain and this hasn’t been helped by pain killers. **Contact The Women’s Health Unit or your GP/Midwife for advice.**

- I feel unwell, I am bleeding heavily and/or my pain is very bad. **Contact The Women’s Health Unit immediately or dial 999 if you feel that you need urgent assistance.**

**What should I do next?**

- You will need to arrange to see your Community Midwife so that she/he can refer you to the hospital of your choice for antenatal care.

**I have been told that I need to come back for a follow up appointment. Why is this?**

Generally we will offer you a follow up appointment for one of the following reasons:

- A large haematoma (blood clot) is seen around the sac on scan. We will usually offer a rescan within 2 weeks. Alternatively this may be checked at your booking scan appointment in the antenatal clinic.

- The ultrasound scan indicated that you are not as pregnant as you thought. This may be because it is too early or sometimes it is because the pregnancy has stopped growing and your symptoms may lead to a miscarriage. A rescan is usually offered 10-14 days after the initial assessment. We appreciate that this can be an anxious time and would encourage you to contact The Women’s Health Unit if you have any concerns or questions.

- You may need follow up blood tests. This is particularly important if we performed an ultrasound scan and couldn’t see anything within your womb or there was any suspicion of ectopic pregnancy. Attending for all follow up appointments is very important in these cases.

If staff are concerned about your pain or bleeding or the scan results occasionally they may recommend that you stay in hospital. This would be discussed with you by a Doctor and Nurse.
General Information for you at home

Will I need to rest?

There is no specific treatment to stop your bleeding and sometimes you might notice that your bleeding becomes heavier, having rested. This is usually due to pooling of blood in the vagina, which has collected while you rested. This drains away once you stand and become active again. Bed rest used to be recommended in the past but there is no evidence to suggest that this helps.

Shall I carry on working?

This will depend on what type of job you do. We will be happy to discuss this with you and provide a sick note if this is necessary.

Can I continue exercising?

This depends on what type of exercise you do. Gentle exercise such as walking or cycling may be ok, but we would recommend that you avoid any high impact sport/exercise while you are bleeding. We would also advise you to avoid swimming as the use of tampons, when bleeding in pregnancy, is not recommended. Please ask if you are unsure.

Can I still have sexual intercourse?

Having sexual intercourse during pregnancy is safe. However it would be sensible to avoid sex until your bleeding has completely stopped to reduce the risk of infection.

My blood group is rhesus negative – Is this a problem?

We do not normally give Anti-D immunoglobulin to rhesus negative women before 12 weeks of pregnancy. However, if you continue to bleed or have persistent episodes of bleeding we may recommend this. The nursing or medical staff will advise you regarding this if necessary.

Can I contact the hospital for advice?

Yes of course, if you are worried about your symptoms. It is always useful to give the staff as much information as possible about your symptoms, including how long you have been bleeding for, how many sanitary pads you may have used and whether you have taken any painkillers.

The staff may need to ask you some personal questions (such as, is your bleeding related to sexual intercourse). Please don’t be embarrassed by this as our staff are used to dealing with these types of situations.

If we feel that you need to be seen again we will arrange a follow up scan or may ask you to attend immediately, if we are concerned about what you are telling us.

Contact numbers:

Women’s Health Unit (07.00 - 22.00)
01246 512464/01246 512465

Trinity Ward (22.00 – 07.00)
01246 512460

Emergency Department (24 hours)
01246 513777

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