

Vaginal bleeding and pain in early pregnancy

What does vaginal bleeding and pain mean?

Vaginal bleeding in the early stages of pregnancy is common and does not always mean there is a problem. However, bleeding can be a warning sign of a miscarriage. If all the tests are normal and no cause for the bleeding has been found, then you need not worry.

Pain and bleeding in pregnancy may also be caused by an ectopic pregnancy, which is when the pregnancy is growing outside the womb (uterus), usually in one or the other fallopian tube. It is a relatively infrequent occurrence. A much rarer cause of bleeding is a molar pregnancy in which the placenta (afterbirth) is abnormal. If you would like to know more about ectopic pregnancy, there are individual information leaflets on this topic.

How can I get help?

If you experience tummy (abdominal) pain and/or vaginal bleeding, or stop feeling pregnant, you can get help from:

- your GP or midwife
- the Emergency department at your local hospital
- NHS 111
- NHS Direct Online at www.nhsdirect.nhs.uk
- your local Early Pregnancy Assessment Unit (EPAU)

What tests can I expect?

You should be given full information about all tests offered to you.

Consultation and examination

You will be asked questions about your symptoms, the date of your last period and your medical history.

An internal (vaginal) examination (similar to a cervical smear test) may be carried out to see where the bleeding is coming from. A vaginal examination will not cause you to miscarry.

Tests that may be carried out:

- A urine sample to confirm a positive pregnancy test.
- A test for chlamydia may be offered.
- Blood test(s) to check your blood group and/or pregnancy hormone levels. In certain circumstances, if you have a rhesus negative blood group, you may be given an injection of anti-D to protect future pregnancies.

Ultrasound scan

Most women are offered an internal scan (where a probe is gently inserted in your vagina) or an abdominal scan (where the probe is placed over your tummy). You may be offered both. Both scans are safe and will not make you miscarry. A repeat scan may be necessary after seven to ten days if the pregnancy is too early to be seen.

Medical terms that may be used to describe what is happening

- A threatened miscarriage - bleeding or cramping in a continuing and normal pregnancy.
- An incomplete miscarriage - a miscarriage has started but there is still some pregnancy tissue left inside the womb.
- A complete miscarriage - when all the pregnancy tissue has been passed and the womb is empty.
- A delayed miscarriage/missed miscarriage/silent miscarriage - the pregnancy has stopped developing but is still inside the womb. This will be diagnosed on the scan.

What is an early miscarriage?

Early miscarriage is when a woman loses her pregnancy in the first three months. Many early miscarriages occur before a woman has missed her first period or before her pregnancy has been confirmed. Once you have had a positive pregnancy test, there is around a one in five (20%) chance of having a miscarriage in the first three months. The majority of miscarriages occur as a 'one-off' (sporadic) event and there is a good chance of having a successful pregnancy in the future.

Sources of information

Early Pregnancy Assessment Unit

Tel: (01424 757047) EXT 2725 generic phone number that serves both women for Eastbourne and Hastings.

The Ectopic Pregnancy Trust

Maternity Unit, The Hillingdon Hospital
Pield Heath Road
Uxbridge
Middlesex UB8 3NN
Tel: 01895 238025
Web: www.ectopic.org.uk

Miscarriage Association

Clayton Hospital
Northgate
Wakefield
West Yorkshire WF1 3JS
Helpline 01924 299799
Web: www.miscarriageassociation.org.uk

Early Pregnancy Information Centre

Web: www.earlypregnancy.org.uk

Molar pregnancy

Web: www.hmole-chorio.org.uk

This leaflet is based on information from the Royal College of Obstetrician and Gynaecologists (RCOG) guideline on Management of Early Pregnancy Loss (which was published in December 2012).

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: (01323) 417400 Ext: 5860 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff

use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 01424 755255 Ext: 2620

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:
Mr David Chui, Consultant Obstetrics and Gynaecology
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The directorate group that have agreed this patient information leaflet:
The EPAU Working Group

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Responsible clinician: Mr David Chui

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