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اگرآپ اس کا اُردو زبان میں ترجمہ چاہتے ہیں، تو براہِ کرم اِس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

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Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

Ashford Hospital
London Road
Ashford, Middlesex
TW15 3AA
Tel: **01784 884488**

St. Peter's Hospital
Guildford Road
Chertsey, Surrey
KT16 0PZ.
Tel: **01932 872000**

Website: **www.ashfordstpeters.nhs.uk**

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Bleeding and Abdominal Pain in Early Pregnancy

Early Pregnancy Unit

Patient Information

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Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

Author: Miss Izuwah-Njoku, Dr. Tayyaba Syed, Dr Diana Yakubovich **Department:** Women's Health
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Patient information leaflet for women who present with bleeding and pain in early pregnancy up to 12 weeks gestation (three months of pregnancy).

This includes women who may or may not have had a first trimester scan / dating / nuchal scan.

Early Pregnancy Unit opening hours.

Open	Monday to Friday 0900 - 1700
USS scanning hours:	Monday to Friday 0900 - 1300
Phone:	01932 722662

Introduction

Understanding bleeding and abdominal pain in early pregnancy

This leaflet has been produced to give you general information about bleeding and abdominal pain during early pregnancy. This leaflet will guide you through what's normal, what might require attention, and when you should seek medical help.

We hope most of your questions will be answered by this leaflet. However, it is not intended to replace the discussion between you and your nurse or doctor. If after reading our leaflet, you require further explanation, please discuss your queries with a member of the healthcare team. Your health, well-being, as well as your pregnancy are our top priorities, and we are here to support you every step of the way.

If you are experiencing symptoms that concern you, don't hesitate to seek medical advice. Trust your instincts and reach out to your GP, NHS 111, your midwife, or local NHS services for support or attend A&E if you are very unwell.

You can get further information and advice from:

Association of Early Pregnancy Units (AEPU)
https://www.aepu.org.uk/

Miscarriage Association
https://www.miscarriageassociation.org.uk

Ectopic pregnancy Trust
https://ectopic.org.uk/

National Institute for Health & Care Excellence (NICE) Ectopic Pregnancy and Miscarriage
https://www.nice.org.uk/guidance/ng126

NHS 111 Service
https://www.nhs.uk/pregnancy/related-conditions/

Royal College of Obstetrics and Gynaecology
https://www.rcog.org.uk/for-the-public/browse-our-patient-information/bleeding-andor-pain-in-early-pregnancy/

Early Pregnancy Unit Opening Hours

Open	Monday to Friday 0900-1700
USS scanning hours:	Monday to Friday 0900-1300
Phone:	01932 722662

Early Pregnancy Unit Website:

Ashford and St Peter's Hospitals
https://www.ashfordstpeters.nhs.uk/epu-home

Early Pregnancy Unit email:

asp-tr.earlypregnancy@nhs.net

Normal symptoms in early pregnancy

What are the normal and common symptoms in early pregnancy?

During pregnancy, your body undergoes many changes to support the developing baby. It's natural to experience a range of symptoms as your body adjusts. Below are some symptoms that may be considered normal in early pregnancy:

1. **Mild Cramping:**

- **What to Expect:** Light cramping, like menstrual cramps, is common in early pregnancy. This happens as the uterus starts to change as it prepares to accommodate the growing baby.

- **When to Be Concerned:** If cramping becomes progressively worse or severe or is accompanied by heavy bleeding, you should contact your healthcare provider.

2. **Light Spotting:**

- **What to Expect:** Some women experience light spotting or "implantation bleeding" when the fertilized egg attaches to the lining of the uterus. This usually occurs around 10-14 days after conception and typically lasts for a short time.

- **When to Be Concerned:** If the bleeding becomes heavy, persistent especially if an USS hasn't been performed, or is accompanied by pain, seek medical advice as this could be a sign of a more serious issue.

You may experience other symptoms including nausea and vomiting, fatigue, breast tenderness, food aversions etc. For further information, please follow the link or QR code.

What does vaginal bleeding and pain mean for me?

Vaginal bleeding and / or cramping pain in the early stages of pregnancy are common and do not always mean that there is a problem. Though 1 in 5 women may experience a miscarriage, bleeding is not always a sign of miscarriage or other early pregnancy problems.

What is the cause?

In some cases, we do not know why bleeding occurs, however below is a list of potential causes.

1. **Vaginal infections:** Blood loss can be caused due to inflammation within the neck of the womb from infections such as chlamydia or other pelvic infection.

What is the role of the chaperone?

The General Medical Council recommends a chaperone is present for all intimate examinations. A chaperone will be a member of the medical team who will advocate for you and support you during your examination.

Seek immediate help:

If you develop the following symptoms, you should seek medical assistance urgently and attend your local accident and emergency department:

- Dizziness or fainting
- Heavy vaginal bleeding for instance soaking three to four pads per hour / or passing golf ball sized clots and heavy bleeding which is on going
- Worsening abdominal pain
- Pain going up into the shoulders
- You feel very unwell

when having a vaginal scan. If you have concerns about a vaginal scan, please let the nurse, midwife or doctor know.

Can I bring somebody with me?

We welcome one adult only into the scan room to support you. This can be your partner, friend or other relative. Please note we would advise against bringing children into the unit, but should you need to have your child with you, please inform us on arrival and we will do our best to support you.

Who will see me when I attend?

You will be seen by a member of the EPU team, and this may be a nurse, midwife, health care assistant, nurse sonographer or doctor. Our hospital provides training for medical students, nurses, midwives and junior doctors. Please inform us if you don't want them present during your consultation.

What if English isn't my first language?

We use a validated telephone interpreting service and occasionally can provide face-to-face interpreting service by prior arrangement.

2. **Cervix (neck of the womb):** In pregnancy the blood supply to the cervix increases. Slight trauma (e.g. through intercourse) can cause bleeding. Please inform us if you have had any abnormalities with your smear tests currently or previously

3. **Implantation site:** As the pregnancy attaches to the endometrium (lining of the womb) this may cause blood vessels of the uterus (womb) to bleed

4. **Subchorionic haematoma:** This is when there is a pooling of blood around the pregnancy sac. There is no treatment for this, and this would usually resolve by itself for most people but may be associated with a higher chance of late miscarriage, placental abruption (sudden placental separation) or preterm rupture of membranes (water breaking early).

   Pain: When pain is localised to one side of the lower abdomen (tommy) and or associated with heavy bleeding, this may be a sign of miscarriage, ectopic pregnancy or a molar pregnancy. Pain in pregnancy may be unrelated to the pregnancy and could be due to muscular pain, constipation, urinary tract infections, or surgical or bowel problems. These non-pregnancy-related conditions are not discussed in this leaflet.

Can bleeding and / or pain be a warning sign?

Not all bleeding in pregnancy is harmless and it may be a 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 research has shown that in some cases there may be a problem with the chromosome (genetic material that forms the baby) which means the pregnancy is unable to develop normally.

Other possible causes of bleeding and pain include.

- an ectopic pregnancy (where the embryo implants outside the womb),
- a molar pregnancy (an abnormal growth of pregnancy tissue inside the uterus).

These are discussed further in the leaflet.

We know from research an early pregnancy loss is a very sad and upsetting experience, and we are here to support you and your partner. We or your GP could refer to local counselling service support.

Frequently Asked Questions

Have I done something to cause the bleeding?

No. Bleeding in pregnancy is common but doesn't always mean there is a problem with the pregnancy. There is nothing you have done to make this happen and you couldn't have prevented this from happening.

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 stronger or regular pain relief medication, you must always check with your doctor, nurse or midwife first.

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?

An internal / vaginal scan is the best method in early pregnancy (under 8 weeks) as it gives us a more accurate result at an earlier stage in pregnancy than an abdominal scan. It may be a little uncomfortable, but it is safe, and you do not need a full bladder

Emotional impact

An early pregnancy loss can be an emotionally challenging experience. It's important to give yourself time to heal both physically and emotionally. Many women feel a sense of loss and may struggle with feelings of anxiety about future pregnancies. Talking to a healthcare provider, counsellor, or support group can help you process your emotions and find the support you need. You may find further information and support from:

https://ectopic.org.uk

https://www.miscarriageassociation.org.uk

What should I do if I have bleeding and / or pain in the first 12 weeks?

If you have any bleeding and / or pain, you can get medical help and advice from:

- Your GP or midwife, who may advise you to go to hospital
- Your nearest Early Pregnancy Assessment Service: details of the unit nearest to you can be found on https://www.aepu.org.uk/find-a-unit/

  For Ashford and St Peter's hospital, the website address is Ashford and St Peter's Hospitals https://www.ashfordstpeters.nhs.uk/about-the-epu
- NHS 111; the service is available 24 hours a day, 365 days a year, and calls are free from landlines and from mobile phones
- Your nearest A&E department if you are bleeding heavily or if your pain is severe.

What to expect in the Emergency Department

If you come to the Emergency Department with bleeding or pain during early pregnancy, a thorough assessment will be done to help plan your care. This process will typically involve the following:

1. **Symptom Review:** You will be asked about your symptoms and the date of your last period. You will also be asked about previous pregnancies and your general health.

You may need to have:

2. **Urine sample** tested to confirm that you are pregnant

3. **Blood test(s)** to check your blood count, blood group. We may also check the level of your pregnancy hormone (βhCG).

4. **Examination:** In addition to a general assessment, you may also need an internal vaginal examination to check for pain and / or severity of bleeding. This may involve using a speculum (a plastic instrument) and / or digital examination. This examination will not affect the outcome of your pregnancy.

5. **Discharge and referral to the Early Pregnancy Unit (EPU):** Following your assessment, if you are well and at low risk of complications, we will discharge you and refer to the Early Pregnancy Unit for further assessment if indicated. We don't provide early pregnancy scan in

What happens next if you are diagnosed with PoUL?

If you've been told you have a PoUL (Pregnancy of Unknown Location), it's important you attend for follow up to determine whether your pregnancy is progressing normally or not. Here's what typically happens next:

1. **Follow-Up Appointments:** You'll be given an appointment at the Early Pregnancy Unit for further evaluation.

2. **Blood Tests:** You'll need to have blood tests to check your pregnancy hormone (βhCG) levels. The results will help determine the status of your pregnancy.

3. **Ultrasound:** You might be scheduled for another ultrasound.

The waiting period can be challenging, as it may take some time to reach a clear diagnosis. Your healthcare team will keep you informed and discuss your options throughout the process. You will be offered our PoUL leaflet which will give you more information.

- **Ectopic pregnancy:** This is where the pregnancy is growing outside the cavity of the womb. An ectopic pregnancy can pose a risk to your health and the treatment options will be discussed by your doctor.

- **Molar pregnancy:** A molar pregnancy is an uncommon condition where the placenta is abnormal, and the pregnancy does not develop properly. The doctor will discuss treatment with you.

- **Pregnancy of unknown location (PoUL):** 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 (PoUL). 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 (about 5 weeks from your last period).

    - an early miscarriage has occurred, and this may be more likely if you have had heavy bleeding. Pregnancy tests can stay positive for up to 2-3 weeks after a miscarriage.

    - an ectopic pregnancy that is too small to be seen. About one in five women with a PoUL may eventually be diagnosed with an ectopic pregnancy.

the Emergency depart but our EPU team will aim to contact you usually within 48 hours excluding bank holidays and weekends. We know it can be worrisome waiting at home but please remember you can always return for review if your symptoms get worse or you are concerned.

6. **Admission:** If we are very concerned about your symptoms, you may be admitted.

What happens in Early Pregnancy Unit (EPU)?

We aim to do a scan as soon as possible in our EPU but this may take up to 48 hours to arrange. The EPU team will contact you to arrange follow-up or may advise a GP or self-referral. You may also ring EPU **Monday to Friday between 0900-1600 on 01932 722662**.

Our EPU is located on the ground floor of the Abbey Wing at St Peter's Hospital, and this is where you will have your scan.

Some scans are done in maternity USS department. In early pregnancy, the scan will be done internally, with a probe inserted into the vagina. This can be slightly uncomfortable, but not painful and will not harm the baby or cause a miscarriage.

The scan will check that the pregnancy is inside the womb, try to identify the cause of the bleeding and ascertain if the pregnancy is progressing normally.

Please remember that though bleeding and pain in early pregnancy can be worrying, many women / people have healthy pregnancies despite experiencing these symptoms.

What should you do while waiting for the scan?

If your symptoms are mild and we are unable to offer a scan on the same day, you may be discharged home to wait for your scan. While you wait for the scan, you can:

- Continue with your normal activities if you feel able to.
- Use a pad to monitor the amount of bleeding you are having.
- It is advisable to get plenty of rest.
- Do not have sex or use tampons, as this can increase the risk of infection.

You should return to the Emergency Department if:

- Bleeding becomes heavy (heavier than a normal period and changing 3-4 pad every hour) and its ongoing
- You have severe lower abdominal pain/cramps.
- You feel dizzy, faint or collapse.
- You have pain in shoulders.
- You feel very unwell.

What if I miscarry while waiting for my scan?

Early miscarriage sadly is quite common, affecting as many as 1 in 5 pregnancies. Most early miscarriages occur as a one-off event and are usually not preventable. Miscarriages are not caused by stress, physical activity or having sex. It is not usually possible to give a reason for an early miscarriage, but one of the possible causes is thought to be an abnormality with the baby's chromosomes. Please contact the early pregnancy unit, your GP, 111 or attend A&E if your symptoms are severe.

Possible outcomes of scan in EPU

- **Viable intra-uterine pregnancy:** The pregnancy is located within the womb and a heartbeat can be clearly seen.

- **Early intra-uterine pregnancy of uncertain viability:** The pregnancy is seen within the womb, but we have been unable to identify a heartbeat. It may not always be possible to see a heartbeat before the 6th week of pregnancy. If it is early in your pregnancy, we may offer another scan 1 - 2 weeks later to see if the pregnancy is progressing well.

- **Early miscarriage:** The scan may show that that you have unfortunately had a miscarriage. Your doctor will explain the various treatments available.