

## Patient Information

# Bleeding or pain in early pregnancy

<https://kingstonhospital.nhs.uk/information/bleeding-or-pain-in-early-pregnancy>

We are sorry that you are experiencing pain or bleeding in your pregnancy.

This information explains what to expect if you have been to Kingston Hospital's Emergency Department (A&E) but we cannot give you an immediate scan.



## Why did I have bleeding?

**Bleeding is common** in the first 12 weeks of pregnancy. But we understand that it is worrying.

We are not always able to say why bleeding or spotting happens.

It doesn't necessarily mean that you are miscarrying or that you will miscarry. You may still go on to have a healthy pregnancy.

We cannot be certain your baby is in the right place and healthy until you have an ultrasound scan.

**Bleeding** in pregnancy may be light or heavy, dark or bright red. You may pass clots or "stringy bits". You may have more of a discharge than bleeding.

Or you may have **spotting**, which you notice on your underwear or when you wipe yourself.

Spotting or bleeding may be continuous or it might be on and off, perhaps over days or even weeks.

## Why did I have pain?

Pain in pregnancy doesn't always mean that there is a problem but it can be a sign of an ectopic pregnancy (see box).

Many women experience backache, especially as the pregnancy progresses. Some women feel uncomfortable as ligaments stretch as the baby grows.

Sometimes we cannot find the reason for your pain in the first few months of pregnancy. It may not have anything to do with the pregnancy at all. It may be due to something unrelated, such as a stomach upset or urinary tract (bladder) infection.

### Ectopic pregnancy

In the UK about 1 in 100 pregnancies are ectopic. This means the embryo grows outside the womb, most commonly in the fallopian tubes.

Ectopic pregnancies have the potential to rupture and cause life-threatening internal bleeding. An ultrasound scan will confirm the location of a pregnancy in most cases and rule out an ectopic pregnancy.

## What happens next?

We may recommend you have tests to check your baby.

Waiting for a scan **will not affect the outcome of your pregnancy.**

- **If you are less than 14 weeks pregnant**

The doctor you see in the Emergency Department will book you in for an ultrasound scan. These are available Monday to Friday. The next available scan will be booked for you. We aim to offer an ultrasound scan within 1 to 2 days if you have not yet had any scan in the pregnancy. The wait may be longer in other cases. We will prioritise the time of any ultrasound scan based on the clinical urgency.

If you are not given the appointment details whilst in the Emergency Department, call the Jasmine Unit to book this (the number is listed in the [Contacts](#) at the bottom). Tell them that you have been in the Emergency Department.

- **If you are 14 weeks pregnant or more**

You will be booked for a foetal heartbeat check with a handheld 'Sonicaid'. This will be with a nurse or doctor in the Jasmine Unit. An ultrasound scan will be performed if the foetal heartbeat is not heard.

You should be given this appointment whilst in the Emergency Department. If you have not been given an appointment, call the Jasmine Unit to book this.

## What should I do whilst waiting for a scan?

While you wait for your scan, whatever you do is very unlikely to make a difference to your baby or the outcome of your pregnancy. Some people prefer to rest, others like to continue their usual routine. Do what feels right for you.

If the bleeding is because you are having a miscarriage, we are unable to stop this from happening. Resting in bed might slow down any bleeding. But when you get up, it's likely to start again. This is not your fault, it's just because of gravity.

→ You can take paracetamol for pain.



### **Go to your nearest Emergency Department (A&E):**

- if the bleeding is excessive (for example, you are flooding sanitary pads every 20 to 30 minutes)
- if the pain is severe and does not reduce with painkillers
- if you feel faint and or very unwell.

### **Can I have a private scan?**

Some women choose to pay to have a scan done privately rather than wait for one on the NHS. We do not have a private service and so you would need to get it done elsewhere.

It is important to note that we cannot use the report from a private scan as part of our diagnosis and management. Even if you do have a scan privately, you will need to have the scan repeated (on the NHS) within Jasmine Unit (our early pregnancy unit).

### **What happens at the ultrasound scan?**

An ultrasound scan is done to find out where the pregnancy is and what is causing the bleeding or pain.

If you need to have a scan, you will be asked to fill in a form when you arrive. This will include details of your last period and date of first pregnancy test.

You can have one person with you at the scan. If possible, try not to bring children with you. They are not usually allowed in the ultrasound room.



### **If you are under 10 weeks pregnant**



Your womb is still low down in your abdomen and difficult to see. So, to get a clear picture, the scan will usually be done through your vagina. This is called a **'transvaginal scan'**.

For this, a small ultrasound probe, about the size of a tampon, is gently inserted into your vagina.

This type of scan may also be done if you are not certain how many weeks pregnant you are.

## If you are over 10 weeks pregnant



The ultrasound scan will be done from the outside of your tummy (abdomen). This is called a '**transabdominal scan**'.

You will be asked to have a full bladder for this type of scan.

Occasionally, if the images are unclear with a transabdominal scan, a transvaginal scan may be needed.

### Following the scan

If the scan results show that there are no problems with the pregnancy, and you have had all your questions answered, you can usually go home with an information leaflet.

You may want to see one of the Jasmine Unit team to discuss your scan result, or bleeding or pain. You will be asked to wait for this.

Some women may need further investigations. This may involve blood or urine tests. You may also need a vagina examination to check the bleeding or to take swabs. All this will be discussed with you.

Your scan may be done by an ultrasound technician (called a 'sonographer'). If so, you may then need to see one of the doctors or nurses to discuss your scan results and the next steps. This review will be done the same day but you may need to wait in the unit if the team are busy.



### Will I have a miscarriage?

It is not possible for us to predict or prevent a miscarriage. Overall, 1 in every 4 pregnancies result in miscarriage.

### What happens during a miscarriage?

When a miscarriage happens, the pregnancy and the lining of your womb (uterus) will be shed.

The symptoms of a miscarriage can vary from woman to woman. Most women have heavy bleeding with blood clots and cramps, which can last up to 3 hours. The bleeding is likely to be a lot heavier than a normal period. After this, the pain usually starts to ease and the bleeding becomes lighter.

#### → **Contact the Jasmine Unit if you have these symptoms.**

This is to discuss with a nurse if it is still necessary to have the scan.

## Will it be painful?

Most women having a miscarriage have period-like cramps. These can be very painful, especially when the pregnancy is being passed. This is because the uterus is squeezing to push the contents out.








You can take painkillers such as paracetamol, ibuprofen or codeine. You can buy these without a prescription. Check with your GP or pharmacist before taking them if you have any medical conditions or have previously had reactions to them.

Holding a hot water bottle (not too hot) where it hurts can help too.



## More information

For more information about concerns during early pregnancy, see the following links.

<p><b>Tommy's</b></p> <p><b>Tommy's</b> Charity offering miscarriage information and support <a href="https://www.tommys.org/baby-loss-support/miscarriage-information-and-support">https://www.tommys.org/baby-loss-support/miscarriage-information-and-support</a></p>	
<p> <b>MISCARRIAGE ASSOCIATION</b> The knowledge to help</p> <p><b>Miscarriage Association</b> <a href="http://www.miscarriageassociation.org.uk">www.miscarriageassociation.org.uk</a></p>	
<p> <b>NHS 111</b></p> <p><a href="http://www.nhs.uk/nhs-services/urgent-and-emergency-care-services/when-to-use-111/">www.nhs.uk/nhs-services/urgent-and-emergency-care-services/when-to-use-111/</a></p>	
<p> <b>The Ectopic Pregnancy Trust</b></p> <p><a href="https://ectopic.org.uk/">https://ectopic.org.uk/</a></p>	

This decision-aid was created with input from  
Kingston Maternity Voices Partnership




## Contacts

Jasmine Early Pregnancy Unit (Monday to Friday 8am to 6pm) 020 8934 6224

Isabella Ward (6pm to 8am)

020 8934 2303

<p><b>Translate</b></p>	<p>Please speak to a member of staff before or during your visit to the hospital if you require translation.</p>
<p><b>Accessibility</b></p>	<p>Please contact the Patient Experience Team on 020 8934 3850 if you need this information in a different format. For information accessibility please visit Kingston Hospital AccessAble <a href="http://www.accessable.co.uk/kingston-hospital-nhs-foundation-trust">www.accessable.co.uk/kingston-hospital-nhs-foundation-trust</a></p>
<p><b>Support services</b></p> <p>Visit the hospital website, ask a member of staff, or ring us for details.</p> <p><a href="http://www.kingstonhospital.nhs.uk">www.kingstonhospital.nhs.uk</a></p> <p>Switchboard 020 8546 7711</p> 	<ul style="list-style-type: none"> <li>• 'Find Us' page for maps, transport, registering a blue badge, disabled access</li> <li>• Information, advice and support for patients and relatives (PALS) 020 8934 3993</li> <li>• Pastoral and Spiritual Support 020 8546 7711</li> <li>• Learning Disability Liaison Team 020 8934 6895</li> </ul>