



PAIN AND BLEEDING IN EARLY PREGNANCY

Bleeding in early pregnancy can be very distressing but it does not always mean that you are having a miscarriage. It affects about one in four women, many of whom will go on to have a healthy baby.

Bleeding in early pregnancy

If the bleeding is being caused by a miscarriage, there is no treatment or therapy that can stop the miscarriage from occurring. However, it is still very important to be seen by a health professional. If your bleeding is very heavy with large clots and accompanied by crampy pains you may need urgent care. Otherwise you can make an appointment with your General Practitioner (GP) or Early Pregnancy Assessment Service.

Ectopic pregnancy can also cause bleeding and pain. This is when the pregnancy is growing outside the uterus - usually in the fallopian tube. One to two percent of all pregnancies are ectopic and without treatment an ectopic pregnancy can seriously impact on your health and fertility. If you experience severe pain it is very important to see a health professional.

Other causes for early bleeding

Often, a cause will not be found and the pregnancy will continue normally. Sometimes a blood clot seen on ultrasound will suggest that there has been some bleeding around the pregnancy sac, this is sometimes referred to as implantation bleeding.

Other causes, which have nothing to do with pregnancy, may also need to be considered; such as, benign polyps, infection or changes in the cervix. If bleeding continues or recurs after a normal pregnancy scan, it is important that you are examined for other possible causes.

Early bleeding that does not lead to miscarriage will not have caused your baby any harm.

Tests for bleeding in early pregnancy

When you visit your GP or Early Pregnancy Assessment Service, you may be offered one or all of the following tests.

Internal examination

A doctor or nurse may do an internal examination to see if:

- the uterus is the size we would expect given your stage of pregnancy
- there is any cause for pain
- there is any visible cause for bleeding such as infection or an open cervix (neck of womb). Further tests may be needed to investigate infection.

Ultrasound

After about six weeks of pregnancy the baby's heart beat can usually be seen on ultrasound. If you have been bleeding in pregnancy you will usually be offered a vaginal ultrasound because it will offer the best possible view of your pregnancy. The vaginal ultrasound is a narrow probe which is put inside the vagina. It will feel similar to an internal examination and is quite safe. Before six weeks, an ultrasound is unlikely to give a definite answer, but may be helpful if there is concern that your pregnancy is ectopic.

Blood tests

Blood tests are done to measure if the pregnancy hormone (HCG) level is appropriate for your stage of pregnancy (based on the time of your last period). Often the test has to be repeated to check whether the hormone levels are rising normally. You may also need a blood test to check your blood group.

What should I do while waiting for results?

- Try, as much as possible, to rest and relax.
- Continue, as much as you are able, to do your usual day to day activities, including work if you wish. Usual activity, that is not too strenuous, will not be harmful.
- If you have pain you can take paracetamol (such as Panadol) according to instructions on the packet.
- Many authorities advise avoiding tampon use during or after a miscarriage or threatened miscarriage. This is because of a possible risk of infection, although tampons have not been proven to cause infection in this situation.
- Most people prefer to avoid sex if there is pain or bleeding. Once bleeding settles, it's OK to have sex if you feel comfortable. People often feel anxious about having sex in these circumstances, but we do not believe that it will make any difference to the risk of miscarriage.
- If the tests are inconclusive, it is possible that a miscarriage may occur while you are waiting for further tests. If you experience heavy bleeding with clots and crampy pain, it is likely that you are having a miscarriage. The bleeding, clots and pain will usually settle when most of the pregnancy tissue has been passed. Sometimes the bleeding will continue to be heavy and you may need further treatment. You should see a doctor or go to an emergency department for a check-up if you think you are having or have had a miscarriage.

You should go to your nearest Emergency Department if you experience:

- heavier bleeding, for instance soaking two pads per hour and/or passing golf ball sized clots
- severe abdominal pain or shoulder pain
- fever or chills
- dizziness or fainting
- unusual smelling vaginal discharge.

Understanding your results

Pregnancy hormone levels

The level of pregnancy hormone in your blood will change depending on the number of weeks you have been pregnant. When a miscarriage is about to happen, hormone levels will drop. The following explains what the different levels might mean.

1. The pregnancy hormone levels are normal

It is reassuring that your pregnancy hormone level is normal, but it does not confirm that your pregnancy is developing normally. Your pregnancy hormone level will be considered together with your symptoms to help us decide when we should do an ultrasound. If the ultrasound is done too early in the pregnancy we may not be able to see enough to reach any conclusions about the pregnancy.

2. The pregnancy hormone is lower than expected

This can mean two things:

- you may not be as many weeks pregnant as you thought; or
- the pregnancy is not growing normally.

Usually a repeat blood test will be needed after two days.

3. The pregnancy hormone is rising slower than is usual

This may mean that the pregnancy is not growing normally, either because you are miscarrying or because the pregnancy is ectopic. Sometimes though, it can be due to unusual hormonal patterns in an otherwise normal pregnancy.

4. Pregnancy hormone is falling

This usually means that the pregnancy is ending.

Ultrasound examination

1. Normal ultrasound with heartbeat

This is good news. A miscarriage is uncommon after this; less than one in twenty. You can continue with normal pregnancy care. A cervical screening test (CST) is recommended if you are due for one or if your bleeding persists.

2. Ultrasound shows a definite miscarriage

There are a number of signs, which can be seen on ultrasound, that tell us that the pregnancy has stopped growing. These include the size of the pregnancy sac, the size of the embryo and the lack of a heartbeat. Sometimes we can see that a miscarriage has already begun and that some of the pregnancy tissue has been passed out of the uterus. You may need to consider treatment options that will ensure that all of the pregnancy tissue has passed but this is usually not urgent.

3. Ultrasound shows a small pregnancy sac but no embryo or heartbeat.

A small sac can mean either:

- it is still too early in the pregnancy for the embryo to be seen; or
- the pregnancy is not developing properly.

If the pregnancy sac is the size we would expect for this stage in your pregnancy and it matches your pregnancy hormone levels, you can continue with normal pregnancy care.

If the pregnancy sac is not the right size, it may simply be because you are not as pregnant as we thought. The only way that this can be confirmed is to allow a period of time to pass and to repeat the ultrasound. The second ultrasound is usually done in about ten days and will confirm whether the pregnancy is developing or not.

Unfortunately, there is no faster way of finding out what may or may not happen with your pregnancy. Sometimes further bleeding or a miscarriage will happen during the time that you are waiting for the second ultrasound.

4. Ultrasound shows the uterus is empty

This can mean:

- it is still too early for the pregnancy to be seen
- a complete miscarriage has occurred and all the pregnancy tissue has passed (especially if there has been heavy bleeding) the pregnancy might be “ectopic”, growing outside the uterus. An ectopic pregnancy cannot continue to grow normally and can result in serious internal bleeding if not treated.

If the uterus is empty, further tests will be needed until we can be sure that the pregnancy is not ectopic or a miscarriage can be confirmed. You will usually need to have another blood test to measure any changes in your pregnancy hormone levels. Your blood tests will be considered together with any changes in pain and bleeding to decide if and when treatment is needed or whether a further ultrasound will be helpful.

5. Ultrasound shows an ectopic pregnancy

If an ectopic pregnancy is found you may need urgent treatment to prevent complications. There are two treatment options depending on the nature of the ectopic pregnancy. Surgery may be necessary to remove the ectopic pregnancy or sometimes it can be treated with medicine to make it shrink

Where can I get more support?

It is normal to feel distressed or upset if you have bleeding or pain during pregnancy. Some women find it helpful to seek counselling and other emotional or psychological support. Ask your GP for recommendations in your local area.

I'm undecided about continuing the pregnancy

For some women, early pain and bleeding may be the first signs that they are pregnant. Coming to terms with being pregnant while coping with a possible loss can be very confusing. If you are unsure about continuing your pregnancy, you should discuss this with your GP or another health professional.

Who should I contact for help?

General contact options

- Your GP
- Community health service
- Nearest hospital emergency department
- Nearest early pregnancy assessment service
- Nurse on call -1300 60 60 24

Royal Women's Hospital options

- **For assessment, tests and treatment**
 - Early Pregnancy Assessment Service (EPAS)
T: (03) 8345 3643
Monday to Friday from 8.00am to 3.00pm.

Call the above number to arrange an appointment. You may have to leave details on the answering machine but someone will call you back.
Bring any information and test results for this pregnancy when you attend.
 - Women's Emergency Centre (24 hours)
Attend any time if in need of urgent care.

Ultrasound for possible miscarriage, if needed, will usually need to be booked in the next available EPAS clinic.

- **For general information**
 - Women's Welcome Centre
T: (03) 8345 3037 or toll-free 1800 442 007 (regional areas)
Contact the Centre for help locating quality information on the Internet.
- **For emotional support or someone to talk to about how you are feeling**
 - Women's Social Support Services
T: (03) 8345 3050 (office hours)
 - Pastoral Care and Spirituality Services
T: (03) 8345 3016 (office hours)

If you are undecided about continuing the pregnancy

- 1800MyOptions
T: 1800 696 784
W: www.1800myoptions.org.au

MyOptions offer confidential information regarding pregnancy options and services; they can talk through your options and make sure you are referred to appropriate services, whatever you decide.

References

- RCOG (2006) Greentop Guideline number 25: The Management of Early Pregnancy Loss, <http://www.rcog.org.uk/index.asp?PageID=515>
- RCOG (2004) Greentop Guideline number 21: The Management of Tubal Pregnancy, <http://www.rcog.org.uk/index.asp?PageID=537>
- AEPU (2004) Organisational, Clinical and Supportive Guidelines, <http://www.earlypregnancy.org.uk/guidelines.asp>

Disclaimer: The Royal Women's Hospital does not accept any liability to any person for the information or advice (or use of such information or advice) which is provided in this fact sheet or incorporated into it by reference. We provide this information on the understanding that all persons accessing it take responsibility for assessing its relevance and accuracy. Women are encouraged to discuss their health needs with a health practitioner. If you have concerns about your health, you should seek advice from your health care provider or if you require urgent care you should go to the nearest hospital Emergency Department. © The Royal Women's Hospital, June 2018