



Bleeding in early pregnancy (page 1 of 3)

This information leaflet is to help explain the common causes of bleeding and pain in early pregnancy.

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

We often do not know why there is bleeding in early pregnancy, but here are some of the common causes of pain and bleeding:

- **The implantation site:** As the pregnancy attaches itself into the endometrium (lining of the womb) it may cause some blood vessels of the uterus (womb) to bleed.
- **A haematoma:** This is a small area of bleeding, like a bruise, next to the pregnancy sac. A haematoma may be reabsorbed by the body or come away naturally as a vaginal blood loss. Occasionally, if it is very large this would have been noted on the scan and we will discuss the report with you.
- **The cervix** (neck of the uterus): During pregnancy, tissues become rich in blood supply and soften. As a result of this, any slight trauma to the cervix can cause bleeding. It is important that we know that your smear history is up to date and when you are due a smear test.
- **The vagina:** Common infections like thrush, or other infections, may cause bleeding from the inflamed vagina in the form of spotting.
- **Constipation:** This is a common cause of pain in early pregnancy. The bowel becomes less active because of the effect of the pregnancy hormones, and you may find that you go to the toilet less frequently to have your bowels opened. This causes a build-up of faeces in the bowel which leads to abdominal pain and bloating.
- **Urine infection:** This is very common in pregnancy. You may be asked to provide a urine sample so that this can be tested for infections.
- **Corpus luteal cyst/Ovarian cyst:** A corpus luteal cyst is a very normal part of pregnancy and most women are unaware of having them. When the egg is released from the ovary at ovulation and the baby is conceived, the site of ovulation in the ovary becomes a corpus luteum cyst. An ovarian cyst is a fluid-filled sac that develops on a woman's ovary. They are very common and don't usually cause

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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: www.salisbury.nhs.uk/FriendsFamily or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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any symptoms, but can sometimes cause pain. Most cysts occur naturally and disappear in a few months without needing any treatment.

I have been told today that my baby is alright

Your ultrasound scan has shown that your pregnancy is continuing (viable). However, you may still experience some bleeding and/or pain and worry about what might be happening. There is no specific guidance about what the amount of bleeding or pain might indicate but this advice may help:

- **My bleeding is very light with only spots of blood, like the beginning or end of my period:** Monitor your bleeding over 2 to 3 hours to see whether it increases or stops. If you have any mild abdominal pain, try taking some simple pain relief (such as paracetamol, which is safe in pregnancy). If the symptoms do not improve please contact the Early Pregnancy Unit (EPU), your GP or midwife for further advice.
- **I am passing blood clots and tissue and my pain relief is not working:** Contact the EPU for advice. The nurse will discuss your bleeding and pain with you and you may be asked to come back to the EPU for assessment. Out of hours please go to your nearest Emergency Department.
- **I feel unwell, I am bleeding heavily, and my pain is very bad:** Contact the EPU immediately or dial 999 if you feel that you need urgent assistance.

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 pregnancy on the ultrasound scan:** We may decide to re-scan within 2 weeks. Alternatively this may be checked at your booking ultrasound scan in the antenatal clinic which is usually around 11 to 14 weeks of pregnancy. If only a small haematoma is found, or we cannot find another reason for your bleeding, follow up is usually not required. However you can contact the EPU if you have any further worries.
- **The ultrasound scan indicated that you are not as many weeks pregnant as you thought** (so it is too early to say that the pregnancy is alright). This is classed as a pregnancy of unknown viability: We will offer you a further ultrasound scan usually in 10 to 14 days to check that the pregnancy is progressing well.
- **The ultrasound scan could not detect a pregnancy within your uterus and you are well enough to go home:** This is called a pregnancy of unknown location and means that we will need to take two blood tests 2 days apart to check your hormone pregnancy levels and we may need to perform another ultrasound scan. It is important that these blood tests are taken when requested to get the correct information.

What should I do if I experience further bleeding?

Bright red blood suggests that it is a fresh bleed, whereas brown blood loss or light spotting suggests that it is old blood. If your bleeding becomes bright red or heavier, or you are unsure then please contact the EPU for specific individual advice.

Will I need to rest?

Although bed rest used to be recommended in the past, there is no evidence to suggest that this will help. If you feel that you need to rest then do so, but try to keep as normally active as possible. There is no specific treatment to stop your bleeding. Sometimes you might notice that your bleeding becomes heavier after having rested. This is usually due to pooling of blood in the vagina from lying down, which then comes away as you stand up.

Can I still have sexual intercourse?

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

Who can I contact if I have any questions?

If you have any concerns or need any further information then please do not hesitate to contact the Early Pregnancy Unit 01722 336262 Ext 2317 or Gynaecology Outpatient Department 01722 336262 Ext 4431.

If you do need to contact EPU it would be useful for the staff to know about your symptoms, such as whether you have taken any pain relief or how often you have changed your sanitary pad.