

## PAIN AND BLEEDING IN EARLY PREGNANCY



If you have any English language difficulties, please ask staff to book an interpreter.

From home contact the Telephone Interpreter Service on 13 1450.

Services are provided free of charge. Ask staff if this information is available in your preferred language.

### What does it mean?

Bleeding and pain in early pregnancy can be very distressing, but it does not always mean that you are having a miscarriage.

Bleeding is very common in early pregnancy (affecting about 1 in 4 women), many of whom will go on to have a healthy baby.

If the bleeding is being caused by a miscarriage, there is no treatment or therapy that can stop the miscarriage from occurring.

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

If your bleeding is very heavy with clots and accompanied by crampy pains you may need urgent care.

### What are the causes for bleeding and pain in early pregnancy?

- Often a cause may not be found and the pregnancy will continue normally.
- Bleeding and pain may be associated with a pregnancy that is not continuing.
- An ectopic pregnancy can also cause bleeding and pain. This is when the pregnancy is growing outside the uterus usually in the fallopian tubes. One to two percent of all pregnancies are ectopic and without treatment an ectopic pregnancy can seriously impact on your health and fertility.
- Other causes, such as polyps, infection or changes in your cervix may be the cause of bleeding or pain. It is important that you are assessed for all possible causes if the bleeding continues.

### What tests are available for my bleeding or pain?

You may be offered one or all of the following tests:

**Blood tests:** Are done to measure if the pregnancy hormone (BhCG) level is appropriate for your stage of pregnancy (based on your last normal period). Often this test has to be repeated over several days to assess if the hormone levels are rising normally.

It is reassuring if your BhCG level is within normal limits-however this does not confirm that your pregnancy is developing normally.

If the hormone level is lower than expected in may mean that you may not be as many weeks pregnant as you thought or the pregnancy is not growing normally

If the pregnancy hormone is falling, this usually means that the pregnancy is ending.

The BhCG levels will be considered with your symptoms to help us decide if and when we should do an ultrasound.

We may need to confirm your blood group and antibody screen.

**Ultrasound:** After 6 weeks of pregnancy, the baby's heart beat can usually be seen. Often a vaginal ultrasound will be used as it provides the best view of the pregnancy. This will not harm you or your baby.

Before 6 weeks, an ultrasound is unlikely to give a definite answer, but may be helpful if there is concern that your pregnancy is ectopic.

### **What should I do while waiting for results?**

Usual activities (including work) will not be harmful to you or your pregnancy.

If you have pain you can take paracetamol (panadol) according to instructions on the packet.

Most women prefer to avoid sex if there is pain or bleeding-however we do not believe that sex will make any difference to the risk of miscarriage.

Avoid using tampons whilst you are bleeding.

### **IMPORTANT INFORMATION**

Unfortunately, it is possible to miscarry whilst you are waiting for further tests. If you experience heavy bleeding with clots and crampy pain, it is likely you are having a miscarriage. The bleeding, clots and pain will usually settle when the pregnancy tissue has been passed.

**You should go to your nearest Emergency Department if you experience any of the following. It is advisable not to drive yourself:**

- Heavier bleeding-for example, soaking one pad within two hours that is not slowing down and/or passing golf ball sized clots.
- Severe abdominal pain or shoulder pain
- Fever or chills
- Dizziness
- Fainting
- Unusual smelling vaginal discharge

Updated September 2014. This document has been developed having regard to general circumstances, in light of information available to the authors at the time of preparation. Please discuss your options with your midwife or doctor in relation to your own personal circumstances. If this is a hard copy it may not be the latest version of this document

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