Patient Information

Benign Gynaecology – Early Pregnancy Unit/Emergency Department

Pain and/or bleeding in early pregnancy (first 13 weeks)

We understand that having pain and/or bleeding in pregnancy makes you feel anxious. These symptoms are taken seriously and we want to provide you with appropriate care and support.

We have done a risk assessment with you, and as you are stable and at low risk for complications, you do not have to wait in the Emergency Department. We will arrange a telephone consultation for advice from our Early Pregnancy Unit (EPU/Clinic 24) specialist nurses tomorrow.

During this telephone conversation the nurse will ask you about your symptoms then will arrange appropriate follow-up appointments, if required.

This leaflet will provide you with more information before your telephone call with the specialist nurses.

Most common causes of pain and bleeding

Abdominal pain and bleeding during pregnancy is common, with 1 in 10 women experiencing some bleeding.

You might experience some light bleeding, called ‘spotting’ when the pregnancy implants into the lining of the uterus. This is known as an implantation bleed and often occurs around the time that your first period would have been due.

It can be associated with mild period-type pelvic cramping which improves with taking paracetamol. Ibuprofen should be avoided during pregnancy.

However, bleeding might also be a sign of a failing pregnancy or an ectopic pregnancy when implantation occurs outside of the cavity of the uterus (womb).

Most miscarriages happen in the first 12 weeks of pregnancy and sadly, cannot be prevented by any intervention, including an ultrasound scan. Ectopic pregnancies are much less common than a miscarriage, affecting 1 in 100 pregnancies.

We understand you would like an answer as to why you are having symptoms such as pain and bleeding. However, this is not always possible and we need time to see how your pregnancy progresses.
What do I do next?
If you are bleeding, please use sanitary towels or panty liners rather than tampons, and monitor how often you are changing them. If you have pain we advise you take paracetamol at regular intervals (please refer to the advice on the packaging) to see if the pain decreases.

When should I return to the Emergency Department?
If any of the following symptoms apply to you then please return to the Emergency Department:

- Taking regular pain relief (paracetamol), but the pain is still worse than a normal period.
- Taking regular pain relief but the pain is getting worse and not improving.
- One-sided pain, going into your shoulders – not relieved by changing position.
- Heavy bleeding with clots – changing a full sanitary towel every 30 minutes.
- Feeling faint or dizzy.

We understand being at home with pain and/or bleeding in early pregnancy is worrying. If you are concerned about any of the points raised earlier in the section - when should I return to the Emergency Department? Then please stay and be seen or return to the Emergency Department.

What will the staff do for me in the Emergency Department?
The team will manage any emergency symptoms:

- If you are bleeding heavily, you will require a vaginal examination to assess the cervix (neck of the uterus) to assess the bleeding.
- You may require intravenous fluids via a drip in your arm so we can replace the fluid that you are losing.
- If required we will give you pain relief.
- If your pain is not settling you may need to be admitted to the main hospital for further observation, usually onto Daphne ward (inpatient gynaecology) in the Rosie.
- The doctors will assess you to decide whether to recommend you to have any intervention. They will then discuss the advantages and disadvantages of their recommendations.
- If you are bleeding heavily and the doctors remove any blood clots or pregnancy tissue these will be sent to the histology laboratory to confirm it is pregnancy tissue.
- It is standard practice that any pregnancy tissue is included in a sensitive disposal protocol which involves burial in a local woodland cemetery.
- Unfortunately, it is often not possible to tell you exactly why the pregnancy has failed to develop.
Will I have an ultrasound scan in the Emergency Department?

There are no pregnancy ultrasound facilities in the Emergency Department. The EPU/Clinic 24 co-ordinates these scans and the specialist nurses will have a telephone discussion with you to decide if an ultrasound assessment is required, as it may not be needed.

What will happen in the EPU/Clinic 24?

After your telephone assessment the staff may invite you in the same day to the EPU for assessment which may include:

- urine or blood tests,
- a vaginal examination, including swabs,
- an ultrasound.

Bring all of your medicines with you (including inhalers, injections, creams, eye drops or patches), or a current repeat prescription from your GP to your EPU assessment.

The assessment may take several hours if we need to wait for blood results to come back from the laboratories. The EPU is an emergency service too, so there might be delays based on clinical urgency.

It is a very small clinical area and we request that you do not bring young children to your appointment; if this is not possible we will ask for them to wait in the reception area, off the Clinic, with another adult. There are no childcare facilities.

The benefit of the EPU service is that you will have a discussion with a specialist in early pregnancy problems within the next 12 hours, who may invite you to attend the EPU (Clinic 24) or may reassure you that it is safe to stay at home. It also means you do not have to wait in the Emergency Department.

Medication

Bring all of your medicines (including inhalers, injections, creams, eye drops or patches), or a current repeat prescription from your GP to your EPU assessment.

Benefits

- Being triaged into the EPU service means you will have a discussion with a specialist in early pregnancy problems within the next 12 hours, who may invite you to attend the EPU (Clinic 24) or may reassure you that it is safe to stay at home.
- You do not have to wait in the Emergency Department.

Risks

We understand being at home with pain and/bleeding in early pregnancy is scary. If you are concerned about any of the points raised earlier in the section “when should I return to the Emergency Department?” then please stay and be seen or return to the department.
Alternatives
Other local hospitals may have EPUs with varying opening times.

Privacy & Dignity
Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

Contacts/further information
- Clinic 24 is based on Level 1 of the Rosie Hospital, next to the Rosie Ultrasound Scan Department
  Telephone: 01223 217636
  Opening hours: Monday to Friday 08:00 to 20:00 (last admission accepted at 18.00) to Saturday and Sunday 08:30 to 14:00 (for telephone advice, and booked appointments only - no direct admissions).
  Closed Bank Holidays.

- Daphne Ward (inpatient gynaecology)
  Level 2 of the Rosie Hospital
  Telephone: 01223 257206
  https://www.cuh.nhs.uk/gynaecology/gynaecology-clinics-and-wards/daphne-ward-gynaecology
We are a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language or audio, please contact Interpreting services on telephone: 01223 256998, or email: interpreting@addenbrookes.nhs.uk For Large Print information please contact the patient information team: patient.information@addenbrookes.nhs.uk

Document history

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