

# Vaginal bleeding and pelvic pain in early pregnancy

Information for patients



# Your scan has confirmed that you have an early pregnancy developing in your womb.

The aim of this leaflet is to:

- Give an explanation for why you may have had abdominal (stomach) pain and/or vaginal bleeding during this pregnancy.
- Give you advice on what to expect next in terms of your symptoms.
- Give you advice on when to seek further advice regarding your symptoms.
- Give you general advice on your pregnancy.

## Introduction

Any amount of vaginal bleeding or abdominal pain in early pregnancy can cause concern that something is wrong with your pregnancy. However, up to one in three women have these symptoms during the first twelve weeks of their pregnancy and it does not necessarily indicate a problem such as a miscarriage.

If you have a scan showing a pregnancy in the womb with a heartbeat there is a 95% chance that your pregnancy will continue provided the bleeding settles down.

## What causes bleeding in early pregnancy?

In most cases we do not find a reason for the bleeding and the pregnancy continues with no effect on the baby.

**However these are some reasons why vaginal bleeding may occur:**

***Implantation site bleeding***

As part of the normal development the pregnancy attaches itself to the lining of your uterus (womb). This can cause some of the blood vessels from your womb to bleed. This does not harm you or your baby and there is nothing that you need to do differently.

***Haematoma (small collection of blood) or small area of bruising***

This is also referred to as extrachorionic haemorrhage (ECH). This is seen on an ultrasound scan as a small area of bleeding near the pregnancy. If your scan shows one it will either be reabsorbed by your body or come away naturally as mild (usually dark or brown) vaginal bleeding for a few weeks until it stops altogether. It does not harm you or your pregnancy.

A routine repeat scan is not required in early pregnancy. However, at your dating scan the ECH will be checked. You can continue with your normal daily activities as except heavy lifting.

***Cervical erosion/ectropion***

During pregnancy an area on the neck of your womb (cervix) can develop which is soft and rich in blood supply. This is a normal process but may cause bleeding. This area may be found during an internal examination.

It is not harmful to you or your baby and you do not need to do anything differently although you may find that sexual intercourse and vigorous exercise may cause bleeding.

## ***Vaginal infections***

Thrush and other vaginal infections can cause bleeding from inflammation (swelling) within your vagina. This may be found during an internal examination and swabs may be taken. If an infection is found you may be prescribed antibiotics to take. Some infections are sexually transmitted and your partner may be advised to get checked and treated as well.

## **What causes abdominal pain in early pregnancy?**

Pain is very common in early pregnancy. The commonest reasons are outlined below.

### ***'Growing pains'***

You may experience aching and cramping pains as the womb increases in size in early pregnancy. This is common and may be eased with paracetamol which is safe for most women at any stage of pregnancy.

### ***Muscle and joint pain***

Muscle and pelvic joint pains are common especially towards the end of the first three months of pregnancy. This is because the joints of your pelvis are under the influence of pregnancy hormones. Simple pain relief and keeping active should help relieve this.

### ***Constipation***

Constipation and wind are common in early pregnancy. Your bowels work slower and you may find you open your bowels less frequently. It is important to drink plenty of fluids and eat a healthy diet with fresh fruit and vegetables every day. Peppermint water or tea may help relieve discomfort. Occasionally you may need a short course of laxatives from your GP.

## *Urine infection*

Up to one in three women experience a urine infection during pregnancy. You may have a urine sample tested to check for this. To reduce the risk of getting a urine infection it is important to drink plenty of fluid and to completely empty your bladder when you go to the toilet.

It may also be useful to pass urine after having sex. If your test shows that you have a urine infection you will be prescribed a short course of antibiotics.

## *Threatened miscarriage*

If you have had vaginal bleeding with lower abdominal pain you may experience pain because the womb is trying to expel the blood. This pain should settle as the bleeding slows. Simple pain relief such as paracetamol should help. If your bleeding increases significantly (like a heavy period) or you pass large clots or you are concerned you should contact the gynaecology acute treatment unit also known as GATU (**See contact details, page 10**).

Some women with threatened miscarriage may be offered specific treatment depending on their past pregnancy history.

## **What to do if you get further vaginal bleeding?**

Most women who have had a scan confirming an early pregnancy with a heart beat do not need a further scan in the GATU.

It is understandable to be concerned if you get more symptoms, however, in most women there is nothing to worry about.

Please contact GATU to arrange further assessment in the following situations:

- If your bleeding gets worse, for example it becomes like a moderate or heavy period or
- If your bleeding persists as fresh bleeding beyond 14 days

If your bleeding settles please start or continue your pregnancy care for example by making an appointment to see your midwife.

## What else do I need to know about my pregnancy?

Being pregnant is a normal natural process that your body is designed to adapt to. However, there are areas of your life that you may want to change to improve your health and the outcome of your pregnancy. These are described below. If you have any questions about them please speak to your booking midwife or your GP.

### Smoking in pregnancy

During your first antenatal appointment you will be asked about whether you or your partner smokes. Smoking in pregnancy and second hand smoke are associated with increased risk of miscarriage, low birth weight baby needing special care when born and premature delivery.

Smoking cannabis is also discouraged as the direct effects on the fetus are uncertain but may be harmful.

There are benefits to quitting smoking at any stage during your pregnancy. It is never too late. You can either go to your GP or Leeds NHS Stop Smoking Service to help with quitting smoking.

## Drinking alcohol

It is recommended that you avoid drinking alcohol once you find out you are pregnant.

## Working during pregnancy

In the majority of cases it is perfectly safe to continue working during your pregnancy. Make sure you state your occupation to your midwife to check that this is the case.

## Nutritional supplements

### *Folic acid*

Folic acid is recommended from before conception and throughout the first 12 weeks of your pregnancy. It reduces the risk of having a baby with a neural tube defect such as spina bifida (also known as spinal cord abnormalities). You can get it from your local pharmacy.

### *Vitamin D*

Vitamin D is important whilst breastfeeding for you and your baby's health. Its levels in your body need to be built up throughout your pregnancy.

You may choose to take vitamin D as a daily tablet. It is found in the Healthy Start multivitamin supplement. If you are at high risk of Vitamin D - deficiency you may be strongly advised to take this supplement by your midwife or doctor.

### *Food*

Listeriosis. This is a bacterial infection. To reduce your risk of getting listeriosis it is recommended that you only drink pasteurised or UHT milk.

You are also advised not to eat:

- Ripened soft cheese such as Camembert, Brie and blue-veined cheese (there is no risk with hard cheeses, such as Cheddar, or cottage cheese and processed cheese).
- Pâté (of any sort, including vegetable).
- Uncooked or undercooked ready-prepared meals.
- Salmonella. To reduce the risk of salmonella infection it is recommended that you avoid:
  - Raw or partially cooked eggs or food that may contain them, such as mayonnaise.
  - Raw or partially cooked meat, especially poultry.

### ***Vitamin A***

Very high levels of vitamin A in the diet may be harmful to your pregnancy. It is recommended that you avoid liver and liver products as they may contain high levels of vitamin A.

### **Medication**

Few medicines (over the counter, complementary or prescribed) have been established as being safe to take in pregnancy.

Any prescribed medication has to balance the risk of taking the treatment against the risk of not taking it on your health and that of your pregnancy.

It is important to see your midwife or GP if you are on any regular medication as soon as possible to see whether it is safe to continue to take it. Do not stop taking any prescribed medicines without speaking to your doctor or midwife first



unless you have been previously advised to do so.

Some women who have vaginal bleeding, have had a previous miscarriage and are found to have a pregnancy within the womb (uterus) on ultrasound scan, may be offered vaginal progesterone (hormone) pessaries. Your doctor or nurse may talk to you about this treatment which is normally continued until 16 weeks of pregnancy if the pregnancy is ongoing.

## Exercise

Beginning or continuing a moderate course of exercise during pregnancy is safe. However, certain activities during pregnancy, for example, contact sports, high-impact sports and vigorous racquet sports, may involve the risk of abdominal injury and falls or excessive joint stress. Scuba diving is associated with complications to your unborn baby and is not recommended in pregnancy.

## Sexual intercourse

Sexual intercourse during pregnancy is not known to harm your pregnancy.

There are a very small number of exceptions to this but you will be informed of these by your doctor if they apply to you.

## Air travel and travelling abroad during pregnancy

Long-haul air travel is associated with an increased risk of developing blood clots in the deep veins of the legs which may occasionally lead to life threatening complications. The recommendation is to wear correctly fitted compression stockings to reduce this risk.

Please seek advice from your doctor or midwife if you are planning to travel during your pregnancy to discuss flying, vaccinations and travel insurance amongst other considerations.

## Further information and support

### Your GP

### Your midwife

- Make sure you book with your midwife if you haven't done so already to start your pregnancy care.

### The Gynaecology Acute Treatment Unit (GATU)

- Level 2, Chancellor Wing, St James's University Hospital, Beckett Street, Leeds, LS9 7TF
- Telephone: 0113 206 5724 (24 hours)





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