Government of **Western Australia**
North Metropolitan Health Service
Women and Newborn Health Service

Bleeding and/or pain in early pregnancy

Patient information

Vaginal bleeding in the early stages of pregnancy is common and does not always mean there is a problem. However, bleeding can be a warning sign of a miscarriage or an ectopic pregnancy.

One in four women experience bleeding and/ or pain in pregnancy during the first 12 weeks.

Unfortunately, about half of these pregnancies may end in miscarriage which cannot be prevented.

One in five or six pregnancies miscarry and there is no medication or treatment that can be given to prevent a miscarriage. Most miscarriages occur as a 'one-off' event and there is a good chance of having a successful pregnancy in the future.

What causes vaginal bleeding in early pregnancy?

There are several possible causes for bleeding and/or pain in early pregnancy, including:

- Implantation bleeding that occurs when the fertilised egg implants in the uterus lining, causing some cramping pain or light bleeding
- Bleeding from the cervix, which is more common in pregnancy due to the increased blood flow
- Bleeding following sexual intercourse
- Miscarriage
- Ectopic pregnancy – a pregnancy that occurs outside of the uterus, such as in the fallopian tube
- Molar pregnancy, a rare abnormal development of the placenta.
- Sometimes we may not be able to find a cause for the bleeding and the pregnancy will continue.

At the Emergency Centre

When you attend the Emergency Centre at King Edward Memorial Hospital (KEMH) you will be assessed by a midwife.

The assessment will include checking your blood loss, your blood group, urine test, blood pressure, heart rate and temperature.

If your bleeding is minimal and you do not have severe pain, you will be assessed as a non-emergency and an appointment will be made for you at the Early Pregnancy Assessment Service (EPAS) clinic.

If you have had a previous ultrasound confirming a pregnancy in the uterus, your bleeding will not be due to ectopic pregnancy.

The Early Pregnancy Assessment Service (EPAS)

Our aim

EPAS is led by obstetrics and gynaecology consultants. Our aim is to provide care and support, within a sensitive and confidential environment, for women who are experiencing problems in early pregnancy that do not require urgent management.

Where to find us

EPAS is adjacent to the Emergency Centre at KEMH and has an appointment system that operates from 8am to 4pm, Monday to Friday.

Please arrive 10 minutes before your appointment time.

Please note that every effort is made to see you at your appointment time, but your cooperation and understanding is appreciated if the clinic is running behind schedule.

Consultation and examination

You will be asked about your symptoms, the date of your last period and your medical history.

A vaginal examination (similar to a Cervical Screening Test) may be carried out to see where the bleeding is coming from. A vaginal examination will not cause you to miscarry.

What tests can I expect?

The clinic appointment may involve blood tests, such as checking your blood group or pregnancy hormone levels.

You may also have an ultrasound examination. Most women are offered a transvaginal scan (where a probe is gently inserted in your vagina) or a transabdominal scan (where the probe is placed over your abdomen). You may be offered both. Both scans are safe and will not make you miscarry. A repeat scan may be necessary after seven to 10 days if the pregnancy is very small or has not been seen.

What should I bring for my appointment?

- Any previous ultrasound reports related to this pregnancy
- A copy of any blood tests you have had related to this pregnancy

Follow-up

You will see a doctor for your EPAS appointment and any further follow-up or care will be discussed with you at that time.

If all the tests are normal and no cause for the bleeding has been found, then you need not worry. You will need to follow-up with your GP to arrange further pregnancy care.

When to seek advice?

Please present to your nearest Emergency Department if:

- Your bleeding increases and you are soaking a sanitary pad (not a panty liner) and having to change the pad more than once an hour
- If you have abdominal (tummy) pain that is not relieved by simple pain killers such as paracetamol.

CONSUMER REVIEWED

Produced by Obstetrics and Gynaecology Clinical Care Unit

The information provided is for information purposes only. If you are a patient using this publication, you should seek assistance from a healthcare professional when interpreting these materials and applying them to your individual circumstances.

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