

## Information about your pregnancy

Bleeding or spotting in pregnancy is common, especially during the first 12 weeks and it does not mean that you are miscarrying, or will go on to miscarry.

If you have pain or bleeding in pregnancy, there is still a high chance that everything is going to be fine with your baby.

### Why can't you tell me why I am bleeding or have pain?

Ultrasounds are not always able to tell us why you have pain or bleeding, and there are no blood tests either that will tell us what is going to happen later in your pregnancy.

The next few weeks may be worrying but thankfully for most women, the bleeding/pain settles and stops. The other positive is that research has shown if an ultrasound has detected a heartbeat on a pregnancy, there is a high chance that your pregnancy will continue.

### What do I do now?

Keep doing what you do normally but within reason.

Put in a pad like you would with a period, then it is easier for you to see if it is getting less or more every day.

You can take paracetamol for any pain, but avoid aspirin or ibuprofen at the moment. As the days go on, you can monitor whether the pain is getting less and you no longer need painkillers, or whether the painkillers are no longer working for you, and you need something stronger.

- Book with your midwife for routine antenatal care. She will arrange your next scan at around 11-13 weeks to check that things are still growing normally
- Take 400mcg folic acid daily (if your bmi is more than 30, speak to your midwife about whether you need a higher dose of folic acid)
- Take 10mcg vitamin D daily
- Abstain from drinking alcohol – speak to your midwife if this will be difficult for you
- Abstain from smoking – speak to your midwife if you need support to stop or reduce your smoking
- Keep active. Women have a higher risk of blood clots in their legs or lungs in pregnancy. If you have had a blood clot before, blood clotting disorders in your family, smoke or have a high body mass index, you may be at higher risk and need to start injections into your abdomen (tummy).

### I am really worried – should I not have another scan in a week or so?

Research has shown that the bleeding in pregnancy can take around two weeks to settle down, and we don't know the long-term effect of repeated early scans. So we wouldn't recommend a routine rescan if we have detected a viable intrauterine pregnancy (with a heartbeat) today

### Is there a point when I should call back?

Please call us back for a telephone review, if you have:

- Light bleeding or spotting that goes on for more than 2 weeks after today's scan
- bleeding that is heavier than a period with clots
- If you need to change 2 maternity pads in an hour because they are full, we may need you to attend the Emergency Department

### What if my bleeding stops, then comes back again later?

Sometimes your bleeding is caused by a cervical polyp or ectropion so if you continue bleeding on and off, please make an appointment with your GP, and ask that your cervix be examined (where we take smear tests). The bleeding may not be pregnancy related.

### What if I continue to have pain?

Pain can be common in pregnancy as things stretch and pull inside. But if your pain is getting worse despite regular pain relief, or if you have other symptoms such as a 'smelly' discharge, you need to make an appointment with your GP to see if there is another cause for this pain, such as infection.

### Is there no way to stop bleeding in pregnancy?

Unfortunately there is no medicine to stop your bleeding, or ways to predict what will happen with you and your baby.

But the ultrasound today has given us a good starting point, and if you are continuing with your antenatal checks and keeping healthy, then you are doing everything you can to give your pregnancy the best chance. If you have vaginal bleeding, and have experienced a previous miscarriage, please ask the EGAU team if progesterone may be suitable for you.

### Contact Details:

<p>The Early Pregnancy Unit Lily clinic, treatment Centre, <b>Hinchingbrooke Hospital</b>, Huntingdon, PE29 6NT Opening days may vary</p>	<p>The Emergency Gynaecology Assessment Unit (EGAU), 1<sup>st</sup> floor, woman and child unit, <b>Peterborough (City Hospital)</b>, PE3 9GZ Open: Weekdays 0800-1800-phone line open until 1730 Weekend and bank holidays 0800-1200</p>
<p>Central triage line for EPU and EGAU: 01733 673758 (voicemail will cut in when the line is engaged – <u>please leave a message for a call back.</u>)  <b><a href="http://www.womenshealthpeterborough.co.uk">www.womenshealthpeterborough.co.uk</a></b></p>	
<p>For emergencies only, out of these hours, please attend the Emergency Department</p>	

Within this leaflet we use the term woman/women, however we acknowledge that it is not only people who identify as women for whom it is necessary to access our services. We recognise the importance of providing inclusive and respectful care to all people and their families, including those whose gender identity does not align with the sex they were assigned at birth. Please let us know if there is anything we can do to make you feel more comfortable while you are under our care.