

Information about pain and/or bleeding in pregnancy

If your pain or bleeding is similar to a period, you do not have to wait in the Emergency Department. You can telephone the Emergency Gynaecology/Early Pregnancy Unit for advice and a team of specialist nurses and doctors can give advice and arrange appropriate appointments. This is an appointment only service – there is no facility for walk in appointments.

Commonest causes of pain and bleeding

Abdominal pain and bleeding in pregnancy is common, with 1 in 10 women experiencing some bleeding. Some women have light bleeding, called 'spotting' when the pregnancy plants itself into the wall of your womb - known as implantation bleeding, and often happens when your first period would have been due.

Bleeding may unfortunately also be a sign of miscarriage or ectopic pregnancy (where the pregnancy starts to grow outside the womb, instead of inside). Most miscarriages occur during the first 12 weeks of pregnancy, and sadly, cannot be prevented. Ectopic pregnancies are much less common than miscarriage, and only affect about one in one hundred pregnancies.

If you have pain or bleeding in pregnancy, we advise that you seek medical advice from your GP, or our Emergency Gynaecology Unit.

What do I do next?

If you are bleeding – use pads and monitor how often you are changing them. If you have pain, we advise that you take regular paracetamol to see if the pain gets better. Then contact our Emergency Gynaecology Unit on 01733 673758 for further advice.

When should I attend/stay in the Emergency Department?

Please stay in the Emergency Department if you have/have been:

- Taking regular painkillers, but the pain is worse than normal period pain and is stopping you performing normal routine activities
- Taking regular painkillers but the pain is getting worse not better, especially on one side of your abdomen (tummy)
- Heavy bleeding with clots – where you are changing a pad every hour
- Faint and dizzy due to the pain and bleeding

What will the staff do for me in the Emergency Department?

The staff will deal with any emergency symptoms. So if you are bleeding heavily, you may need an examination or a drip put in your arm so we can replace the fluid that you are losing. If your pain is not settling you may need to be admitted to hospital or assessed by the doctors to see if you need any surgery. If you are bleeding heavily, and the doctor needs to remove any clots/tissue from you, we will ask for permission to send it to the laboratory for investigation. If it confirms you have miscarried it will help us to plan your follow up care, but unfortunately won't tell us why this has happened to you. The slides will be kept for up to 30 years.

If you miscarry your baby in hospital and we can confirm this visually, then we transfer your baby to the bereavement centre.

Our normal protocol is for foetal tissue to be included in a shared cremation at the local crematorium around 4-8 weeks after your miscarriage. There may be an option for individual burial or cremation or you can choose to take your pregnancy remains home. Please let us know if you prefer not to have your pregnancy remains included in our shared cremation.

If pregnancy tissue is not confirmed on lab testing, we may need to arrange further blood tests, scans or pregnancy tests

If your bleeding or pain is not too heavy the Emergency staff will allow you home and make you an appointment at the Emergency Gynaecology/Early Pregnancy Unit.

Could I not have a scan now in the Emergency Department?

There are no pregnancy ultrasound facilities in the Emergency Department and staff are only able to deal with any emergency symptoms. You will be referred for further review to the Emergency Gynaecology Assessment Unit.

What will happen at the Emergency Gynaecology/Early Pregnancy Unit?

The staff will arrange an assessment appointment for you, which could include urine or blood tests, pelvic examinations, swabs or ultrasound. They will ask you some questions about your pain and/or bleeding and then plan your care from there.

The assessment may take thirty minutes or it may take several hours if we need to wait for your blood results to come back from the laboratory. It is an emergency service and although we try to work to appointment times, there might be delays on occasions. Please bear this in mind when you come for your assessment. Normally we can accommodate one support person but please ask about current restrictions.

Ultrasound scans may be performed transabdominally, where the probe is placed on your tummy or transvaginally, where the probe is inserted into the vagina (like a tampon). This does not hurt you or the pregnancy, and often gives a clearer understanding of what is going on, especially in early pregnancy

Contact Details:

<p>The Early Pregnancy Unit (EPU) Lily clinic, treatment Centre Hinchingsbrooke Hospital Huntingdon, PE29 6NT Opening hours may vary</p>	<p>The Emergency Gynaecology Assessment Unit (EGAU) 1st floor, woman and child unit, Bretton Gate Peterborough (City Hospital) PE3 9GZ Open: Weekdays 0800-1800-phone line open until 1730 Weekends/Bank holidays 0800-1200</p>
<p>Central triage line for EPU and EGAU: 01733 673758 (voicemail will cut in when the line is engaged – please leave a message for a call back) www.womenshealthpeterborough.co.uk</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.