

Information about pain or bleeding in early pregnancy

If you have pain or bleeding 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/arrange an appointment with a team of specialist nurses and doctors. The contact details are at the end of this leaflet.

This is an appointment only service – there is no facility for walk in appointments

Commonest causes of pain and bleeding

Abdominal pain and bleeding during pregnancy is common, with 1 in 10 women experiencing some bleeding. You might get some light bleeding, called 'spotting' when the pregnancy plants itself into the wall of your womb. This is also known as implantation bleeding, and often happens around the time that your first period would have been due.

Bleeding may 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 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 central triage line (number below).

What do I do next?

If you are bleeding – please 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 central triage line 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 still worse than normal period pain
- Taking regular painkillers but the pain is getting worse not better
- One sided pain, going up into your shoulders – not relieving with changing position
- Heavy bleeding with clots – where you are changing your 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 send it to the laboratory for investigation. If it confirms that you have miscarried, it will help us to plan your follow up care but unfortunately it won't tell us why this has

happened to you. The slides will be kept for 30 years. All remaining fetal tissue will be included in a shared cremation at the local crematorium. Shared cremation normally happens about 3-5 weeks afterwards, so please tell us if you don't want this and would prefer to take the pregnancy tissue home. If pregnancy tissue is not confirmed we may need to arrange further blood 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.

If you have not heard from the staff by 10am the following day, please call them on the number below.

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

There are no pregnancy ultrasound facilities in the Emergency Department. They will only deal with any emergency symptoms, but you will be referred for further review.

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

The staff will carry out an assessment, 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. We ask that you don't bring young children when you come for your appointment.

Ultrasound scans can be performed by:

Transabdominal – putting the probe on your tummy.

Transvaginal – putting the probe inside your 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), Treatment Centre, Hinchingbrooke Hospital, Huntingdon, PE29 6NT</p>	<p>The Emergency Gynaecology Assessment Unit (EGAU), Women's Health Outpatients, Bretton Gate, Peterborough (City Hospital), PE3 9GZ</p>
<p>Opening days may vary</p>	<p>Open: Weekdays 0800-1800 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 – please leave a message for a call back.</p>	
<p>www.womenshealthpeterborough.co.uk</p>	
<p>For emergencies only, out of these hours, please attend the Emergency Department</p>	