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Bleeding and pain in early pregnancy - Information for you

This information is also available as a pdf: [Bleeding and pain in early pregnancy: information for you](#) [1].

What does vaginal bleeding and pain mean?

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.

If all the tests are normal and no cause for the bleeding has been found, then you need not worry.

An ectopic pregnancy is when the pregnancy is growing outside the womb (uterus), usually in the fallopian tube. A molar pregnancy is a much rarer condition where the placenta is abnormal. Both ectopic and molar pregnancy can cause bleeding and pain but these are much less common pregnancy problems. For further information on ectopic pregnancy and molar pregnancy see Useful organisations.

See your doctor or midwife if you:

- experience bleeding
- feel pain
- stop feeling pregnant.

How can I get help?

You can get medical help from:

- your general practice, midwife or obstetrician
- the A&E department at your local hospital
- NHS Direct on 0845 4647 (if you are in England or Wales)
- NHS 24 on 08454 24 24 24 (if you are in Scotland)
- NHS Direct Online www.nhsdirect.nhs.uk [2]
- Early Pregnancy Assessment Unit. Details of the unit nearest to you can be found at www.earlypregnancy.org.uk/FindUs1.asp [3]

What tests can I expect?

You should be given full information about all tests offered to you.

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.

Tests

- A urine sample to confirm a positive pregnancy test.
- A test for chlamydia may be offered.
- Blood test(s) to check your blood group and/or pregnancy hormone levels. If you have a Rh (rhesus) negative blood group, then you may be given an injection of anti-D immunoglobulin to protect future pregnancies.

Ultrasound scan

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 7 to 10 days if the pregnancy is very small or has not been seen.

Medical terms that may be used to describe what is happening

- A threatened miscarriage ? bleeding or cramping in a continuing pregnancy.
- An incomplete miscarriage ? a miscarriage has started but there is still some pregnancy tissue left inside the womb.
- A complete miscarriage ? when all the pregnancy tissue has been passed and the womb is empty.
- A delayed miscarriage/missed miscarriage/silent miscarriage ? the pregnancy has stopped developing but is still inside the womb. This will be diagnosed on the scan.

What is an early miscarriage?

Early miscarriage is when a woman loses her pregnancy in the first three months (see [RCOG Patient Information Early miscarriage: information for you](#) ^[5]).

Many early miscarriages occur before a woman has missed her first period or before her pregnancy has been confirmed. Once you have had a positive pregnancy test, there is around a one in five (20%) risk of having a miscarriage in the first three months. Most miscarriages occur as a ?one-off? (sporadic) event and there is a good chance of having a successful pregnancy in the future.

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Useful organisations

Association of Early Pregnancy Units (AEPU)

Website: www.earlypregnancy.org.uk [6]

Ectopic Pregnancy Trust

The Ectopic Pregnancy Trust
C/O Second Floor
Golden Jubilee Wing
King's College Hospital
Denmark Hill, London SE5 9RS
Phone: 0207 733 2653
Email: ept@ectopic.org [7]
Website: www.ectopic.org.uk [8]

Miscarriage Association

Clayton Hospital
Northgate
Wakefield
West Yorkshire
WF1 3JS
Helpline: 01924 200799
Website: www.miscarriageassociation.org.uk [9]

Molar pregnancy

Website: www.hmole-chorio.org.uk [10]

Sources and acknowledgements

This information is based on the Royal College of Obstetricians and Gynaecologists? (RCOG) guideline on [Management of Early Pregnancy Loss](#) [11] (which was published in October 2006). This information will also be reviewed and updated if necessary, once the guideline has been reviewed. The guideline contains a full list of the sources of evidence we have used.

Clinical guidelines are intended to improve care for patients. They are drawn up by teams of medical professionals and consumer representatives who look at the best research evidence available and make recommendations based on this evidence.

This information has been developed by the Patient Information Subgroup of the RCOG Guidelines and Audit Committee, with input from the Consumers? Forum and the authors of the clinical guideline. It was reviewed before publication by women attending clinics in East Kilbride, Blackpool and Surrey. The final version is the responsibility of the RCOG Guidelines and Audit Committee.

The RCOG consents to the reproduction of this document providing full acknowledgement is made.

A final note

The Royal College of Obstetricians and Gynaecologists produces patient information for the public. This is based on guidelines which present recognised methods and techniques of clinical practice, based on published evidence. The ultimate judgement regarding a particular clinical procedure or treatment plan must be made by the doctor or other attendant in the light of the clinical data presented and the diagnostic and treatment options available.

[Miscarriage Pregnancy & Birth Pregnancy Complications](#)

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