



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Viability Pregnancy

An explanation for patients

Early Pregnancy Assessment Unit (EPAU)

① For more information, please contact:

The York Hospital, Wigginton Road, York, YO31 8HE or
telephone 01904 726489

Or

Scarborough Hospital, Woodlands Drive, Scarborough,
YO12 6QL or telephone 01723 385134

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The result of your ultrasound scan shows a continuing pregnancy. We hope, but cannot guarantee, there will be no further problems.

An explanation for patients

Bleeding and pain in early pregnancy

Any amount of vaginal bleeding or abdominal pain in early pregnancy can cause concern that something is wrong with your pregnancy. However, up to one in three women have these symptoms during the first twelve weeks of their pregnancy and it does not necessarily indicate a problem such as a miscarriage. If you have a scan showing a pregnancy in the womb with a heartbeat, there is a 95% chance that your pregnancy will continue provided the bleeding settles down.

What causes bleeding in early pregnancy?

In most cases we do not find a reason for the bleeding and the pregnancy continues with no effect on the baby. However, these are some reasons why vaginal bleeding may occur:

- **Implantation site bleeding**

As part of the normal development the pregnancy attaches itself to the lining of your uterus (womb). This can cause some of the blood vessels from your womb to bleed. This does not harm you or your baby and there is nothing that you need to do differently.

- **Haematoma or small area of bruising**

This is also referred to as extra chorionic haemorrhage (ECH). This is seen on an ultrasound scan as a small area of bleeding near the pregnancy. If your scan shows one it will either be reabsorbed by your body or come away naturally as mild (usually dark or brown) vaginal bleeding for a few weeks until it stops altogether. It does not harm you or your pregnancy.

You do not need a repeat scan in early pregnancy to check on it. You do not need to do anything differently although avoiding heavy lifting may settle your symptoms sooner.

- **Cervical erosion/ectropion**

During pregnancy an area on the neck of your womb (cervix) can develop which is soft and rich in blood supply. This is a normal process but may cause bleeding. This area may be found during an internal examination.

It is not harmful to you or your baby and you do not need to do anything differently although you may find that sexual intercourse and vigorous exercise may cause bleeding.

- **Vaginal infections**

Thrush and other vaginal infections can cause bleeding from inflammation (swelling) within your vagina. This may be found during an internal examination and swabs may be taken. If an infection is found, you may be prescribed antibiotics to take. Some infections are sexually transmitted, and your partner may be advised to get checked and treated as well.

Progesterone pessaries for current viable pregnancy and bleeding

If you have had a previous miscarriage you will be offered progesterone pessaries, which are inserted into the vagina twice a day until 16 completed weeks of pregnancy.

PRISM trial (2016) found a small reduction in miscarriage when using the pessaries after one to two previous miscarriages, and a big reduction in miscarriage for those with three or more miscarriages.

What causes abdominal pain in early pregnancy?

Pain is very common in early pregnancy. The most common reasons are outlined below.

- **Growing pains**

You may experience aching and cramping pains as the womb increases in size in early pregnancy. This is common and may be eased with paracetamol which is safe for most women at any stage of pregnancy.

- **Muscle and joint pain**

Muscle and pelvic joint pains are common especially towards the end of the first three months of pregnancy. This is because the joints of your pelvis are under the influence of pregnancy hormones. Simple pain relief and keeping active should help relieve this.

- **Constipation**

Constipation and wind are common in early pregnancy. Your bowels work slower, and you may find you open your bowels less frequently. It is important to drink plenty of fluids and eat a healthy diet with fresh fruit and vegetables every day. Peppermint water or tea may help relieve discomfort. Occasionally you may need a short course of laxatives from your General Practitioner (GP).

- **Urine infection**

Up to one in three women experience a urine infection during pregnancy. You may have a urine sample tested to check for this. To reduce the risk of getting a urine infection it is important to drink plenty of fluid and to completely empty your bladder when you go to the toilet. It may also be useful to pass urine after having sex. If your test shows that you have a urine infection you will be prescribed a short course of antibiotics.

- **Threatened miscarriage**

If you have had vaginal bleeding with lower abdominal pain, you may experience pain because the womb is trying to expel the blood. The pain should settle as the bleeding slows. Simple pain relief should help. If your bleeding increases significantly (like a heavy period), you pass large clots, or you are concerned, you should contact your GP or Midwife.

What to do if you get further abdominal pain or vaginal bleeding?

Most women who have had a scan confirming an early pregnancy with a heartbeat do not need a further scan in the early pregnancy unit. It is understandable to be concerned if you get more symptoms, however, in most women there is nothing to worry about.

If you get mild or moderate bleeding wear a pad and monitor the loss over the course of two days. In most cases the bleeding settles. If it increases in its amount during this time or persists as fresh red bleeding after two days, then contact your GP or Midwife for advice.

If you have heavy bleeding or bleeding with clots (bigger than a twenty pence piece) please contact your GP /Midwife or contact NHS 111 for advice.

If you get mild or moderate abdominal pain take pain relief (paracetamol one gram) and have a bath. This will usually help to relieve pain. If this does not help, then either contact your GP or the early pregnancy unit if you are already under their care. We are unable to accept self-referrals.

What happens next?

You will be discharged from this clinic, but if you have further pain or bleeding please contact GP, Midwife or the GP out of hours service.

You may need to contact your GP's surgery to arrange an appointment for your antenatal care if you have not already done so.

If you have any further worries and would like further help or advice from this clinic, please telephone:

- York EPAU
Telephone 01904 726489
Monday to Sunday, 8am to 1pm
- York Gynaecology Assessment Unit (GAU)
Telephone 01904 726275
08:15am to 7:30pm (Use this number for out of hours enquiries)
- Scarborough EPAU
Telephone (24 hours) 01723 385134

Or you may prefer to contact your own GP or midwife.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Sister K. Metcalfe, Women's Health unit, The York Hospital, Wigginton Road, York, YO31 8HE or Telephone 01904 726489.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

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