

Information for patients and visitors

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# Vaginal Bleeding and Pelvic Pain under 20th Week of Pregnancy

**Obstetrics & Gynaecology**  
**Women & Children's Services**

**This leaflet has been designed to  
give you important information  
about your condition, and to  
answer some common queries you  
may have.**



# Information for patients and visitors

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## Introduction

The aim of this leaflet is to provide information about vaginal bleeding and pelvic pain in pregnancy under 20th week of pregnancy, when a miscarriage or ectopic pregnancy has been excluded.

You have been referred to hospital to help find out the cause of your bleeding or pain in pregnancy. Although not classed as normal, bleeding and / or pain in early pregnancy is actually quite common.

Although vaginal bleeding in pregnancy is often described as a threatened miscarriage, it is not always a sign that there is a serious problem. Many women who have bleeding in early pregnancy will go on to have a healthy baby.

## Ultrasound Scans

You have probably had an abdominal or internal vaginal ultrasound scan to look for the position of the pregnancy, measure the baby and check for a heartbeat. During this scan, the sonographer will have also checked the amniotic fluid levels, position of the placenta, looked for bleeding around the pregnancy sac, ovarian cysts or internal bleeding in the pelvis.

You may be worried about the risks of ultrasound in pregnancy, especially internal vaginal scans but they are no risk to you or your baby.

Once miscarriage and ectopic pregnancy have been excluded, it may be necessary to perform further investigation into the cause of your bleeding or pain.

## Other investigations

As well as a scan, your General Practitioner, Practice Nurse or health care professional at hospital may need to complete some additional investigations that may include the following:

- **Urine tests** – to check for signs of urine infection.
- **Internal vaginal examination** – to look at the cervix to check if it is closed or has signs of any abnormality such as cervical erosion, polyps, inflammation. Checks for abnormality of the cervix can only be done by an internal vaginal inspection using a plastic instrument called a speculum. There is no risk to you or your baby but it can provide useful information into why you are bleeding. The examination is very similar to a smear test but it is not advisable to have a smear test while you are pregnant. If your smear is due this should be performed after you have had your baby
- **Vaginal swabs** – to check for vaginal infections. These will be taken at the same time as an internal vaginal examination

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### Common causes of vaginal bleeding and pain in pregnancy

Other than miscarriage and ectopic pregnancy, there can be several reasons why women experience vaginal bleeding when they are pregnant.

**Bleeding inside the uterus, next to the pregnancy sac** – this will have been seen at the time of your scan and is also sometimes called intrauterine haemorrhage, perigestational bleed or implantation bleeding. This sort of bleeding can cause period type pain and is often seen in early pregnancy scans but no-one fully understands why it occurs. It is not an indication that you are going to miscarry.

**Abnormalities of the cervix** are identified with an internal vaginal examination using a plastic speculum. Cervical abnormalities may include:

- **Cervical erosions** are common in pregnancy and may cause bleeding, especially after intercourse. They also cause increased vaginal discharge. Cervical erosions are harmless and do not need treatment in pregnancy. Cervical erosions usually disappear after you have had your baby
- **Vaginal infections** such as Chlamydia can cause inflammation and bleeding from the cervix. Vaginal infections are usually diagnosed by taking a vaginal swab of the discharge from your cervix with a cotton bud. Swabs are usually taken at the same time as the internal vaginal examination with a plastic speculum. There is no risk to you or your baby. Results can take up to 7 days
- **Urine infection** may cause vaginal bleeding and pelvic pain & back pain. Checks can be done on a urine sample with a urine dipstick test in the clinic or ward or by sending a mid-stream urine to the pathology lab. Results of mid-stream urine samples can take up to 4 days
- **Constipation** is a very common problem in pregnancy and can be very painful. There are simple things you can do to avoid constipation such as drinking plenty of fluids, gentle exercise and eating a high fibre diet. If these do not help, discuss your symptoms with your GP, Practice Nurse or midwife
- **Ovarian cysts** are very common in early pregnancy and are easily seen by ultrasound scan. A cyst called the 'corpus luteum' is a normal finding during most pregnancy scans in the first 12 weeks. The corpus luteum produces a hormone that helps to reduce the chances of miscarriage. It is very rare for them to cause a serious problem and they usually disappear after the 12<sup>th</sup> week of pregnancy. We will just monitor the cyst at your routine pregnancy scans. They do not need to be treated unless they grow very large or twist, which would be extremely painful
- **Muscular pain** is very common in pregnancy due to the effect of the pregnancy hormone on muscles and ligaments in the pelvis
- **Unexplained** vaginal bleeding and pain. This is very common. Despite all investigations, we often cannot explain the reason for bleeding and pain in early pregnancy

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### What can I do to prevent a miscarriage?

Although unfortunately, one in four pregnancies will end in miscarriage, if we have seen a live pregnancy on your scan, there is a very good chance that you will not miscarry.

There is nothing you can do to prevent a miscarriage happening. We know it helps to take folic acid and avoid smoking to maintain a healthy pregnancy. If you need further information or support with either of these issues please contact your midwife or GP.

It is not necessary to rest or avoid sexual intercourse unless you have been advised to do so by your doctor.

### What if I keep bleeding or the pain does not settle?

Bleeding and pain may continue for several days.

As long as bleeding is less than a period, there is probably no need to worry. If your bleeding is more than a period, or you pass clots larger than a 10 pence piece size you should contact your GP or midwife for further advice.

If you have increasing pain it is safe to take Paracetamol in pregnancy. If this is not helping you should contact your GP for further advice.

### Reference Section

Miscarriage Association 2017 Pain, bleeding or spotting

<http://www.miscarriageassociation.org.uk/information/signs-and-symptoms/pain-bleeding-or-spotting/?gclid=CLWGxav3vclCFUbLtAod8kMAuQ>. Accessed 18/10/17

NHS Choices Website 2017 Vaginal bleeding in Pregnancy

<http://www.nhs.uk/Conditions/pregnancy-and-baby/pages/vaginal-bleeding-pregnant.aspx>. Accessed 18.10.17

Royal College of Obstetricians & Gynaecologists 2016 Bleeding & Pain in early pregnancy: Information for you. <https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-bleeding-and-or-pain-in-early-pregnancy.pdf>. Accessed 18/10/17

### Contact Details for Further Information

#### Diana Princess of Wales Hospital, Grimsby Hospital

Laurel Ward: 03033 304390

#### Scunthorpe General Hospital

Early Pregnancy Assessment Unit:

Weekdays 08.00 to 16.00

Saturdays 09.00 to 10.00

03033 306545

Gynaecology Ward 19: Evenings and weekends other than above: 03033 302015



# Information for patients and visitors

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## Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service offers confidential advice, support and information on any health related matters.

If you have a comment, concern, complaint or compliment about the care or service you have received from the Trust you can contact the PALS team as follows:

Telephone: 03033 306518

Email: [nlg-tr.PALS@nhs.net](mailto:nlg-tr.PALS@nhs.net)

There are also offices at both the Diana Princess of Wales Hospital (near the main entrance) and Scunthorpe General Hospital (on the C Floor, near the outpatient department), should you wish to visit.

**Please note: PALS should not be contacted for clinical advice relating to the content of this leaflet. The service should be contacted directly in the first instance.**

## Confidentiality and How We Use Data

Personal information on NHS patients is collected and recorded within paper and electronic formats primarily to support high quality care that is safe and effective. To do this, information is also used to support quality improvement activities, investigate any concerns you may raise as well as to support and understand NHS performance. All NHS staff have a legal duty to keep information about you confidential.

Information will only ever be shared with people who have a genuine need for it. Other circumstances where information may be shared include administrative teams to plan future care needed, commissioners of Trust services, other NHS or social care providers and in some cases voluntary sector providers.

## Zero Tolerance - Violent, Threatening and Abusive Behaviour

The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients who are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.



# Information for patients and visitors

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## Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.

## Moving & Handling

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, please speak to a member of staff in the ward or department you are visiting.

## Northern Lincolnshire and Goole NHS Foundation Trust

**Diana Princess of Wales Hospital**  
Scartho Road  
Grimsby  
DN33 2BA

**Scunthorpe General Hospital**  
Cliff Gardens  
Scunthorpe  
DN15 7BH

**Goole & District Hospital**  
Woodland Avenue  
Goole  
DN14 6RX

03033 306999

[www.nlg.nhs.uk](http://www.nlg.nhs.uk)

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