

The bleeding, clots and pain will usually settle when most of the pregnancy tissue has been passed. Sometimes the bleeding will continue to be heavy and you may need further treatment. You should contact the Early Pregnancy Perinatal Assessment Service (in hours) or the Emergency Department after hours if you are concerned.

When should I go to the Emergency Department?

You should go to your nearest Emergency Department if you experience:

- Heavier bleeding, for instance soaking two pads per hour and/or passing golf ball sized clots.
- severe abdominal pain or shoulder pain
- Fever or chills.
- Dizziness or fainting.
- Unusual smelling vaginal discharge.

Where can I get more support?

It is normal to feel distressed or upset if you have bleeding or pain during pregnancy. Please discuss your concerns with the doctor or nurse who will recommend appropriate services for you.

Who should I contact for help?

- In case of an emergency, please call 000
- Your GP
- Peninsula Health Early Pregnancy and Perinatal assessment service

Call 0417 340 535 Monday to Friday from 9am – 5pm for an appointment

- Nearest Emergency Department
- Nurse on Call – 1300 60 60 24

peninsulahealth.org.au



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Disclaimer: The information contained in the brochure is intended to support, not replace, discussion with your doctor or health care professionals.

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Early Pregnancy and Perinatal Assessment Service



Pain and bleeding in early pregnancy

You have been referred to the Early Pregnancy Perinatal Assessment Service (EPPAS) because you have been experiencing pain or bleeding in the early stages of pregnancy.

Bleeding in early pregnancy is very common affecting about 1 in 4 women.

Bleeding in early pregnancy can be very distressing but does not always mean that you will miscarry, many women who experience bleeding go on to deliver healthy babies.

If you are having a miscarriage there is no treatment or therapy that can stop the miscarriage occurring.

The role of EPPAS is to assess if you are having a miscarriage and to support and treat you if miscarriage has or is occurring. We must also exclude other conditions such as ectopic pregnancy. One to two percent of all pregnancies are ectopic and without treatment it can seriously impact your health and fertility. (An ectopic pregnancy is a pregnancy in which the foetus develops outside the womb, typically in a fallopian tube.)

The process to assess early pregnancy bleeding can be complex and may not be able to provide an answer after one visit.

If at any time while waiting at the hospital you feel anxious or distressed or have any concerns, please notify the receptionist immediately.

Tests for bleeding in early pregnancy

When attending the EPPAS you may be offered one or all of the following tests.

Internal examination

A doctor/nurse practitioner will do an internal examination to see if:

- The uterus is the size expected given your stage of pregnancy.
- There is any cause for pain.
- There is any visible cause for bleeding such as infection or an open cervix. (neck of the womb)

Further tests may be needed to investigate infection.

Ultrasound

After about six weeks of pregnancy the baby's heart beat can usually be seen on a ultrasound. If you have been bleeding in pregnancy you will usually be offered a vaginal ultrasound because it will offer the best possible view of your pregnancy. The vaginal ultrasound is a narrow probe which is put inside the vagina. It will feel similar to an internal examination and is quite safe. Before six weeks, an ultrasound is unlikely to give a definite answer, but maybe helpful if there is concern that your pregnancy is ectopic.

Blood tests

Blood tests are done to measure if the pregnancy hormone level is appropriate for your stage of pregnancy based on the time of your last period. Often the test has to be repeated to check whether the hormone levels are rising normally.

You may also need a blood test to check your blood group.

Depending on your individual situation you may have to wait at the hospital for blood or ultrasound results (up to several hours) or you may be sent home and given an appointment to return. If tests are inconclusive you may be given a series of appointments for ongoing monitoring.

What should I do while waiting for appointments or results?

- Try, as much as possible to relax.
- Continue, as much as you are able, to do your usual day-to-day activities, including work if you wish. Usual activity, that is not too strenuous, will not be harmful.
- If you have pain you can take paracetamol (such as Panadol or Panadeine –script only) according to instructions on the packet.
- It's advised to avoid tampon use during or after a miscarriage or threatened miscarriage. This is because of a possible risk of infection, although tampons have not been proven to cause infection in this situation.
- Most people prefer to avoid sex if there is pain or bleeding. Once bleeding settles, it's okay to have sex if you feel comfortable.
- If the tests are inconclusive, it is possible that a miscarriage may occur while you are waiting for further tests. If you experience heavy bleeding with clots and cramping pain, it is likely that you are having a miscarriage.