

• that an early miscarriage has occurred, particularly if you have had bleeding that has now settled. Pregnancy tests can stay positive for a week or two after a miscarriage.

• an ectopic pregnancy that is too small to be seen. As many as one in five women with a PUL may have an ectopic pregnancy.

I have been told that I have a PUL – what happens next?

It is important that you are followed up to get a diagnosis and to confirm whether your pregnancy is continuing or not. You will be given an appointment to attend outpatient department for follow-up.

The management of ongoing pregnancy will be usually decided

within a few days but it may take up to 2 weeks. The team looking after you will discuss your options at each step.

What symptoms should I be aware of while I am being monitored?

It is important that you are aware of the signs of an ectopic pregnancy (below) and that you seek urgent medical help if you have any of them. Fortunately, most women with a PUL do not have an ectopic pregnancy.

Contact gynaecology department or A&E department immediately if you have any of the following:

- heavy bleeding • severe pain in your abdomen
- pain in your shoulders • dizziness • fainting.

Key points

• Bleeding and/or pain is common in early pregnancy and does not always mean that there is a problem.

• Bleeding and/or pain in early pregnancy can sometimes be a warning sign of a miscarriage.

• If you have bleeding and/or pain in the early stages of pregnancy, you should seek medical advice.

• You may be advised to have tests including an ultrasound scan to check your pregnancy.

• If you have heavy bleeding, severe pain in your abdomen, pain in your shoulder, dizziness or fainting, you should contact your nearest A&E department immediately.



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Bleeding and/or pain in early pregnancy

About this information

This information is for you if you want to know more about bleeding and/or pain in the first 3 months of pregnancy. It may be helpful if you are a relative or friend of someone who has bleeding and/or pain in early pregnancy.

What does vaginal bleeding/pain mean for me?

Vaginal bleeding and/or cramping pain in the early stages of pregnancy are common and do not always mean that there is a problem. However, bleeding and/or pain can be a warning sign of a miscarriage or, less commonly, of other complications of early pregnancy.

What should I do if I have bleeding and/or pain in the first 3 months?

If you have any bleeding and/or pain, you can get medical help and advice from:

- your GP or midwife, who may advise you to go to hospital
- your nearest A&E department if you are bleeding heavily or if your pain is severe.

What will happen when I attend hospital?

You will be asked about your symptoms and the date of your last period. You will also be asked about previous pregnancies and your general health.

You may need to have:

- a urine sample tested to confirm that you are pregnant
- an ultrasound scan. You may be advised to have either a transvaginal scan (where a probe is gently inserted in your vagina) or a transabdominal scan (where the probe is placed on your abdomen) or occasionally both. A transvaginal scan may be recommended as it gives a clearer image. Neither scan increases your risk of having a miscarriage.

- a speculum and/or a vaginal examination to check the neck of the womb for any apparent cause of bleeding and/or pain.
- blood test(s) to check your blood group and/or the level of your pregnancy hormone (β hCG).

You may also wish to bring someone to support you during your examination or scan.

What could be causing bleeding and/or pain at this stage of pregnancy?

A threatened miscarriage:

If you have had bleeding and/or pain but your ultrasound scan confirms that your pregnancy is progressing normally, this is known as a threatened miscarriage. Many women who bleed at this stage of pregnancy go on to have a healthy baby. You may be offered a follow-up scan.

Blood group:

Your blood group will be checked if you have had a scan which has dated your pregnancy at 12 weeks or more. Everyone's blood falls into one of the following blood group categories: A, B, AB or O.

We also have a rhesus factor – positive or negative. Women who are rhesus negative, who have had a scan dating their pregnancy 12 weeks and over, who have experienced bleeding in pregnancy may need an injection of anti-D. This prevents the development of antibodies that may be harmful in future pregnancies. If your blood group is rhesus negative, you may be asked to return to the unit so that anti-D can be administered.

What should I do in the next few days?

Women are often advised to take bed rest while bleeding, however, this seems to make little difference to the final outcome. If you wish, you may return to work, once you feel happy to do so.

It is safe to resume sexual intercourse once the bleeding has stopped and at all other times during pregnancy.

An early miscarriage:

Unfortunately, bleeding and/or pain in early pregnancy can mean that you have had or are having a miscarriage. Sadly, early miscarriages are common. In the first 3 months, one in five women will have a miscarriage, for no apparent reason, following a positive pregnancy test.

However, most miscarriages occur as a one-off event and there is a good chance of having a successful pregnancy in the future.

An ectopic pregnancy:

When a pregnancy starts to grow outside the womb, it is called an ectopic pregnancy. Your symptoms, scan findings and blood tests might lead to suspicion that you have an ectopic pregnancy.

An ectopic pregnancy can pose a risk to your health. If this is suspected or confirmed, you may be advised to stay in hospital.

A molar pregnancy:

A molar pregnancy is an uncommon condition where the placenta is abnormal and the pregnancy does not develop properly. It affects only one in 700 pregnancies. A molar pregnancy is usually diagnosed when you have an ultrasound scan.

A pregnancy of unknown location (PUL):

If you have a positive pregnancy test and your pregnancy cannot be seen clearly on ultrasound scan, it is known as a pregnancy of unknown location.

Reasons for this may be:

- that your pregnancy is in the womb but it is too small or too early to be seen. Modern pregnancy testing kits are extremely sensitive and can detect the pregnancy hormone just a few days after conception. However, a pregnancy may not be seen on ultrasound until approximately 3 weeks after conception (at least 5 weeks from your last period).