



Women and  
Children's Health

North Bristol **NHS**  
NHS Trust

# Problems in Early Pregnancy



*Exceptional healthcare, personally delivered*

This information answers queries about issues that may arise in early pregnancy. Not all of these issues will apply to you. It provides information on bleeding and or pain in pregnancy.

Our aim is continuity of care, however this is not always possible, and when you are in hospital you will be looked after by a team of Doctors and Nurses.

### **Is it Normal to have bleeding/spotting in pregnancy before 18 weeks?**

Spotting or bleeding in early pregnancy can be common. It can occur in about 15 in 100 people, and may also be accompanied by lower abdominal pain and back pain. These symptoms do not mean there is a problem with the pregnancy.

### **Why am I bleeding?**

Naturally we want to be able to assess whether there is a risk of miscarriage – when you attend the clinic a scan will be performed, and for many women the pregnancy is fine. There can be a number of reasons for bleeding that are not serious and do not affect the pregnancy itself.

The bleeding may be coming from the neck of the womb. Some changes on the cervix related to hormones (ectropian) are common in pregnancy, which can cause bleeding. In an ectropian, cells that line the inside of the canal (behind the cervix) change position. These cells are more fragile and are prone to bleeding. This is not a sinister or worrying problem, and it is commonly seen. However, in pregnancy it causes anxiety for women due to bleeding being present. Bleeding can be light, pink, dark or red, and can sometimes present as a heavy 'gush'. The pregnancy is rarely affected by this.

In other cases, an area of bleeding outside of the pregnancy sac (commonly related to the placenta) has occurred, which usually resolves without any problems.

Although bleeding in pregnancy is not uncommon, having bleeding in pregnancy remains an anxious time for many women, and we do appreciate that.

## What if the bleeding continues?

It is usual following a bleed in pregnancy to have some brown vaginal discharge for a few days. If the bleeding becomes pink or fresh loss, or heavy or you pass any blood clots, along with pain, you should **contact your GP or midwife**, to be referred back to us for review. It is not possible to refer yourself back into the clinic. Our usual advice is to allow the bleeding to settle over a period of about 10 days. If you are having persistent slight bleeding past this time, it is common for a midwife or GP to re-refer you to the clinic.

## Am I going to miscarry?

Many women experience bleeding and/or pain in pregnancy and carry on to have a normal pregnancy. Some of these women have a number of bleeding episodes in the pregnancy.

This does not mean a miscarriage will happen, but in cases where bleeding does not settle over a number of weeks, or heavy bleeding starts, a further scan will be needed.

## Can I still have intercourse?

Sexual intercourse is perfectly safe in pregnancy. However if you have experienced bleeding or spotting, wait until this completely settles or any discharge stops before resuming sex.

## Should I rest in bed?

There is no reason to rest in bed – you may carry on normal activities, just be sensible and rest when you are tired.

## **Should I go to work?**

There is no reason to stay at home, however if you have a strenuous job you may wish to remain off work until the bleeding settles off. Do see the GP if you need to be signed off.

## **Can I use tampons?**

Sanitary pads are safer, and better. Do ensure that you change pads or liners regularly.

## **Can I have a bath?**

Personal Hygiene is obviously important. Showers are more hygienic if you are bleeding, but it is ok to have a bath.

# **Pain in pregnancy**

## **Why do I have pain?**

If you experience unexpected abdominal or back pain during pregnancy it is easy to worry. Whilst some pain may need medical attention, often instances of pain are relatively harmless. We do not always find a cause for pain but we are aware that episodes of discomfort are common during early pregnancy.

## **Will the pain affect the pregnancy?**

In the majority of cases the baby will be absolutely fine, and the pain will not harm the pregnancy in the future.

## **Most common reasons for pain in pregnancy**

One of the first times when you may experience pain is around the time of your first missed period. For a day or two, some women have a pain that is low down in the abdomen (tummy) and feels a bit like a dull period pain. It is thought that the embryo is beginning to implant itself in the lining of your womb at this time.

At any time during pregnancy, constipation, bloating and wind can cause aches, pains and abdominal discomfort. Constipation is common, and pregnancy hormones slow down the way the gut works.

As the pregnancy progresses, women frequently suffer discomfort or pain on and off as the womb begins to change more. The ligaments or muscles around your uterus stretch and thicken as they support a growing baby, and can be the cause of discomfort.

In later pregnancy, Braxton-Hicks contractions may cause some pain. These contractions, (which are irregular tightenings of the uterus), can occur from early pregnancy, but most women don't notice them until the latter half of a pregnancy. This is a normal part of pregnancy, but can feel uncomfortable. If you are concerned, or the contractions become more frequent, do talk to your doctor.

### **Common gynaecological causes of pain will include:**

- Pelvic infection. Thrush occurs in about 25 in 100 pregnant women. Chlamydia/pelvic infection in up to 5 in 100 women.
- Ovarian cysts occur in 1 - 2 in 100 women (many cysts resolve without any treatment, and are usually nothing to worry about.)
- Fibroids. (can occur in 1 in 1000 / 1 in 1500 women).
- Irritable bowel syndrome – can get worse in pregnancy if you already have this.
- Musculoskeletal pain e.g. low back pain is common in pregnancy.

### **Renal causes**

- Urinary Tract infection (water / kidney infection) are common in pregnancy and can affect 1 in 25 women.
- Renal stones (kidney stones). (rare in pregnancy)

## Other causes include:

- Appendicitis - this is rare in pregnancy.
- Gallstones (which can enlarge during pregnancy and may present for the first time) - again rare in pregnancy.

## What will happen to work out why I have pain?

Women who have mild pain and are well, with a normal scan will be discharged back to the GP. Other women, who are feeling less well - or have a lot of pain may need to be seen by a nurse or doctor.

## What does this include?

- Asking you about your symptoms: pain history, vaginal bleeding, urinary symptoms.
- Last period date, and what your periods are usually like.
- Previous operations or medical problems.

## Examination

- General examination - to see how you are feeling and look for signs of infection. This may include blood pressure, pulse, temperature and breathing rate and urine dipstick.
- Abdominal examination - to see where you are tender, and also to assess the pregnancy and uterus.
- Possibly, vaginal examination.
- The neck of the womb can be examined and bleeding assessed.

## Other possible investigations

- MSU. (urine testing) to look for a water infection.
- Vaginal swabs - to look for infection.
- Full blood count to look for infection and to make sure your iron count is normal.

## Management (how we look after you)

We look after you by trying to find the cause of the pain and treating you once we are sure we know what the problem is. If we have taken any blood tests or swabs or water samples, we will let you know if there are any problems. We will not contact you if everything is normal. (Swabs and water samples take 1 - 2 days to come back. Some specialist swabs can take longer.)

- It is not usual to refer you elsewhere but if needed we may refer you to a different specialist.
- Basic painkillers (paracetamol) are used to control pain.

## Summary

There are many reasons for pain in pregnancy, but the majority of women we see have nothing seriously wrong.

The main aim of assessing you is to exclude any worrying cause for pain, and to ensure the pregnancy itself is doing well.

**If over the course of the next week pain worsens, or does not go away, it is sensible to consult your GP.**

## Further help and advice

Early Pregnancy Clinic

**8.30 am - 2.30 pm Mon - Thurs**

**8.30 am - 12 noon Friday**

**0117 414 6778**

Cotswold Ward

**0117 414 6785**

**24 hours**

## References and sources of further information

Royal College of Obstetricians and Gynaecologists

[www.rcog.org.uk](http://www.rcog.org.uk)

Early Pregnancy Information Centre

[www.earlypregnancy.org.uk](http://www.earlypregnancy.org.uk)

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### How to contact us:



**Early Pregnancy Clinic  
Cotswold Centre  
Southmead Hospital  
Bristol BS10 5NB**



**EPC  
0117 414 6778  
8.30 am - 2.30 pm Mon - Thurs  
8.30 am - 12 noon Friday**



**Cotswold Ward  
0117 414 6785  
24 hours**



**[www.nbt.nhs.uk/epac](http://www.nbt.nhs.uk/epac)**

If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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