



Saint Mary's Managed Clinical Service
Division of Gynaecology

PATIENT INFORMATION LEAFLET

BLEEDING IN EARLY PREGNANCY (THREATENED MISCARRIAGE)

You have been given this leaflet because you have had some symptoms that may have been explained to you as a 'threatened miscarriage'.

WHAT IS A THREATENED MISCARRIAGE?

This is the term given when you experience vaginal bleeding in early pregnancy. Bleeding during pregnancy can be a sign of miscarriage, however, not all bleeding may result in a miscarriage. Other conditions can cause vaginal bleeding and pelvic pain.

Although it can be very worrying if you are bleeding, we hope that this may offer you some reassurance that your pregnancy is continuing. Normally your bleeding should become lighter and eventually stop and will not have harmed your baby.

SHOULD I COME BACK AGAIN?

If, after leaving the emergency gynaecology department you experience any of the following, we advise you to contact the department on the telephone number given at the end of this leaflet, or your General Practitioner (GP).

- The bleeding continues or gets heavier.
- You pass blood clots or tissue.
- You experience strong stomach cramps or abdominal pains.

WHAT SHOULD I DO IN THE NEXT FEW DAYS?

People often think that they should take bed rest while bleeding, however, this seems to make little difference to the outcome. If you wish, you may return to work, once you feel happy to do so.

Until the bleeding stops, we recommend that you use sanitary towels rather than tampons.

Although there is no evidence to suggest that having sexual intercourse while you are bleeding causes miscarriage, it is advisable to avoid this, as a precaution. It is safe to resume sexual intercourse once the bleeding has stopped if you wish to.

BLOOD GROUP

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. If you are rhesus negative and experienced bleeding in pregnancy, you may need an injection of anti-D. Your nurse/doctor will advise you if we recommend this treatment for you and provide you with more information.

ADVICE AND SUPPORT

You may find that the whole experience has been worrying for you and has left you anxious about the future of this pregnancy. We hope that this information leaflet will have answered a few questions and provided some reassurance.

However, if you would like to talk things over further, then your GP can provide advice and support during this time, as well as arranging further ante-natal care for you. Alternatively, please feel free to contact the nurses in the Emergency Gynaecology services for advice on the number given below.

If you require any further information or clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns with you.

CONTACT DETAILS



Emergency Gynaecology Unit (EGU)

(0161) 291 2561 (24 hours)

EGU is located at Wythenshawe Hospital (enter via entrance 15)

The department operates a telephone triage service you must call and speak with a specially trained nurse before attending to plan your care.

There are no emergency gynaecology services at Saint Mary's Hospital, Oxford Road



Gynaecology Assessment Unit (GAU/F5)

(0161) 720 2010 GAU Reception / (0161) 604 5130 GAU Nurses

Monday to Friday - 07.30 - 20.30

Saturday & Sunday - 08:30 – 16:30

GAU is located at North Manchester Hospital (Ward F5, via Entrance 1 / main entrance)

To be seen in GAU a referral from your GP, Midwife, A&E or other health care professional is required. GAU is not a self-referral unit.