

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 a woman experiences vaginal bleeding in early pregnancy. Bleeding during pregnancy can be a sign of miscarriage, however, this is not always inevitable.

You will be asked to attend the EGU (Emergency Gynaecology Unit) for a scan and some tests. Although it can be very worrying if you are bleeding, we hope that your scan will reassure you that your pregnancy is continuing. Normally your bleeding should become lighter and eventually stop and will not have harmed your baby in any way.

Should I come back again?

If, after leaving the Emergency Gynaecology Unit you experience any of the following, we advise you to contact the EGU Department on the telephone number given at the end of this leaflet, or your own 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?

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.

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 and at all other times during pregnancy.

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.

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. Do not be afraid to contact them.

Alternatively, please feel free to contact the nurses in the Emergency Gynaecology Unit for advice on the number given below.

Saint Mary's Hospital contact numbers:

Emergency Gynaecology Unit (EGU)

(0161) 276 6204

(7 Days 8.00 am – 9.30 pm)

Gynaecology Ward 62

(0161) 276 6518 or (0161) 276 6410 (24 hours)