

**Saint Mary's Managed Clinical Service**
Division of Gynaecology**PATIENT INFORMATION LEAFLET****SECOND TRIMESTER BLEEDING**

Second Trimester Bleeding is bleeding occurring during weeks 12 to 15+6 of pregnancy. Vaginal bleeding can be common at all stages of pregnancy and spotting, or small amounts of bleeding may be harmless.

As you have had second trimester bleeding, you have been given this leaflet to provide you with information that may help alleviate some of your concerns and provide you with reassurance.

CAUSES OF SECOND TRIMESTER BLEEDING

Causes of bleeding in second trimester include:

- Inflammation of the cervix (neck of the womb).
- Vaginal infections (including sexually transmitted infections -STIs)
- Cervical erosion/ectopy- a common, harmless condition where delicate cells from inside the cervix move to the outside of the cervix.
- Polyp- a noncancerous growth of tissue that can occur on the cervix.
- Disruption of blood vessels in the womb lining.
- Miscarriage, however, this is not always inevitable.

Further tests such as an examination or blood tests may be required if you are bleeding.

Sometimes we can see an obvious reason for your bleeding when examining you, however, sometimes we cannot identify any obvious causes. It is difficult for us to predict when your bleeding will resolve, how long this may take or whether it will happen again however our staff will give you all the information available at the time.

We advise you to seek further medical advice if your symptoms increase or do not resolve.

WHEN SHOULD I RETURN IF IT HAPPENS AGAIN?

You should always seek medical advice if you experience any of the following:

- Bleeding heavy enough to soak a sanitary pad in an hour.
- Strong stomach cramps/abdominal pains or back pain.
- Passing clots or clumps of tissue
- Feeling any vaginal pressure.
- Your bleeding has an offensive odour.
- You feel dizzy or unwell.

We have two emergency departments at Saint Mary's Hospital where you can be assessed. Please see the end of this leaflet for contact details, opening times and referral process.

You will be assessed by either a doctor or a specialist emergency gynaecology nurse. Depending on your history, symptoms and severity, an internal examination will be required, and an assessment of the pregnancy will be completed by listening to the baby's heartbeat using a Sonicaid. An ultrasound scan is not regularly performed and would only be organised if your symptoms are clinically indicated.

WHAT SHOULD I DO OVER THE NEXT FEW DAYS?

Admission to hospital is not always necessary for bleeding in the second trimester of pregnancy. You can continue with your daily activities, avoiding over exertion or strenuous activities, as there is no evidence to show that bed rest whilst bleeding has any benefit. If you wish, you may return to work once you feel happy to do so.

You can take a bath providing it is not too hot (as this may make you feel dizzy). 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 increases the risk of miscarriage, it may be advisable to avoid it as a precaution. It is safe to resume sexual intercourse once the bleeding has stopped and at all other times during pregnancy.

BLOOD GROUP

One of the tests you may need will include a blood test to identify your 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**.

Individuals who are rhesus negative and have experienced bleeding in their second trimester of pregnancy are recommended to have an injection of a medication called Anti-D immunoglobulin. This helps prevent the development of antibodies that may be harmful in future pregnancies.

Anti D needs to be **administered within 72 hours of the initial onset of bleeding**. It can sometimes take a while to be processed, especially if you require an up-to-date sample to be taken and sent to the laboratory. You may be allowed home whilst waiting and will be contacted by a member of staff to return to EGU/GAU once the Anti-D is available.

ADVICE AND SUPPORT

We understand this experience may have been worrying and you may have anxiety about the future of this pregnancy. If you would like further advice or support, please contact your GP and/or midwife. You can also contact the nurses in the EGU/GAU for advice on the contact numbers provided below.

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.



Gynaecology Assessment Unit (GAU)

(0161) 720 2010 / (0161) 604 5130

Opening hours: 07.30 – 20:30

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

The department operates by referral from a Midwife, GP or A&E. Unfortunately, GAU does not accept patient walk in or self-referrals.

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

If you require any further information or clarification, including 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.