Vaginal Bleeding and Pain in Early Pregnancy

You have been given this pamphlet because you came to the hospital with vaginal bleeding or pain early in your pregnancy.

The pamphlet will help explain the care you will receive at the emergency department and the follow-up at the Early Pregnancy Rapid Access Clinic (EPRAC). We will do some tests to find the cause of your bleeding and pain.

We are sensitive to the anxiety, stress and fear you and your partner may be experiencing, and we will do our best to support you.

Vaginal bleeding and pain in early pregnancy:

Vaginal bleeding happens in 2 to 4 out of every 10 pregnancies. This can be a very stressful experience for both the pregnant woman and her partner. It does not always mean that a pregnancy loss (miscarriage) will occur. Some vaginal bleeding in early pregnancy cannot be explained.

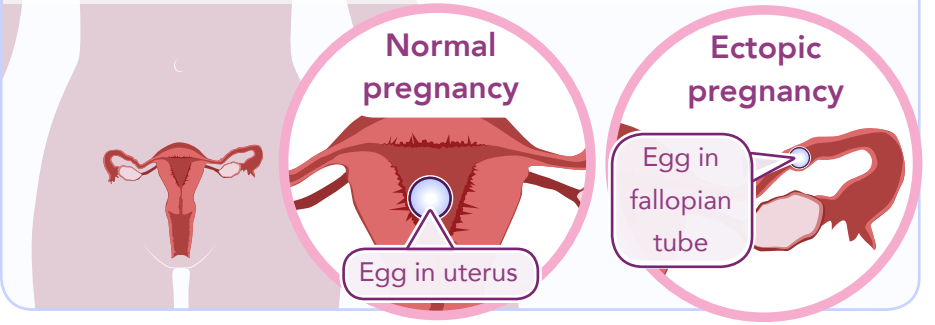
Some causes of vaginal bleeding in early pregnancy are:

- The fertilized egg attaching to the wall of the uterus (womb). This can be normal at 5-6 weeks of pregnancy.
- Bleeding from the placenta. The **placenta** is the connection of blood vessels between the mother and the developing baby.
- Pregnancy loss or threat of loss.
- Bleeding from lesions on the cervix or vagina.

Some rare causes of vaginal bleeding in early pregnancy are:

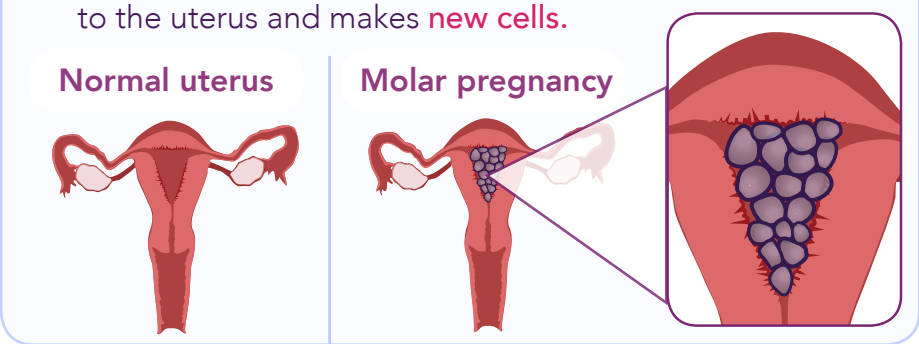
▸ An ectopic pregnancy:

This is when a pregnancy begins to develop outside the uterus (womb). This can happen in the tubes that connect the ovaries to the uterus (called fallopian tubes).



▸ A molar pregnancy:

This is when there is a problem with the fertilized egg. It is not able to develop into a baby but still attaches to the uterus and makes new cells.



Cramping pain in your abdomen (belly) early in your pregnancy may also be a sign of a pregnancy loss. There is no prevention to stop a pregnancy loss once it has begun.

What can I expect at the hospital?

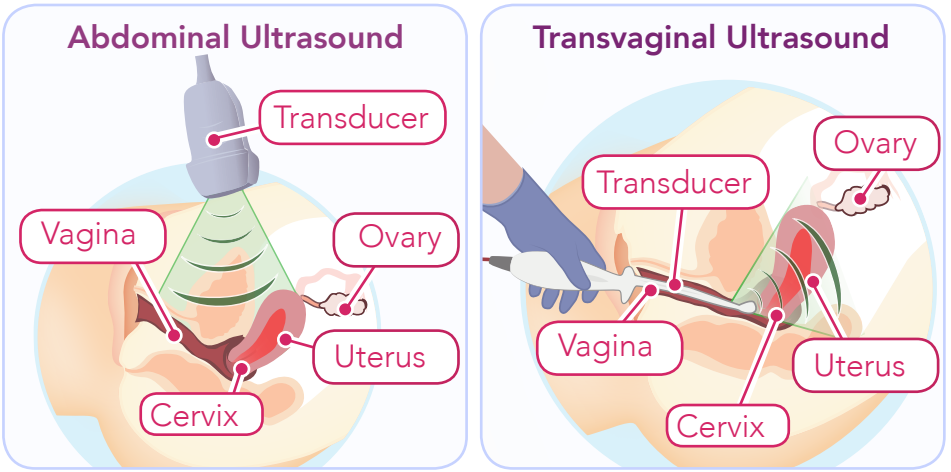
- The nurses and doctors in the Emergency Department will check you and make sure you are stable. They may do a blood test and an ultrasound (a type of imaging technique).

- If needed, they will offer you treatment or refer you for follow-up care at the Early Pregnancy Rapid Access Clinic (EPRAC).

In the EPRAC a nurse and a doctor see patients

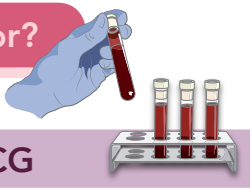
Monday to Friday between 8:00 am and 11:00 am
At the Glen site on the Pavilion C South 6th floor room 4152

You will be asked about your medical history and another blood test may be done. Then, the doctor may do a pelvic exam and a transvaginal ultrasound (a type of imaging technique). Based on the results of these exams, a diagnosis and plan will be made with you for treatment.



What are the tests for?

1. Blood tests for:



Beta-HCG	Your blood group
Beta-HCG is a pregnancy hormone found in your blood. In early pregnancy, the amount of hormone goes up quickly. This test is helpful to check if the pregnancy is happening as expected.	Your blood group is important. If it is 'Rh-negative', you will receive an injection of Win-Rho to protect your baby.

Did you know?

Rh is a type of protein that sits on your red blood cells. A blood test is done to see if you are Rh-positive or Rh-negative. Most people are Rh-positive. If you are **Rh-negative** your body may respond by **producing proteins that destroy the baby's blood cells.** To prevent this for any future pregnancy, your doctor will suggest that you take Win-Rho. Let us know if you have any questions.

2. A transvaginal ultrasound:

Before 10-12 weeks of pregnancy, the baby cannot be seen clearly with an abdominal ultrasound. The transvaginal ultrasound is a safe way to confirm if the unborn baby has a heartbeat and is inside the uterus.

What do the tests mean?

Following the tests, a diagnosis of pregnancy loss may be made by the doctor. Unfortunately, this means that the unborn baby did not survive and that the pregnancy has ended.

It is important to remember that the pregnancy loss is not your fault.

Approximately 1 in 5 pregnancies do not continue past the first three months, and often, there is no known cause for the pregnancy loss.
In some cases, errors in the unborn baby's genetic makeup cause the pregnancy to end. This is a random event and it does not mean that this will happen in future pregnancies.

The risk of pregnancy loss is higher with:

- Increased age of pregnant woman.
- Health problems such as poorly controlled diabetes.
- Lifestyle factors such as heavy drinking and smoking.

If the doctor confirms that you are still pregnant, then you will be discharged from the EPRAC. Your obstetrician can then follow you for the rest of your pregnancy.

What happens if it is a pregnancy loss?

- **If you are diagnosed with a complete pregnancy loss:**
  You will likely not need any further medical treatment. The nurse may ask you to repeat a urine pregnancy test at home in 3 weeks and call the clinic if the results are still positive.
- **If you are diagnosed with an incomplete pregnancy loss:**
  There are three treatment options. The doctor will answer your questions and together you will decide on the approach that is best for you.

  1. **Watchful waiting approach:**
     Wait for your body to naturally pass the remaining tissue from your pregnancy. You will experience abdominal cramps and bleeding. It can take 2 weeks for the bleeding to start and it can continue for up to 4 weeks.

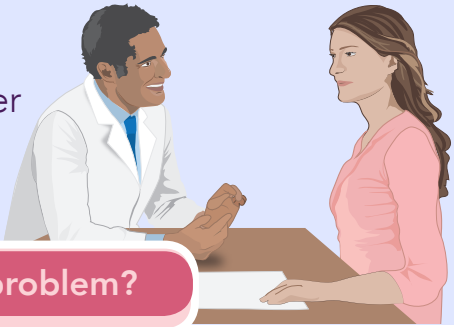
  2. **Medical approach:**
     The doctor may prescribe a medication called Misoprostol (or Cytotec) that will increase contractions of your uterus to help your body pass the remaining tissue more quickly. These pills can be taken by mouth or in the vagina. You will experience strong abdominal cramps and bleeding or clotting (like a heavy period) with this medication. For this reason, the doctor will also prescribe you pain medication.

  3. **Surgical approach:**
     Pregnancy tissue is removed from the uterus in the operating room during a procedure called dilation and curettage (D&C).

Surgery is usually planned within the next few days. You will be sedated and given pain medication before the procedure. You will go home the same day.
Someone must accompany you home after the procedure.

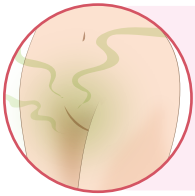
The nurse and doctor are available to talk about your concerns and answer your questions.

They will arrange your follow-up appointments at the EPRAC if you need other treatment (watchful waiting or medical approach).

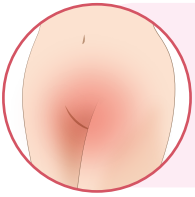


How do I know if there is a problem?

You should return to the emergency department if you have any of the following concerns after a pregnancy loss or threatened loss:



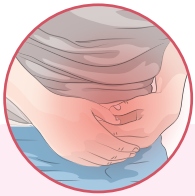
Foul-smelling vaginal discharge



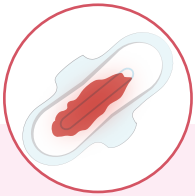
Pain or burning on urination

Dizziness and feeling faint

Fever over 38.5° degrees Celsius



Severe abdominal pain
(not controlled by medication.)



Heavy bleeding
(Soaking more than 1 sanitary pad in an hour for more than 2 hours.)

Uncontrollable feelings of wanting to harm yourself or others

What should I expect after a pregnancy loss?

It is normal for bleeding and cramping to continue after a pregnancy loss, gradually decreasing over the next several weeks.

You should avoid sexual intercourse or inserting anything into the vagina (such as tampons) until the bleeding has stopped completely. After that, only you and your partner will know when is the best time to have sexual intercourse again.

The doctor can advise you about when it is best to plan another pregnancy – it is important to know that the ability to become pregnant can return within 2-3 weeks.

Pregnancy loss can be a very difficult experience, for both you and your partner.

You may feel a wide range of emotions like:

- Grief
- Sorrow
- Anger
- Emptiness
- Guilt
- Frustration

It might be difficult to take pleasure in the activities that you were doing before the loss of your pregnancy.

You may even experience the physical symptoms of depression:

- Fatigue
- Loss of appetite
- Difficulty concentrating
- Sleeping

Many women and men report these feelings after a pregnancy loss and it is important to know that **you are not alone.** The experience of a miscarriage is significant and it is important to understand the meaning of this loss, to talk about your feelings and to seek support if needed. Ask your nurse or doctor for help. They can refer you to appropriate resources.

If you experience thoughts of harming yourself or others, go to the emergency department right away.

Additional Resources include :

- **Silent Sorrow**
  A free professionally-led support group for perinatal & infant loss. *Sponsored by MUHC Foundation.*
  514 266-0531 or info@ndgTherapy.com

- **Parents Orphelins**
  Association québécoise des parents vivant un deuil parental.
  www.parentsOrphelins.org

- **Centre for Reproductive Loss**
  PO Box 282, Station Côte St. Luc,
  Montreal, Qc Canada H4V 2Y4, 514 486-6708.
  They provide professional support services to those who have been touched by the pain of infant loss. Services include: counselling; referral; follow-up; support groups; telephone contact; info; and educational programs.

- **Nos petits anges au paradis**
  Soutien pour les parents qui vivent un deuil périnatal:
  www.nosPetitsAngesAuParadis.com/Deuil-Perinatal-Ressources-h3.htm

- **Pregnancy and Infant Loss (PAIL) Network**
  www.pailNetwork.ca

This pamphlet was developed by the departments of Emergency and Obstetrics & Gynecology of the **MUHC.**

Centre universitaire de santé McGill
McGill University Health Centre

Office d'éducation des patients
Patient Education Office