Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · WOMEN'S HEALTH

Bleeding in early pregnancy
common, frightening, and often not the end

Bleeding affects around one in four pregnancies in the first twelve weeks, and many of those pregnancies continue perfectly normally. But bleeding can also signal an ectopic pregnancy, which is life-threatening and needs excluding quickly. Any bleeding in early pregnancy should be assessed, not waited out.

Call 999 or go to an emergency department if you have

- **severe or one-sided abdominal pain**, particularly with shoulder-tip pain
- **heavy bleeding** — soaking a pad an hour, or passing large clots
- **feeling faint, dizzy or collapsing**
- **pain when opening your bowels**, or a sudden urge to
- **shoulder tip pain** — a classic sign of internal bleeding
- **fever with pain and offensive discharge**

Shoulder-tip pain with abdominal pain in early pregnancy suggests blood irritating the diaphragm and is a ruptured ectopic until proven otherwise. Ectopic pregnancy remains a leading cause of maternal death in the first trimester and can occur even after a negative history of risk factors. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

What bleeding can mean

- **Implantation or harmless spotting** — light, brief, often around the time a period was due. Very common.
- **Threatened miscarriage** — bleeding with a closed cervix and an ongoing pregnancy. Many continue normally.
- **Miscarriage** — occurs in around one in five known pregnancies, and is almost never caused by anything you did.
- **Ectopic pregnancy** — the pregnancy implanting outside the womb, usually in a tube. Around 1 in 90 pregnancies.
- **Cervical causes** — a polyp, an infection, or bleeding after sex, none of which threaten the pregnancy.

What assessment involves

Usually a history and examination, a **transvaginal ultrasound**, and **blood tests measuring hCG**, often repeated at 48 hours. Your blood group is checked, because anti-D may be needed if you are rhesus negative.

A scan may not give an answer straight away

Before around five to six weeks, a pregnancy may be too small to see, and a scan showing nothing does not by itself mean anything is wrong — it may simply be early. This is called a pregnancy of unknown location, and it is resolved by repeating the hCG blood test after 48 hours and rescanning. The waiting is genuinely difficult, and it is not the clinician being evasive.

If it is a miscarriage

- There are usually three options: **waiting for it to happen naturally**, **medication** to help it complete, or a **short procedure**. All are reasonable, and the choice is generally yours.
- Bleeding and cramping typically last a week or two. Use pads rather than tampons, and avoid sex until bleeding has stopped.
- **Nothing you did caused it.** Not exercise, not lifting, not stress, not sex, not working. Most early miscarriages are due to chromosomal problems in that particular pregnancy.
- Most women go on to have successful pregnancies. Investigation is usually offered after three consecutive miscarriages, or earlier where there are specific concerns.
- A pregnancy test can stay positive for up to three weeks afterwards.

Afterwards

Grief after early pregnancy loss is real and frequently unacknowledged, including by people close to you who may not have known you were pregnant. It is not proportionate to the number of weeks. The Miscarriage Association (01924 200799) and Ectopic Pregnancy Trust (020 7733 2653) both offer support. Take the time you need, and tell us if you are struggling — we can help with that too.

> **Bleeding in early pregnancy should be assessed the same day, and we can do that.** If you have severe pain, heavy bleeding or feel faint, go to an emergency department. Otherwise we offer same-day women's health appointments seven days a week, with pregnancy blood tests and hCG monitoring in-house and results back quickly, ultrasound performed on site, and unhurried appointments with a female clinician available — rather than a wait and a phone triage.

Same-day scan and hCG testing on site

Women's health seven days a week. Severe pain or heavy bleeding needs emergency care.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Women's Health** · **Ultrasound Scans** · **Blood Tests** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE NG126 guidance on ectopic pregnancy and miscarriage. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.