**Managing Non-Miscarriage Induced Early Pregnancy Pain and Bleeding for General Practitioners**

Approximately 20–30% of pregnancies are affected by vaginal bleeding during the first trimester, and around 50% of these cases may result in miscarriage. Pain, typically lower abdominal discomfort, often accompanies bleeding and adds to the concern for both patients and practitioners. Miscarriage itself is a prevalent complication, occurring in about 10–25% of clinically recognized pregnancies. These statistics underscore the importance of equipping General Practitioners with the knowledge and skills to effectively manage these common yet distressing symptoms.

**Management Plan**

1. **Initial Assessment**

* Detailed medical history including: LMP, onset, nature, progression of symptoms
* Perform a physical examination: evaluate vital sings and palpate for abdominal tenderness, rebound and guarding
* Rule out emergency care: transfer immediately to nearest hospital if uncontrolled vaginal bleeding, severe abdominal pain, cervical excitation on pv exam, shoulder-tip pain or unstable vital signs

1. **Investigations**

* Ultrasound assessment:
  + Transvaginal ultrasound is the gold standard to assess gestational sac, fetal heartbeat, and exclude ectopic pregnancy
* Laboratory tests:
* B-hCG level, FBC, Blood group and antibodies (to assess Rh status if unknown)

1. **Intervention**

* If ultrasound findings are reassuring (e.g., fetal heartbeat present), provide supportive care
* If confirmed miscarriage on ultrasound, refer to EPAS
* If suspicion of ectopic pregnancy on ultrasound, refer to local Emergency Department
* If Pregnancy of Unknown Location on ultrasound consider referral to EPAS. Always refer where Bhcg is >1500 and non-convincing clinical history of miscarriage or otherwise symptomatic patient
* Advise on ongoing symptom monitoring: Severe pain, heavy bleeding, or other concerning signs should prompt immediate follow-up and presentation to local Emergency Department

1. **Counselling and Patient Education**

* Explain common causes of early pregnancy bleeding (e.g., implantation bleeding, subchorionic haemorrhage (also known as extra-membranous haemorrhage or EMH, cervical ectropion, cervical polyps) to reassure patients.
* Clarify that serial β-hCG monitoring has limited utility during this period and can lead to unnecessary anxiety or interventions.

1. **Follow-up Care**

* Schedule follow-up visits to reassess symptoms and ensure resolution of symptoms and progression of pregnancy as expected.
* If any concerns refer patient to EPAS

**Clinical Pearls**

* **Low-Value Healthcare Warning:** BhCG levels naturally decline around 9 weeks of pregnancy as the placenta takes over its role in maintaining the pregnancy. Relying on serial β-hCG levels after 9 weeks of pregnancy can lead to misinterpretation, unnecessary interventions, and increased healthcare costs.
* **Evidence-Based Approach:** Early pregnancy ultrasound remains the cornerstone diagnostic tool for assessing viability and addressing patient concerns.
* **Patient-Centred Communication:** Subchorionic haemorrhage (also known as extra-membranous haemorrhage or EMH), a blood collection between the uterine lining and outer fetal membrane, is common in early pregnancy and can cause light bleeding. Most resolve spontaneously without impacting pregnancy. Larger haemorrhages may slightly increase risk, but most pregnancies still progress healthily. Providing this reassurance can alleviate patients’ fears.

**Conclusion**

Managing early pregnancy pain and bleeding requires a careful balance of thorough investigation, patient education, and avoidance of unnecessary interventions. During follow-up, patients should be encouraged to monitor symptoms such as heavy bleeding or severe pain, as these may indicate other underlying complications or progression to miscarriage. Reassessment through ultrasound can ensure that the pregnancy is progressing as expected. It is vital to provide patients with accurate information to alleviate undue anxiety and emphasize the importance of individualised care.

**For further information on pain and bleeding in pregnancy, see:**

* Sydney HealthPathways – [Miscarriage and Ectopic Pregnancy](https://sydney.communityhealthpathways.org/12527.htm)
* Sydney HealthPathways – [Early Pregnancy Assessment](https://sydney.communityhealthpathways.org/13402.htm)
* For clinical advice, contact the EPAS Clinical Midwife Consult on 0429 728 608, Monday to Friday 7:30am-4:00pm (GPs only – do not give number to patients) or page the on-call O&G Registrar through the hospital switchboard.