

The Early Pregnancy Unit

You have been given an appointment *to attend* the Early Pregnancy Unit. *This is normally because you had bleeding or pain in early pregnancy* or because you have had complications in the past.

What will happen at the appointment?

When you arrive, please complete the form given to you at the Reception desk. Please check your personal details and add any relevant medical information. Please ask if you need help filling in the form.

The clinic has timed appointments. At times emergency patients will take priority and you may have to wait a little longer for your scan.

A urine sample will be taken to check a pregnancy test. The scan will be performed by a sonographer or consultant gynaecologist.

Do I need a full bladder?

You do not need a full bladder. In most cases the scan will be performed transvaginally (internally).

Why do I need an internal scan?

In the first few weeks of pregnancy, the uterus (womb) is still within the pelvis and it is easier to see a pregnancy and other pelvic structures with an internal scan. The ultrasound probe is inserted into the vagina.

After 9 weeks of pregnancy you will usually have a transabdominal scan with the probe being placed externally on the skin of the lower tummy (abdomen). You may also still require an internal scan, particularly if you have presented with pain or heavy bleeding.

Both ways of scanning are safe and will not increase the risk of a miscarriage. If further information is required we will advise you to have a repeat scan 7-14 days later.

Do I have to have an internal scan?

No. If you do not want to have the internal scan we can still do an external scan. You need to be aware that this will not provide as much information. For an abdominal scan we would advise you not to empty your bladder. Please ask the sonographer/consultant about your choices.

Following the scan the nurse will discuss the scan findings and the next steps in your care.

Blood tests

You may need to have blood tests to check hormone levels and possibly your blood group.

At all times we will talk to you about the findings of the scans and any blood tests that you may have a further scan or blood tests may be recommended at a later stage.

Patient experience survey

If you are happy to give us comments on your visit to the clinic, please write your e-mail address on the form at the Reception Desk so that we can contact you. If you do not wish to be contacted, that is fine too, it will not affect your care in any way. Anything you write will be completely anonymous and help us to improve our service.

Contact numbers:

If you want to ask any further questions please telephone:

Early Pregnancy Unit (Monday-Friday)

Stoke Mandeville Hospital **01296 316469/316143 (08.00-17.00 hours)**

SAU (Surgical Assessment Unit) **01296 316500/316365 (at all other times)**

Please Note:

If you have any side-effects or want to ask anything else about your treatment, please contact the Early Pregnancy Unit on the above numbers.

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible, but please note that it is subject to change. Please therefore always check specific advice on any concerns you may have with your doctor.

How can I help reduce healthcare associated infections?

Infection prevention and control is important to the well-being of our patients and for that reason we have infection prevention and control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. Please follow our infection prevention and control guidelines when visiting our healthcare sites. Further information is available on our website.

Patient Advice Sheet

If you would like a copy of this information on audiotape, in large print or translated, please call the Patient Advice Liaison Service on 01296 831120 or email bht.pals@nhs.net

Division of Women, Children & Sexual Health Services

Approvals:

Gynae Guidelines Group: Jul 2014, V2 Feb 2018, V3 Nov 2022 Chair's approval

O&G SDU: Sep 2014 V2 Mar 2018, V3 10.5.23

Clinical Guidelines Subgroup: not required

Equality Impact Assessment: Sep 2014, V3 Dec 2022

Patient Experience Group: V1 Nov 2014 V2 Jun 2018, V3 Jul 2023