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Antepartum Hemorrhage: Second & Third Trimester

CC: Vaginal Bleeding

Updated: 3/27/12

If patient is bleeding at term, deliver her!

Physical Examination:

- Perform ultrasound for placental location prior to pelvic exam
  - Document placental location, signs of abruption, and presence and type of previa (marginal or complete), r/o vasa previa
- Sterile Speculum Exam (consider deferment in presence of previa)
- Digital cervix exam (defer in presence of previa)
- Quantification of bleeding: old blood with no active bleeding, scant bleeding, moderate bleeding, active/excessive bleeding
- NST / AFI
- Assess hemodynamic stability, and remember – if mom is unstable, then so is the fetus!

Orders:

Diagnosis	Orders
All stable patients	❑ Admit to L&D, **deliver if term** ❑ CBC, Type and Screen ❑ Rhogam 300 ucg if Rh and AB screen negative ❑ CEFM ❑ Strict pad count, Serial H/H ❑ Celestone 12 mg IM q 24 hours x 2 doses o Discuss with attending if >34 weeks ❑ Radiology sonogram with S:D ratios, and evaluation of placental location and abnormalities ❑ Notify NICU, consultation if <28 weeks or if high likelihood of preterm delivery
Previa (refer to placenta accrete protocol)	❑ Detailed ultrasound for possible accreta
Placenta Abruptio	❑ Consider KB testing, especially if Rh negative ❑ Coagulation panel
Preterm Labor (refer to PTL protocol)	❑ FFN ❑ Transvaginal cervix length ❑ Serial cervix examination ❑ Consider avoiding tocolytics(possible abruptio)
Trauma	❑ Repair any lacerations under local anesthesia ❑ Social services, mandatory reporting if abuse
Excessive bleeding, OR Unstable patient	*Call attending doctor and anesthesia immediately ❑ Type and cross 4 u pRBC immediately ❑ Send full coagulation panel: PT, PTT, INR, D-Dimer, Fibrinogen ❑ Consider transfusion in 1:1:1 ratio of pRBC, FFP, platelets with activation of massive transfusion protocol ❑ 2 large bore IV lines, consider central line ❑ Alert NICU ❑ Prepare for emergency surgery, consent for Cesarean delivery, hysterectomy, hypogastric artery

History:

- Cramping or Contractions
  - Description of pain
- Passage of tissue or clots
- Amount of bleeding (# pads/h)
- Fetal movement
- Leaking of fluids
- Complications of pregnancy
- Previous Cesarean Sections

Differential Diagnosis:

Preterm labor, placenta previa: marginal, complete, Vasa Previa, Placental abruption, Trauma, Cervix cancer, Uterine Rupture

Necessary Documentation:

- Type & Screen
- Rhogam administration if Rh neg
- Fetal Heart Rate Category
- Placental location

Notes:

- Low lying placenta often associated with marginal abruption
- Remember to complete missing labs from routine prenatal testing if and when indicated.

ligation

Preterm Discharge (term patients with bleeding get delivered):

- Criteria: no bleeding >24 hours, category 1 FHT, adequate transportation
- Instructions: Pelvic rest, NST/AFI 2x/week. Tailor to suspected diagnosis.

Algorithm for management of Placenta Previa:

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