

Antepartum Hemorrhage: First Trimester

CC: Vaginal Bleeding

Updated: 10/7/11

Physical Examination:

- Sterile Speculum Exam
- Quantification of bleeding: old blood with no active bleeding, scant bleeding, moderate bleeding, active/excessive bleeding
- Ultrasound: abdominal and/or transvaginal

Orders:

All patients:

- CBC
- Type and Screen (immediate Type and Cross if hemodynamically unstable)
- Serum quantitative HCG (not indicated if IUP with FHT seen on sono)
- Rhogam 300ucg if Rh negative and AB screen negative

Diagnosis	Orders
Ectopic Pregnancy Likely	*Call attending physician immediately
➤ Methotrexate	<input type="checkbox"/> CBC, Chem 7, LFTs, HCG <input type="checkbox"/> Give MTX mg/m ² (day 1) <input type="checkbox"/> Day 4: HCG <input type="checkbox"/> Day 7 HCG, CBC, Chem7, LFTs, & clinic <input type="checkbox"/> Ectopic precautions / pelvic rest
➤ Surgery	<input type="checkbox"/> CBC, Type and Cross <input type="checkbox"/> Notify anesthesia and slip patient
Ectopic Pregnancy Possible	<input type="checkbox"/> Ectopic precautions <input type="checkbox"/> Follow up in clinic in 48 h <input type="checkbox"/> HCG prior to clinic appointment
Threatened Abortion	<input type="checkbox"/> SAB precautions <input type="checkbox"/> Pelvic rest <input type="checkbox"/> Clinic appointment one week
Incomplete Abortion	<input type="checkbox"/> Dilation and Curettage is indicated <ul style="list-style-type: none"> ○ Emergent D&C if copious bleeding and unstable hemodynamics ○ Preferred if actively bleeding <input type="checkbox"/> Consider cytotec (400ucg po q4h x 4) <input type="checkbox"/> Pelvic rest <input type="checkbox"/> SAB precautions
Complete Abortion	<input type="checkbox"/> Send POC's to pathology <input type="checkbox"/> Pelvic rest <input type="checkbox"/> Bleeding precautions
Blighted Ovum/Missed AB	<input type="checkbox"/> Offer D&C vs expectant management <ul style="list-style-type: none"> ○ Can be scheduled as outpatient through clinic <input type="checkbox"/> SAB precautions <input type="checkbox"/> Pelvic rest

History:

- Cramping or Contractions
- Passage of tissue or clots
- Amount of bleeding (# pads/h)

Differential Diagnosis:

Threatened abortion, incomplete abortion, complete abortion, inevitable abortion, ectopic pregnancy, vaginal laceration from trauma

Necessary Documentation:

- Type & Screen
- Rhogam administration if RH neg
- Ectopic precautions when indicated

Notes:

- Perform abdominal sono prior to vaginal sono, otherwise you may miss important findings.
- Don't wait for lab results to see the patient.

