

# The Atlantic Provinces Medical Peer Review



## MANAGEMENT OF SPECIFIC DISEASE ENTITIES

### Obstetrics & Gynaecology #5

### VAGINAL BLEEDING DURING PREGNANCY

It is important to note that these guidelines are meant to be of assistance to assessors in making observations. They should not be taken as standards of any of the Atlantic Provinces Licensing Authorities.

**Risk factors:** cervical or vaginal infection; cervical dysplasia; placenta praevia or abruption

**Etiology:** vaginal or cervical causes; bleeding from above cervix  
 1<sup>st</sup> trimester: benign; ectopic or molar pregnancy; threatened or spontaneous abortion; subchorionic bleed  
 2<sup>nd</sup> or 3<sup>rd</sup> trimester: placenta praevia or abruption; subchorionic bleed

**Signs & Symptoms:**  
 ✓ bleeding: scant or excessive; brown to red blood; painful/painless; bleeding from vagina

**Diagnosis:**  
 ✓ history & physical  
 ✓ lab: blood type & screen; quantitative Beta hCG measurement; CBC to assess severity when bleeding profuse; bleeding time  
 ✓ diagnostic procedures: pelvic exam; U/S

**Treatment:**  
 ✓ outpatient ( 1<sup>st</sup> trimester) vs inpatient ( 3<sup>rd</sup> trimester)  
 ✓ medications: Rhogam; tocolytics in suspected premature labour  
 ✓ surgery: ectopic or molar pregnancy; D & C for incomplete abortion  
 ✓ follow-up: depends on clinical presentation; patient should be instructed to report any increase in amount/frequency of bleeding and seek immediate care if experiencing abdominal pain or sudden increased bleeding. Patient should bring for examination any tissue passed vaginally.

	N/A	E	S	D
Clinical history and physical exam are documented.				
It is evident that appropriate tests have been ordered and completed.				
Appropriate therapies are used and regularly reviewed.				

COMMENTS: \_\_\_\_\_

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