

VAGINAL BLEEDING IN PREGNANCY

ACTION/TREATMENT:

- ABCs/monitor cardiac rhythm as needed.
- IV access, rate titrated to perfusion as needed.

TRANSPORT:

- First trimester bleeding to nearest PRC.
- Second and third trimester bleeding to nearest PRC with OB capability.

➤ **FIRST TRIMESTER BLEEDING:**

- Evaluate for quantity of bleeding, presence of tissue, fever.
 - Patient needs urgent evaluation. May be emergent depending on quantity of bleeding or associated abdominal pain, fever.
 - Rupture of ectopic pregnancy may present with symptoms/signs of pregnancy, irregular menses or bleeding; abdominal pain; possible signs of hypovolemia.

➤ **THIRD TRIMESTER BLEEDING:**

- Greater than 27 weeks gestation, causes are potentially serious: 1) Placental abruption, 2) Placenta previa, or, 3) Bleeding from effacement, inflammation, or trauma.
- Patients with bleeding should be transported to a paramedic receiving center with OB capability.

◆ **PLACENTA PREVIA:**

- Usually previous episodes of bleeding.
- Ask about findings of ultrasound tests (if any).

◆ **PLACENTAL ABRUPTION:**

- Usual presentation may be mild discomfort and bleeding. Presence of frank, dark blood rather than heavy mucous as bloody show. May have to visualize perineum. Visualize if any doubt.
- Severe: painful vaginal bleeding with active labor, and hypertonic, tender uterus. Shock, bleeding abnormalities.

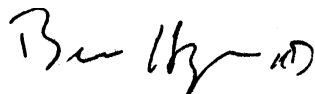
NOTES:

- Pregnant women > 20 weeks gestation sustaining any trauma mechanism (including falls) should be transported to a PRC with OB services.
- Other: determine date of last menstrual period and expected due date; inquire regarding presence or absence of fetal movement; obtain description of pain (if present)

Boxed text indicates BH order

Unboxed text indicates standing order

Approved:



Treatment Guidelines Obstetrics:O-15
Implementation Date:7/31/06