



ORANGE COUNTY EMERGENCY MEDICAL SERVICES

Prehospital Standing Orders / Treatment Guidelines

VAGINAL BLEEDING DURING PREGNANCY

(Adult / Adolescent)

#: O-015

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Original Date: 8/96

Revised: 10/01/2026

Notes/Definitions

- Ectopic pregnancy: A pregnancy that implants and grows outside of the uterus which is typically detected between 6-8 weeks gestation. Exhibited by abdominal pain, irregular vaginal bleeding, or radiated pain to the right shoulder.
- Miscarriage: Loss of a pregnancy that is in the correct uterine location prior to 20 weeks gestation often exhibited by light to heavy vaginal bleeding with/without abdominal cramping.
- Placental Abruption: Heavy bright red vaginal bleeding often associated with abdominal pain. Most often occurs in the third trimester due to the placenta separating from the uterus before delivery.
- Placenta Previa: Painless vaginal bleeding typically occurs after 20 weeks due to the placenta attaching to the lower part of the cervix.

Base Hospital Contact if TXA administered.

BLS Interventions

- Refer to OCEMS General BLS Standing Orders SO-BLS.
- Place pregnant patient in left lateral position if second or third trimester.
- If supine positioning is required, manually displace the uterus to the left.

ALS Interventions

- Obtain IV / IO as applicable.
- Cardiac monitoring.
- Obtain blood glucose. If glucose < 60, treat per M-010 (Diabetic Emergencies).
- Treat for hypotension (Systolic BP < 90) or signs of shock:
 - ▶ **Normal Saline 250 mL IV / IO bolus** – may repeat up to 1 liter to maintain adequate perfusion
- For patients within 3 hours post-delivery with ongoing bleeding and SBP < 90 or Shock Index > 1, refer to PR-080 as needed:
 - ▶ **Tranexamic Acid (TXA) 1 gm in 100 mL IV / IO infusion over 10 minutes - once**

Transport Considerations

- ALS escort to nearest appropriate ERC based on estimated pregnancy trimester:
 - Vaginal bleeding during the first 19 weeks of pregnancy to nearest ERC.
 - Vaginal bleeding after 20 weeks pregnancy or up to 1-month post-partum to nearest ERC with OB capability.
- **BASE HOSPITAL CONTACT** required if TXA administered.

Approved:

[Signature] MD

Review Date: 05/16; 11/16; 06/26
Final Date for Implementation: 04/01/27



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Additional Considerations

- If fetal tissue is passed in the field; take tissue in a container with patient to the ERC. The identification of passed tissue is important in determining the degree of a miscarriage and the further management of the case.

Base Hospital

- Consider OB Capable ERC depending on gestational age and/or amount of vaginal bleeding.

Cross References:

SO-BLS General BLS Standing Orders

ALS Procedure PR-080 (Tranexamic Acid)

Approved:

Shail Kh ND

Review Date: 05/16; 11/16; 06/26
Final Date for Implementation: 04/01/27