



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Emergency Room (Obstetrics and Gynecology)		
Document:	Departmental Policy and Procedure		
Title:	Management of Pain and Vaginal Bleeding in Early Pregnancy		
Applies To:	All Obstetrics and Gynecology Staff		
Preparation Date:	January 05, 2025	Index No:	ER-DPP-020
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1. PURPOSE:

- 1.1 To outline management of pregnant women with Pain and vaginal bleeding before 24 weeks gestation attending Emergency Room (ER)

2. DEFINITONS:

- 2.1 **Ectopic pregnancy** is a complication of pregnancy in which the embryo attaches outside the uterus. Signs and symptoms classically include abdominal pain and vaginal bleeding.
- 2.2 **Cervical shock** Vasovagal syncope produced by stimulation of the cervical canal during dilatation may occur.
- 2.3 **Hypovolemic shock** is an emergency condition in which severe blood or fluid loss makes the heart unable to pump enough blood to the body. This type of shock can cause many organs to stop working.

3. POLICY:

- 3.1 Identification of life threatening conditions such as ectopic pregnancy, cervical shock or sepsis or hypovolemic shock is the immediate priorities for emergency care.
- 3.2 If woman in shock consider ruptured ectopic pregnancy, begin treatment immediately.
- 3.3 Consider miscarriage in any woman of reproductive age who has missed period and has bleeding, cramping, partial expulsion of POC.
- 3.4 All women should be offered counselling and / or psychosocial support.
- 3.5 Diagnosis of Vaginal Bleeding in Early Pregnancy.

	Bleeding	Cervix	Uterine Size	Other Signs
Threatened Miscarriage	Slight to Moderate	Not Dilated	Equal to date	Cramping Uterus Soft
Inevitable Miscarriage	Moderate to heavy	Dilate	Less than or Equal to date	Cramping
Incomplete Miscarriage	Slight to heavy	Dilate	Less than or Equal to date	Partial Expulsion of POC
Complete Miscarriage	Slight to heavy	Dilated or closed	Less than date	Expulsion of POC
Missed Miscarriage	Little or None	Closed	Less than or Equal to date	Fetus dead with delay expulsion.

4. PROCEDURE:

- 4.1 ER Physician should perform rapid evaluation of general condition including vital signs, if signs of shock there start ABCD's resuscitation.

- 4.1.1 Complete Clinical Assessment:
- 4.1.2 Note the general health of woman e.g. Anemia.
- 4.1.3 Check vital signs
- 4.1.4 Examine heart, lung, and abdomen; if the abdomen distended or rigid if there is rebound tenderness, abdominal mass, severity of pain.
- 4.1.5 Perform pelvic examination; remove gently any visible retained POC.
- 4.1.6 Note if there is a foul smelling discharge.
- 4.1.7 Check for cervical laceration.
- 4.1.8 Perform a bimanual examination; estimate the size of uterus, check for any pelvic mass or pain on moving cervix.
- 4.1.9 If the pregnancy is less than 12 weeks give 0.2 – 0.5 mg of Ergometrine Lactate at rate of 125 cc/h (40 drops/ minutes.)
- 4.1.10 Evaluate any remnant POC.
- 4.2 Appropriate use of investigation such as
 - 4.2.1 Complete Blood Count
 - 4.2.2 Serial serum Human Chorionic Gonadotrophin (hCG) measurements.
 - 4.2.3 Trans – vaginal ultrasound scanning.
- 4.3 Anti – D immunoglobulin: Non – sensitized Rhesus (Rh) Negative woman should receive anti – D immunoglobulin in the following situation:
 - 4.3.1 Ectopic Pregnancy
 - 4.3.2 All miscarriage over 12 week's gestation (including threatened abortion).
 - 4.3.3 All miscarriage where the uterus is evacuated.
 - 4.3.4 It should only be given for threatened miscarriage under 12 weeks gestation when bleeding is heavy or associated with pain.
- 4.4 Arrange for immediate laparotomy for woman with ruptured Ectopic pregnancy.
- 4.5 Women who are stable and suitable for discharge should be referred to the most suitable follow up care e.g. Ambulatory care, general practitioner, or appropriate service.

5. MATERIALS AND EQUIPMENT:

- 5.1 N/A

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurse
- 6.3 Midwife



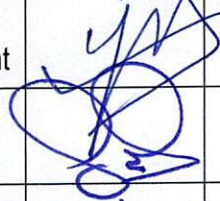
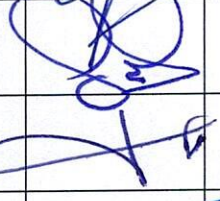


7. APPENDICES:

- 7.1 Hematology Form
- 7.2 Chemistry/ Blood Gas Form
- 7.3 Laboratory Multipurpose

8. REFERENCES:

- 8.1 Guidelines for Obstetrics and Gynecology/ Ministry of Health, General Directorate of Health Centers- Riyadh, 2013.
- 8.2 https://en.wikipedia.org/wiki/Ectopic_pregnancy.
- 8.3 <https://emedicine.medscape.com/article/795001-clinical>.
- 8.4 <https://medlineplus.gov/ency/article/000167.htm>.

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Reem Kammadh Al Dhafeeri	Head Nurse of OBSEER		January 05, 2025
Reviewed by:	Mr. Sabah Turayhib Al Harbi	Director of Nursing		January 07, 2025
Reviewed by:	Dr. Mohannad Yaghmour	OBS-ER Head of the Department		January 08, 2025
Reviewed by:	Mr. Abdulelah Ayed Al Mutairi	QM&PS Director		January 09, 2025
Reviewed by:	Dr. Tamer Mohamed Naguib	Medical Director		January 12, 2025
Approved by:	Mr. Fahad Hezam Al Shammari	Hospital Director		January 19, 2025

KINGDOM OF SAUDI ARABIA

وزارة الصحة
Ministry of Health

Hospital: مستشفى: _____

Region: المنطقة/المحافظة: _____

Dept./Unit: القسم/الوحدة: _____

MRN: _____ رقم الملف الطبي:

Name: _____ الاسم:

Nationality: _____ الجنسية:

Age: _____ سنة _____ شهر _____ يوم _____
Years Months Days العمر:

Date of Birth: _____ / _____ / 14 H _____ / _____ / 20 تاريخ الميلاد:

Gender: ☐ Male ☐ Female الجنس:

HAEMATOLOGY FORM نموذج فحص الدم

☐ Routine ☐ Urgent ☐ Pre-operative

Clinical Comments: _____

Requested by: _____ Stamp&Signature: _____ Date: ____/____/____

Test	Result	Normal Range	Test	Result	Normal Range	Test	Result
<u>CBC:</u>			DIFF. POLY		(40 - 75) %	<u>RBC Morpho</u>	
WBCX 10 ⁹		(3.5 - 10.0)/L					
RBCX10 ¹²		(M 4-5 - 6.5) (F 40 - 5.0) / L	Band			<u>BLD Parasites</u>	
Hb		(M 13 - 18) g/dL (F 122 - 16)	Lymph		(20 - 45) %		
Hct		(M 40 - 54) Ratio (F 37 - 47)	Mono		(2 - 10) %	<u>ESR: 1 hour</u>	N(M 4-10) mm (F 6-12)
Mcv		(89-96) FL	EOS		(1 - 6) %	<u>Sicking Test</u>	
Mc H		(27-32) Pg	Baso		(0 - 1)	<u>L.E. Prep:</u>	
Mc Hc		(30-35) g/dL	NRBC /100WBC			<u>Others:</u>	
Pltx 10		(150-400)					
Retic		(0.2-2) %					

Remarks: _____

Pathologist: _____ Examiner: _____ Date: ____/____/____



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Name: _____ الاسم: _____
Nationality: _____ الجنسية: _____
Age: _____ سنه _____ Years _____ شهر _____ Months _____ يوم _____ Days العمر: _____
Date of Birth: _____ / _____ / 14 _____ H _____ / _____ / 20 تاريخ الميلاد: _____
Gender: ☐ Male ☐ Female الجنس: _____

CHEMISTRY / BLOOD GAS FORM نموذج الكيمياء وغازات الدم

TEST	NORMAL RANGE	TEST	NORMAL RANGE	TEST	NORMAL RANGE
Glucose Fasting	4.2-6.1 mmol/L	AST	M Up to 37 U/L F Up to 31 U/L	IgA	0.8 - 4.6 gm/L
Glucose P. Prandiel	Up to 10 mmol/L	ALT	M Up to 40 U/L F Up to 31 U/L	IgG	6.6 - 17.8 gm/L
Urea	1.7 - 83 mmol/L	Alkaline Phosphatase	39 - 117 U/L	IgM	0.35 - 3.5 gm/L
Creat. M 53 - 123 µmol/L F 44 - 97 µmol/L		Bilirubin Total	Up to 17 µmol/L	LD Total	230 - 460 µ/L
Uric Acid M 202 - 416 µmol/L F 142 - 236 µmol/L		Bilirubin Direct	Up to 4.5 µmol/L	LD Cardiac	72 - 182 U/L
Sodium	133 - 152 mmol/L	GGT M 15 - 85 U/L F 5 - 55 U/L		CK M 24 - 195 U/L F 24 - 170 U/L	
Potassium	3.5 - 5.6 mmol/L	Total Protein	66 - 87 g /L	S. CKMB	0 - 10 U/L
Chloride	98 - 110 mmol/L	Albumin	38 - 50 g /L	LDL	0.38 - 88 mmol/L
Lithium	NIL	Lipase		Cholesterol	2.5 - 6.4 mmol/L
Calcium	2.0 - 2.6 mmol/L			T. Lipids	4 - 10 g/L
Inorganic Phosphorous	0.87 - 1.45 mmol/L	Pseudo Cholinesterase	7 - 19 U/L	Triglycerides	Up to 2.26 mmol/L
Magnesium	0.8 - 1.1 mmol/L	Acid Phos. Prostatic	Up to 4 mp/ml	HDL	83 - 25 mmol/L
HCO ₃	23 - 32 mmol/L	Acid Phos. Total	Up to 11 mp/ml	Aldolase	UP to - 7.6 U/L
Ammonia	11 - 35 µmol/L	Amylase	Up to 220 U/L		
Iron	14 - 32 µmol/L	G6PD	80-135 mp /10 ⁹ RBC		
Iron Binding Capacity	46 - 70 µmol/L	Osmolality	279 - 305mOsm/kg		

Comments : _____

Chemist: _____ Stamp&Signature: _____ Date: ____/____/____
 Head of Department: _____ Stamp&Signature: _____ Date: ____/____/____

GDOH-LAB-CBG-339

ISSUED DATE:09/02/2013

1 OF 1



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