



<b>Department:</b>	Emergency Room (Obstetrics and Gynecology)		
<b>Document:</b>	Departmental Policy and Procedure		
<b>Title:</b>	Management of Pain and Vaginal Bleeding in Early Pregnancy		
<b>Applies To:</b>	All Obstetrics and Gynecology Staff		
<b>Preparation Date:</b>	January 05, 2025	<b>Index No:</b>	ER-DPP-020
<b>Approval Date:</b>	January 19, 2025	<b>Version :</b>	2
<b>Effective Date:</b>	February 19, 2025	<b>Replacement No.:</b>	ER-DPP-020 (1)
<b>Review Date:</b>	February 19, 2028	<b>No. of Pages:</b>	6

## 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](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>.







<p>KINGDOM OF SAUDI ARABIA</p>  <p>وزارة الصحة Ministry of Health</p>	<p>MRN: <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> رقم الملف الطبي:</p> <p>Name: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> الاسم:</p> <p>Nationality: <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> الجنسية:</p> <p>Age: <span style="border-bottom: 1px solid black; display: inline-block; width: 30px;"></span> سنة <span style="border-bottom: 1px solid black; display: inline-block; width: 30px;"></span> شهر <span style="border-bottom: 1px solid black; display: inline-block; width: 30px;"></span> يوم Years Months Days العمر:</p> <p>Date of Birth: <span style="border-bottom: 1px solid black; display: inline-block; width: 30px;"></span> / <span style="border-bottom: 1px solid black; display: inline-block; width: 30px;"></span> / 14 H <span style="border-bottom: 1px solid black; display: inline-block; width: 30px;"></span> / <span style="border-bottom: 1px solid black; display: inline-block; width: 30px;"></span> / 20 تاريخ الميلاد:</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female الجنس:</p>
<p>Hospital: <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> مستشفى:</p> <p>Region: <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> المنطقة/المحافظة:</p> <p>Dept./Unit: <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> القسم/الوحدة:</p>	

### HAEMATOLOGY FORM نموذج فحص الدم

<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Pre-operative							
Clinical Comments: <span style="border-bottom: 1px solid black; display: inline-block; width: 800px;"></span> <span style="border-bottom: 1px solid black; display: inline-block; width: 800px;"></span> <span style="border-bottom: 1px solid black; display: inline-block; width: 800px;"></span>							
Requested by: <span style="border-bottom: 1px solid black; display: inline-block; width: 300px;"></span> Stamp&Signature: <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> Date: <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> / <span style="border-bottom: 1px solid black; display: inline-block; width: 30px;"></span> / <span style="border-bottom: 1px solid black; display: inline-block; width: 30px;"></span>							
Test	Result	Normal Range	Test	Result	Normal Range	Test	Result
<u>CBC:</u>			<u>DIFF. POLY</u>			<u>RBC Morpho</u>	
WBCX 10 <sup>9</sup>		(3.5 – 10.0)/L			(40 – 75) %		
RBCX10 <sup>12</sup>		(M 4.5 – 6.5) (F 4.0 – 5.0) / L	Band			<u>BLD Parasites</u>	
Hb		(M 13 – 18) g/dL (F 12.2 – 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: <span style="border-bottom: 1px solid black; display: inline-block; width: 800px;"></span> <span style="border-bottom: 1px solid black; display: inline-block; width: 800px;"></span> <span style="border-bottom: 1px solid black; display: inline-block; width: 800px;"></span> <span style="border-bottom: 1px solid black; display: inline-block; width: 800px;"></span> <span style="border-bottom: 1px solid black; display: inline-block; width: 800px;"></span>							
Pathologist: <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> Examiner: <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> Date: <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> / <span style="border-bottom: 1px solid black; display: inline-block; width: 30px;"></span> / <span style="border-bottom: 1px solid black; display: inline-block; width: 30px;"></span>							

GDOH-LAB-HEMA-283

ISSUED DATE:09/02/2013

1 OF 1



0 000000 002837

SN



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 \_\_\_\_\_ سنه \_\_\_\_\_ شهر \_\_\_\_\_ يوم \_\_\_\_\_ 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 - 8.3 mmol/L	Alkaline Phosphatase	39 - 117 U/L	IgM	0.35 - 3.5 gm/L
Creat. M 53 - 123 $\mu$ mol/L F 44 - 97 $\mu$ mol/L		Bilirubin Total	Up to 17 $\mu$ mol/L	LD Total	230 - 460 $\mu$ /L
Uric Acid M 202 - 416 $\mu$ mol/L F 142 - 236 $\mu$ mol/L		Bilirubin Direct	Up to 4.5 $\mu$ mol/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 CK 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 <sub>3</sub>	23 - 32 mmol/L	Acid Phos. Total	Up to 11 mp/ml	Aldolase	UP to - 7.6 U/L
Ammonia	11 - 35 $\mu$ mol/L	Amylase	Up to 220 U/L		
Iron	14 - 32 $\mu$ mol/L	G6PD	80-135 mp /10 <sup>6</sup> RBC		
Iron Binding Capacity	46 - 70 $\mu$ mol/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



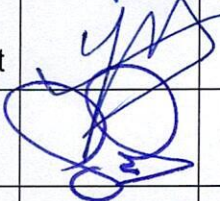
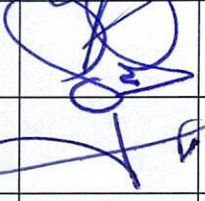

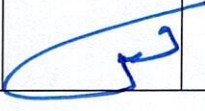
1 OF 1



SN



## 9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Reem Kammadh Al Dhafeeri	Head Nurse of OBSE		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