



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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Review Date:	February 19, 2028	No. of Pages:	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.
- 8.3 <https://emedicine.medscape.com/article/795001-clinical>.
- 8.4 <https://medlineplus.gov/ency/article/000167.htm>.

KINGDOM OF SAUDI ARABIA  وزارة الصحة Ministry of Health		رقم الملف الطبي: _____ الاسم: _____ الجنسية: _____ Age: _____ سن Years _____ شهر Months _____ يوم Days Date of Birth: _____ / 14 / 20 _____ تاریخ المیادی: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female الجنس: _____
Hospital: _____ Region: _____ Dept./Unit: _____		

نموذج فحص متعدد الأغراض

Routine Urgent Pre-operative

Clinical Comments: _____

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

Requested Test:

Results :

Pathologist: _____ **Stamp&Signature:** _____ **Date:** _____ / _____

Examiner Name: _____ **Stamp&Signature:** _____ **Date:** _____ / _____

KINGDOM OF SAUDI ARABIA  وزارة الصحة Ministry of Health		MRN: _____ رقم الملف الطبي: Name: _____ الاسم: Nationality: _____ الجنسية: Age: _____ سن: _____ Years سن: _____ Months سن: _____ Days سن: Date of Birth: _____ / 14 / 20 تاریخ الميلاد: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female الجنس: 	
Hospital: _____ مستشفى: _____	Region: _____ المنطقة/المحافظة: _____	Dept./Unit: _____ القسم/الوحدة: _____	

نموذج فحص الدم HAEMATOLOGY FORM

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 WBCX 10⁹ RBCX10¹² Hb Hct Mcv Mc H Mc Hc Plix 10 Retic	 	 	RBC Morpho WLD Parasites 	
		(3.5 – 10.0)/L					
		(M 4-5 – 6.5) (F 40 – 5.0) / L					
		Band					
		Lymph					
		Mono					
		EOS					
		Baso					
		NRBC /100WBC					

Remarks:

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

KINGDOM OF SAUDI ARABIA  وزارة الصحة Ministry of Health		MRN: _____ رقم الملف الطبي _____ Name: _____ الاسم _____ Nationality: _____ الجنسية _____ Age: _____ سن _____ Years _____ شهور _____ Months _____ أيام _____ Days _____ العمر _____ Date of Birth: _____ / 14 / 20 _____ تاريخ الميلاد _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female الجنس: _____						
Hospital: _____ مستشفى: _____	Region: _____ المنطقة/المحافظة: _____	Dept./Unit: _____ القسم/الوحدة: _____						

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	IgA	0.8 - 4.6 gm/L
Glucose P. Prandiel	Up to 10 mmol/L	AST 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 μ mol/L F 44 - 97 μ mol/L	Bilirubin Total	Up to 17 μ mol/L	LD Total	230 - 460 μ L
Uric Acid	M 202 - 416 μ mol/L F 142 - 236 mmol/L	Bilirubin Direct	Up to 4.5 μ mol/L	LD Cardiac	72 - 182 U/L
Sodium	133 - 152 mmol/L	GGT M	15 - 85 U/L	CK M	24 - 195 U/L
Potassium	3.5 - 5.6 mmol/L	Total Protein	66 - 87 g /L	CK F	24 - 170 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 μ U/ml	HDL	83 -25 mmol/L
HCO_3	23 - 32 mmol/L	Acid Phos. Total	Up to 11 μ U/ml	Aldolase	Up to - 7.6 U/L
Ammonia	11 - 35 μ mol/L	Amylase	Up to 220 U/L		
Iron	14 - 32 μ mol/L	G6PD	80-135 μ /10 \times 10 ⁶ RBC		
Iron Binding Capacity	46 - 70 μ mol/L	Osmolality	279 - 305mOsm/kg		

Comments : _____

Chemist: _____ Stamp&Signature: _____ Date: _____ / _____ / _____

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

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Reem Kammadh Al Dhafeeri	Head Nurse of OBSER		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 Shammary	Hospital Director		January 19, 2025