
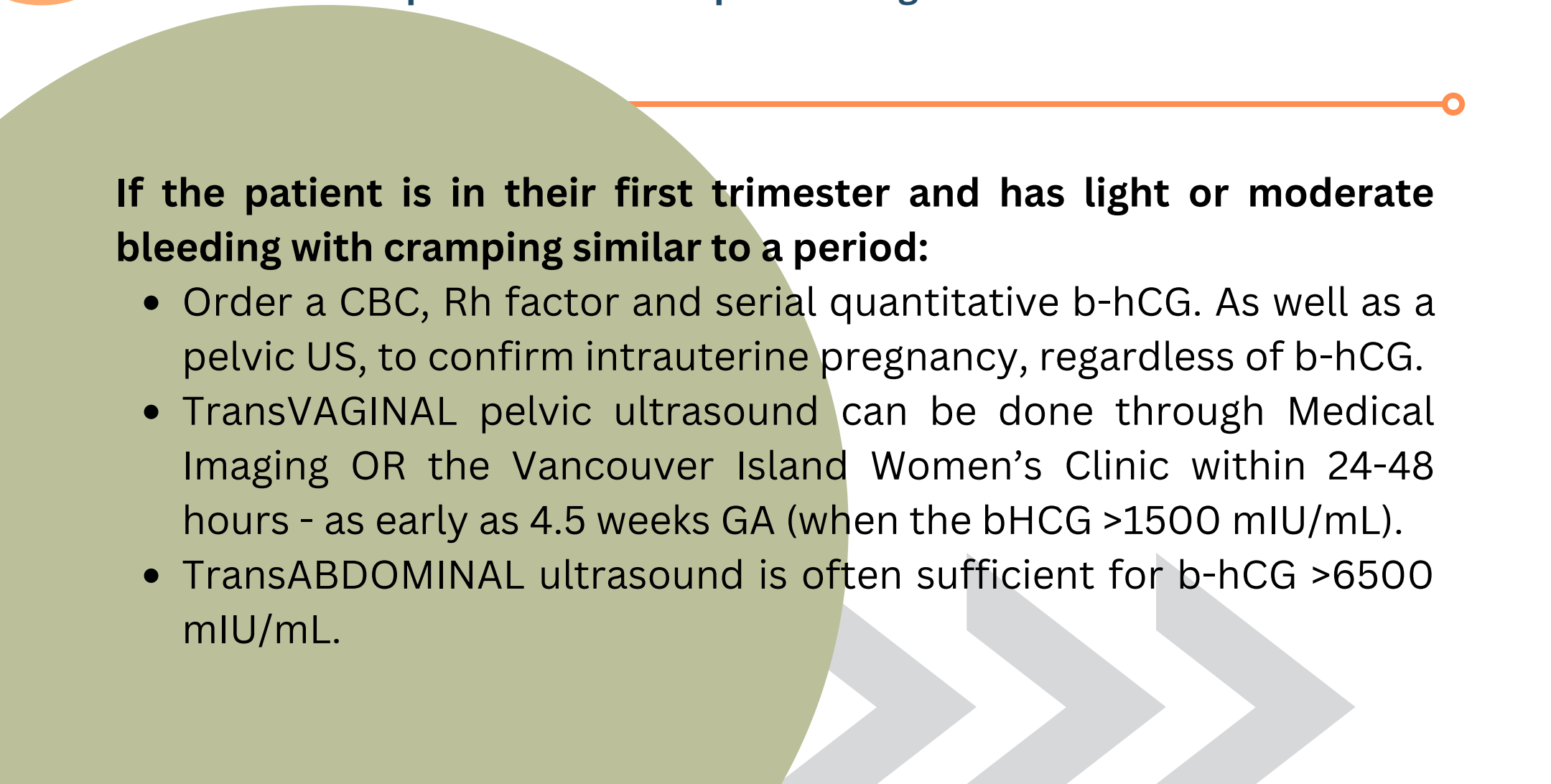


Tip: Help! I have a pregnant patient who is bleeding.... *part 1*

For those who don't practice obstetrical medicine, seeing a patient with a first trimester bleed can be stressful and perplexing. Sometimes, the ED is just the right place for them to go, but often FPs can safely manage the initial evaluation. This is especially important to patients at an often emotional time.

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- **Remember 5-10 weeks GA is the critical point for ectopic pregnancy. Severe pain and bleeding = ED!**
 - **For bleeding AFTER the first trimester in ANY patient, call Gynecology on call and send the patient to the hospital for urgent ultrasound and assessment.**

If the patient is in their first trimester and has light or moderate bleeding with cramping similar to a period:

- Order a CBC, Rh factor and serial quantitative b-hCG. As well as a pelvic US, to confirm intrauterine pregnancy, regardless of b-hCG.
 - TransVAGINAL pelvic ultrasound can be done through Medical Imaging OR the Vancouver Island Women's Clinic within 24-48 hours - as early as 4.5 weeks GA (when the bHCG >1500 mIU/mL).
 - TransABDOMINAL ultrasound is often sufficient for b-hCG >6500 mIU/mL.
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Tip: Help! I have a pregnant patient who is bleeding.... *part 2*

TRICK: During regular office hours, the Vancouver Island Women's Clinic takes referrals to evaluate, monitor and manage miscarriages. They usually see patients within 1-2 days of your call.

Clinic phone number: 250 480 7377

On Call doctor: 778 265 4111



Who to send to the ED?

- The patient is having heavy bleeding (changing a pad every 30-60 minutes for more than 3 hours)
- There is severe pain/cramping
- The patient experiences presyncope/syncope

- **TIP: You really need the ultrasound for dates to properly evaluate bHCG.** A serial bHCG that does not rise by at least 50% after 48 hours is concerning prior to 8-9 weeks GA, when the levels can plateau and slightly decrease.
- **TIP: Rh factor should be done at the HOSPITAL lab,** as Life Labs results can take up to a week. RHIG (WinRHO) should be administered within 72 hours through the Vancouver Island Women's Clinic, the VGH CFAU, or the ED if required.

What about On Call? *If you get a call from a patient after hours, this workup can be arranged for the following day when you are back in the office, with instructions to go to the ED if things worsen*

Check out this **helpful resource:** https://www.bcemergencynetwork.ca/clinical_resource/1st-trimester-bleeding-miscarriage-diagnosis/