

Bleeding in Early Pregnancy

Pre-reading

- Chapter 19.2 - Cameron: Textbook of Adult Emergency Medicine
- Isoardi. "Review article: The use of pelvic examination within the emergency department in the assessment of early pregnancy bleeding". Emerg Med Australas 2009;21:440–448

1. A 26 yo female presents with 1 day of light brown spotting and mild lower abdo pain. Her LNMP was 6 weeks ago.
 - a) What is your differential diagnosis?
 - b) What factors on history are important?
 - c) List and justify 4 investigations indicated.
2. Current evidence suggests that a PV exam may not add to the diagnosis and management of patients presenting with pregnancy related PV bleeding.
 - a) What would you confirm on history and/or examination before deciding you do not need to do an internal examination on these patients.
3. A 34 yo female presents with heavy PV bleeding and suprapubic pain. Her vital signs are: BP 75/40 HR 60 T 36.8 Sats 98%RA. She is in a resus cubicle.
 - a) What is your differential diagnosis?
 - b) Describe your initial assessment and management.

Two weeks later, the ED director receives a letter of complaint from the patient. She has made a full recovery, however she describes how distressed she was with the lack of privacy in the ED as the resus cubicle curtains were opened several times during her treatment, including pelvic examination.

 - c) How will you respond?

4. It is Saturday morning. A 22 yo female returns to the ED after having an ultrasound to investigate 3 days of PV bleeding. She had a normal 7/40 pregnancy on ultrasound 1 week prior. Her bleeding is now minimal. Today's ultrasound report reads: "The uterus contains a small amount of heterogeneous material consistent with incomplete miscarriage. There is no gestational sac visible". She is aware of the result and is upset.

a) What information and advice will you give?

5. You are working in a small suburban hospital with no outpatient gynae service. A 30 yo female presents to the ED with 6 weeks amenorrhea followed by 2 days of heavy PV bleeding. The bleeding has now settled. Normal vital signs. Beta HCG 900
US – empty uterus, no free fluid, no adnexal masses

a) Describe your ongoing management.

