



Obstetrical and Gynecological Conditions

Aliases

None noted

Patient Care Goals

1. Recognize serious conditions associated with hemorrhage during pregnancy even when hemorrhage or pregnancy is not apparent (e.g., ectopic pregnancy, abruptio placenta, placenta previa)
2. Provide adequate resuscitation for hypovolemia

Patient Presentation

Inclusion Criteria

1. Female patient with vaginal bleeding in any trimester
2. Female patient with pelvic pain or possible ectopic pregnancy
3. Consider pregnancy in any female between the ages of 10–60 years of age

Exclusion Criteria

1. Childbirth and active labor [See [Childbirth Guideline](#)]
2. Postpartum hemorrhage [See [Childbirth Guideline](#)]

Differential Diagnosis

1. Abruptio placenta: Most frequently occurs in third trimester of pregnancy; placenta prematurely separates from the uterus causing intrauterine bleeding
 - a. Lower abdominal pain, uterine rigidity (often not present until abruption is advanced)
 - b. Vaginal bleeding – this symptom may not occur in cases of concealed abruption
 - c. Clinical index of suspicion for abruption (history of trauma, maternal hypertension, maternal drug use especially cocaine)
 - d. Shock, with minimal or no vaginal bleeding
2. Placenta previa: placenta covers part or all of the cervical opening
 - a. Generally, late second or third trimester
 - b. Painless vaginal bleeding, unless in active labor
 - c. For management during active labor [See [Childbirth Guideline](#)]
3. Ectopic pregnancy
 - a. First trimester
 - b. Abdominal/pelvic pain with or without minimal bleeding
 - c. Shock is possible even with minimal or no vaginal bleeding
4. Spontaneous abortion (miscarriage)
 - a. Generally, first trimester
 - b. Intermittent pelvic pain (uterine contractions) with vaginal bleeding/passage of clots or tissue

Patient Management

Assessment

1. Obtain history