First Trimester Pregnancy – Walk-In Clinic Guidelines

Helpful Information

- Definition of First Trimester is <14 weeks after 1st day of last period
- Ultrasound first shows:
    - gestational sac at about 4.5 weeks
    - cardiac activity at 5.5-6 weeks
    - measurable fetus at ~6 weeks
- Fetus is first visible with US when the quantitative HCG is ≥ 1500
- Can first hear FHT with transabdominal doppler at about 10 weeks (but can be tricky to find this early on even for the most experienced clinicians)
- If patient never seen at CHC for pregnancy, confirm with urine pregnancy test first
- Quant HCG should double in 72 hours

Painless Bleeding

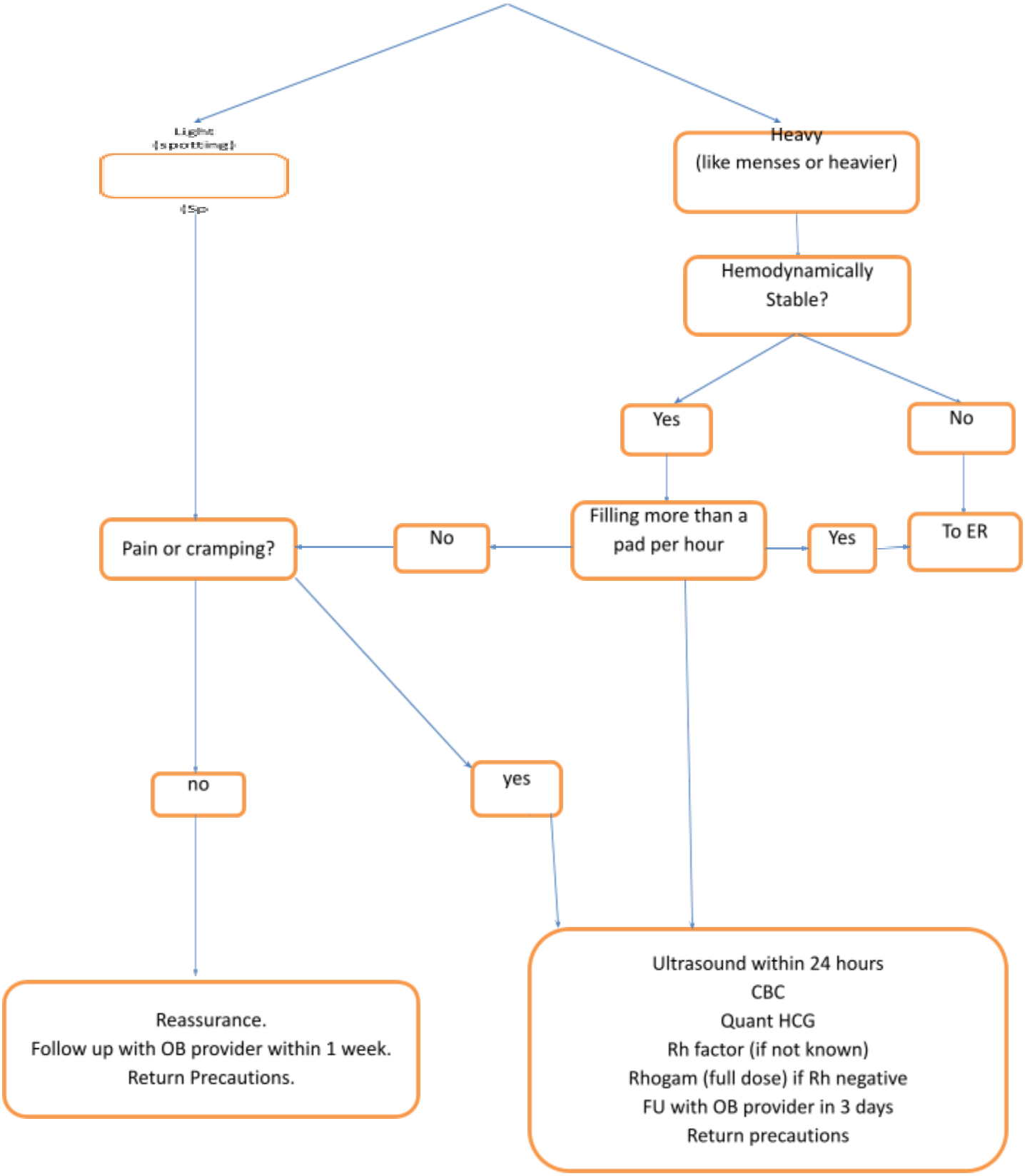
- If light (spotting, described as only with wiping or light pink), and NO PAIN, then could be one of the following benign reasons:
    - Fetal implantation into the wall of the uterus
    - Postcoital possible due to disruption of internal layer of the cervix (ectropion) which becomes more external during pregnancy
    - Polyp or wart on cervix
    - **Painless spotting can be watched without need for ultrasound or further testing with reassurance**
        - Women should be instructed to follow up with their OB provider or establish with an OB provider if they do not already have one. Can call their clinic and schedule an intake with the RN if they have not already done this.
        - If their bleeding becomes heavier, "like a period" or it becomes painful, should return to walk-in, go to their PC clinic, or call. See next section for reasons to immediately go to ER.
- If bleeding is heavier (described "like a period" or with clots or passing tissue), there is more concern for miscarriage.
    - Recommend ultrasound to check for fetal viability ideally within 24 hours, but if no pain and not bleeding too much (see below) then it is not urgent.
    - CBC, quant HCG, blood type and Rh factor
    - **To ER if soaking through 2x regular sized pad in less than an hour OR hemodynamically unstable (hypotensive, tachycardic, dizzy)**
    - If not sending to the ER as above, then should follow up with OB provider within 3 days for repeat quant HCG and reevaluation.
    - **Rhogam for known Rh negative women with anything more than just spotting**

Abdominal / pelvic pain regardless of bleeding

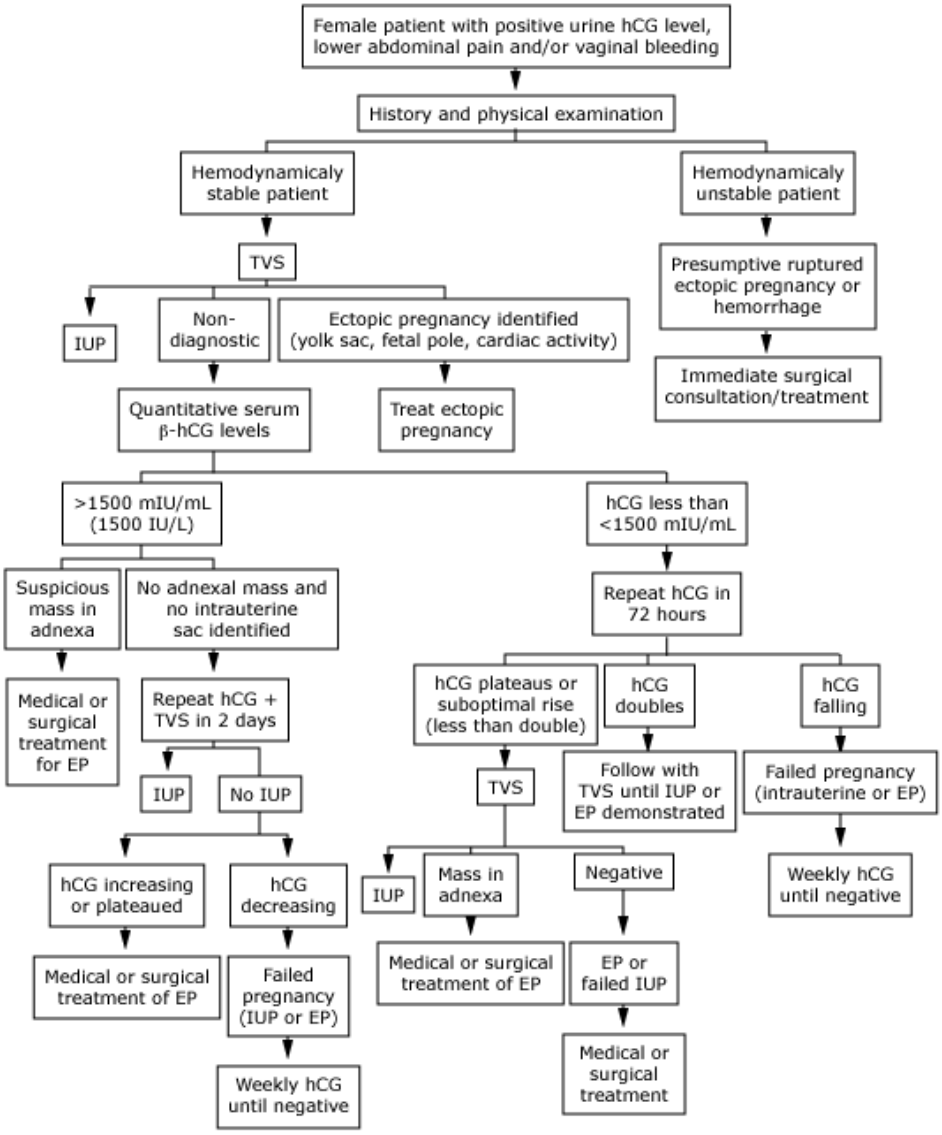
- First trimester abdominal/pelvic pain should be evaluated for ectopic pregnancy
- **If they have not had an ultrasound to establish an intrauterine pregnancy, should have same day ultrasound to rule out ectopic pregnancy.**
    - If no intrauterine pregnancy (IUP) seen:
        - quant HCG < 1500 then fetus is likely too small to see and also too small to cause fallopian tube rupture. Repeat US should be done in one week or sooner if symptoms increase.
        - **quant HCG > 1500, then ectopic pregnancy should be suspected and patient should be sent to ER immediately**
        - no quant HCG available (pending in lab):
            - To ER if pain is severe
            - To ER if adnexal mass on US
            - FU in 3 days for repeat HCG if patient stable and clinical suspicion is low
    - If IUP seen, likelihood of ectopic is very low (not zero because of rare chance of twin gestation – one in uterus, one ectopic)
- If they have already had an ultrasound showing that pregnancy is intrauterine, then other causes for abdominal pain should be investigated.
    - Wet prep – to rule out BV, vaginal yeast infection, or TV
    - CT or NG – might also present with post-coital spotting
    - POC UA +/- urine culture
    - A certain amount of cramping is normal in early pregnancy and can be due to fetal implantation into the wall of the uterus.

As always, feel free to consult with an OB provider if you have any questions.

Pregnant
Vaginal Bleeding less than 14 weeks


Light
(spotting)
(Sp
Heavy
(like menses or heavier)
Hemodynamically
Stable?
Yes
No
Filling more than a
pad per hour
Yes
To ER
No
Pain or cramping?
no
yes
Reassurance.
Follow up with OB provider within 1 week.
Return Precautions.
Ultrasound within 24 hours
CBC
Quant HCG
Rh factor (if not known)
Rhogam (full dose) if Rh negative
FU with OB provider in 3 days
Return precautions

Tests for suspected ectopic pregnancy



EP: ectopic pregnancy; IUP: intrauterine pregnancy;TVS: transvaginal ultrasound; hCG: human chorionic gonadotropin.