

Topic Title: Assessment and Management of the patient presenting to the Emergency Department with bleeding in the first trimester of pregnancy

For on site tutorials as part of the remote simulation program **Obstetrics 1**













Sponsor

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Introductions



General Aims

- Learn in a team setting
- Blend clinical skills with team skills
- Reflect critically on practice



Ground Rules

- Participation
- Privacy
- Confidentiality
- Disclaimer
- Debriefing
- Mobile phones



Session Objectives

- Approach to the woman in early pregnancy presenting to the emergency department
- Assessment of vaginal bleeding
- Exclusion of ectopic pregnancy
- Diagnostic testing in early pregnancy
- Management of miscarriage and ectopic pregnancy.



Introduction

- Vaginal Bleeding occurs in 20-40% of first trimester pregnancies.
- Miscarriage is the most common cause.
- Ectopic Pregnancy is a potentially life threatening differential diagnosis.
- Manage with the structured ABCDE approach to the patient.

Assessment

- Rapidly assess for haemodynamic stability.
- Perform a focused history and examination.
- Investigations aim to confirm pregnancy and establish location.
- Undertake a risk assessment for ectopic pregnancy.
- Consultation with specialist services will be required, often on an outpatient basis.



Focused History

- Bleeding and Pain.
- High risk symptoms for potential instability.
- Pregnancy history current and previous.
- Risk factors for ectopic pregnancy.
- Co-morbidities
- Social history



Examination

- Vital Signs
 - HR, RR, BP, Sats, Temp, BSL
- Abdominal Examination
- Bimanual Examination
- Speculum Examination
- General clinical assessment



Investigations

- Confirm pregnancy with bHCG.
- Seek pregnancy location with ultrasound.
- Risk Assessment for ectopic or miscarriage.
- Ongoing management of pregnancy or bleeding.
 - Rhesus status
 - Serial assessment



Management

- The haemodynamically unstable need immediate resuscitation.
- Rapid ABCDE assessment whilst simultaneously managing patient.
- Fluid and blood boluses may be required.
- Assess and treat for cervical shock.
- Early involvement of Obstetric specialist.



Management - Miscarriage

- Several options for treatment of a miscarriage exist
 - Expectant
 - Medical
 - Surgical
- Psycho-social considerations are important

Management - Ectopic

- Management is dependent on
 - Haemodynamic stability
 - BhCG levels
 - Ultrasound findings
- Surgical, Medical and Expectant treatments are options considered by the obstetric services.

The Case

You have been asked to assess Flora
MacDonald who is a 27 year-old primipara,
who presents with vaginal bleeding.

Summary

- Assessment of early pregnancy should begin with determining haemodynamic stability.
- Ectopic pregnancy is a potentially life threatening diagnosis.
- Expectant, Medical or Surgical treatment may be appropriate.
- Communicate compassionately with the woman and her partner.



References

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