No1 COMMUNITY AND SECONDARY CARE PATHWAY FOR BLEEDING IN PREGNANCY

**History/Risk Factors to consider:**
- Onset and estimation of bleeding
- Previous episodes
- Preceding trauma
- Location
- Duration
- Continuous pain, consider abruption
- Abruption in previous pregnancy
- Intermittent pain, consider labour/miscarriage
- SROM consider vasa praevia
- Fetal Movements
- Smear history, PCB and discharge
- Placenta Praevia (painless bleeding consider placental site)
- PET
- Consider social concerns – (depression/ Domestic Abuse)

**Before 13 weeks**
Refer to EPAU pathway

**13 -19+6 weeks**
- Minimal < 50mls
  - Spotting /Minimal loss on wiping
  - Pink / brown discharge
- Assess fetal wellbeing (can be IA by CMW)
  - Check Rhesus factor within 24 hours.
- Give Anti-D if indicated within 72 hours
- Continue routine antenatal care

**AFTER 19+6 weeks**
- Major 50-1000mls
  - Urgent hospital referral
- Massive ≥ 1000mls
  - Urgent referral direct to delivery suite

This guidance does not replace the need for application of clinical judgment by clinicians to each individual presentation and specifics of the situation. Pathways current at time of Publication.