

## 1<sup>st</sup> Trimester Vaginal Bleeding 4/30/2017

Commonly encountered. Concerning to mother. This episode will help you know which 5 tests you'll want to order to evaluate the patient and impress your attending.

POC pregnancy test (**Qualitative** hCG):

- As always, the most important test for ANY female of reproductive age in the ED!
- "The EKG of young females"

The 5 tests of 1<sup>st</sup> Trimester Vaginal Bleeding

### 1) CBC

- Hematocrit and Platelets
- Physiologic anemia of pregnancy is normal

### 2) Blood type and screen

- For blood transfusion, if needed
- **RhoGAM** (Rho(D) immune globulin)
  - i. prevents "Hemolytic disease of the newborn"
  - ii. Setup: Rh (-) mother, Rh (+) fetus
  - iii. Prevents risk to subsequent Rh (+) fetus
  - iv. RhoGAM antibody binds fetal Rh antigen as it crosses into mother, preventing formation of maternal antibodies to Rh factor that could harm future Rh (+) fetuses

### 3) **Quantitative** hCG

- To clarify:
  - i. **Qualitative** hCG (obtained at: hCG present, "yes or no?")
  - ii. **Quantitative** hCG (measures hCG value – follow developing pregnancy)
- Quantitative hCG is helpful for 48 recheck with OB/GYN
- hCG > 1500 (magical cutoff to see Gestational Sac on US)
  - i. "Discriminatory zone" – can diagnose Ectopic if no GS visualized in uterus
  - ii. Remember: an ectopic CAN become symptomatic at hCG < 1500!
    1. We cannot RULE OUT an ectopic with an hCG < 1500.

### 4) Urinalysis (UA)

- **Treat** asymptomatic bacteriuria in pregnant patients (exception to the rule!)
- Asymptomatic bacteriuria can cause miscarriage in pregnancy

### 5) Pelvic Ultrasound

- Rule out: ectopic, miscarriage, subchorionic hemorrhage

Presentation

1. Pregnancy status
2. OB status: GP's
  - Ex. "I have a **pregnant** 21-year-old **G2P1** at **8 weeks gestational age** who presents with vaginal bleeding..."