1st 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 1st 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...”