

**How common is it?**

Vaginal bleeding occurs in 20 to 30% of confirmed pregnancies during the first 20 weeks of gestation and about half of these cases end in spontaneous abortion. Vaginal bleeding is also associated with other adverse pregnancy outcomes such as low birth weight, preterm birth, stillbirth, and perinatal death.

**Causes**

- Implantation
- Miscarriage - threatened, inevitable, incomplete or complete
- Ectopic pregnancy
- Gestational trophoblastic disease
- Ruptured corpus luteum cyst
- Trauma – instrumentation, abuse, post intercourse
- Vaginitis
- Cervicitis
- Cervical polyp
- Cervical changes
- Sexually Transmitted Disease

## History

- Last Menstrual Period (LMP) date
- Date of last PAP smear – was it normal?
- Ultrasound confirming intrauterine pregnancy?
- Gravity

= the number of times a woman is or has been pregnant, regardless of the pregnancy outcome (including current pregnancy)

- Parity

= the number of pregnancies reaching a viable gestational age taken as 20 weeks (including live births and stillbirths)

- Number of abortions – spontaneous and induced
- Bleeding
  - How heavy?
  - Clots or tissue passed?
  - How many sanitary pads have been used?
  - Any flooding?
- Is there associated pain? If so location, onset, duration and character should be established.
- Associated symptoms
  - Pyrexia
  - Pain – abdominal/vaginal
  - Vaginal discharge
  - Lightheadedness
  - Syncope
- PMH including risk factors for ectopic pregnancy

## Concerning features

- Haemodynamic instability (hypotension, tachycardia, or both)
- Postural changes in pulse or BP
- Syncope or near-syncope
- Peritoneal signs
- Fever, chills, and mucopurulent vaginal discharge

## Risk factors for ectopic pregnancy

- Previous ectopic pregnancy
- History of sexually transmitted disease or pelvic inflammatory disease
- Cigarette smoking
- Use of intrauterine device
- Age > 35
- Previous abdominal surgery (especially tubal surgery)
- IVF pregnancy

