Information Needed

1. History: Type of pain, amount of blood loss, clots or tissue in blood, duration, last menstrual period, birth control, tampon or pad use, possibility of pregnancy. If pregnant, due date. If postpartum, time and place of delivery; past medical history, medications.
2. Physical findings: pelvic tenderness, weakness, dizziness, orthostatic changes, evidence of blood loss, pelvic enlargement. Never attempt a pelvic exam if in the third trimester and do not apply any pressure to the fundus.

Treatment

1. Protect airway and assist ventilation as needed.
2. Administer O_2 moderate to high flow as needed.
3. Determine vital signs (pulse, blood pressure, respirations, SPO2). If appropriate, listen for fetal heart tones.
4. Monitor ECG.
5. Perform patient assessment.
6. Establish venous access, draw blood. Give fluid bolus if needed. Consider second IV.
7. If patient is within 24 hrs. post-partum, massage uterus and have infant nurse.
8. Consult medical control for additional fluid boluses.

Notes

1. Always consider pregnancy as cause of vaginal bleeding.
2. Hypovolemic shock from vaginal bleeding can be associated with paradoxical bradycardia.
3. Vaginal exam by field personnel is rarely indicated.
4. Midwives are frequently attending bleeding peri-partum patients. Use their expertise.
5. Ectopic pregnancies can be life threatening. If it is located in the fallopian tubes, rupture will usually occur 3 – 8 weeks after conception.