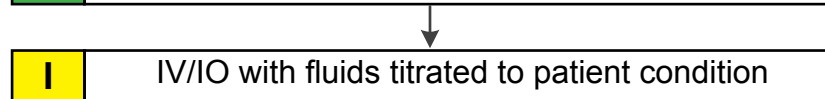
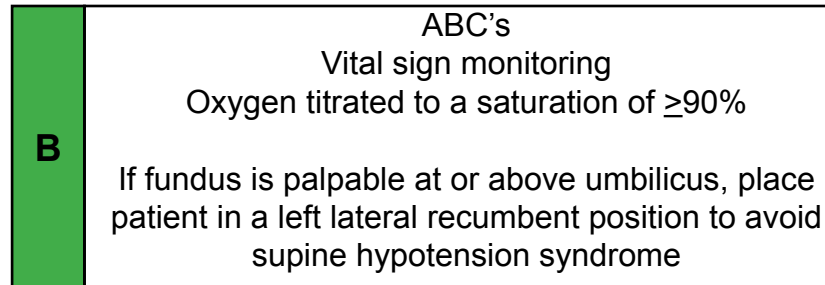


Obstetrics Vaginal Bleeding During Pregnancy

Designation of Condition: Vaginal bleeding during pregnancy is abnormal. First trimester bleeding may result from threatened miscarriage, miscarriage, or ectopic pregnancy. Bleeding after 20 weeks gestation may result from placenta previa (usually painless), placental abruption (usually associated with pain, often secondary to trauma), premature rupture of membranes, or post-partum hemorrhage. Third trimester bleeding should always be considered an emergency, as profound shock secondary to exsanguinating hemorrhage may occur within minutes.



If 30 weeks gestation or greater:

- Patients should be transported to an OB capable facility. These include Pres DT, UNMH, Rust (≥ 36 wks), Lovelace Westside, Women's Hospital
- Patients with complications should be transported to a NICU capable facility.

If 20–29 weeks gestation:

- Patients should be transported to a NICU facility. These include Pres DT, UNMH, Rust, and Women's

If <20 weeks gestation:

- Patients should be transported to the nearest appropriate Emergency Department, based on patient presentation rather than OB capabilities.

*****KEY POINT*****

The amount of visualized blood loss is **NOT** a reliable indicator as to the actual amount of blood loss occurring.

Digital vaginal examinations should **never** be performed. Visual inspection of the perineum is indicated if preterm labor is suspected. If crowning is noted, see [Imminent Vertex Delivery guideline](#).