Background

Miscarriage occurs in 10 to 20 per cent of pregnancies, equating to approximately 55,000 women experiencing an early pregnancy loss each year in Australia.

Medical care will not change the likelihood of a threatened miscarriage progressing to a pregnancy loss; however, this is a highly emotional and stressful event for the woman concerned.

Urgent intervention is rarely needed. When it is required, it is usually to manage complications such as excessive bleeding or pain.

Most women do not require admission to hospital and few require surgical intervention. In the majority of cases the uterus will empty naturally and no specific treatment is needed.

Principles of emergency department care

The following principles should be followed wherever practicable.

- All women presenting with vaginal bleeding in early pregnancy (less than 12 weeks) will be assessed by the triage nurse in the ED and given an appropriate triage category based on clinical condition, pain and distress.

- The triage nurse should explain the possible outcomes of threatened miscarriage. Written information (such as an information sheet) on early pregnancy bleeding should also be given to the woman at this time. All women should be advised to report to staff immediately if there is any change in their condition (as described in the information sheet) or any feeling of pressure or an urge to open their bowels.

- Women are to be treated in the most appropriate, available place, maintaining as much privacy, dignity and empathy as possible.

- Women who are stable and suitable for discharge should have appropriate follow-up arranged according to local procedures and be provided with written information, including how to recognise the symptoms of shock.

- All women should be offered counselling and psychosocial support. If required, appropriate referrals are to be arranged.
Emergency department assessment flowchart

### Triage
- Triage based on symptoms/signs suggestive of hypotension/shock, the amount of bleeding reported,* the amount of pain and the level of distress
- Provide an information sheet
- Conduct a pregnancy test (e.g. bHCG) and initiate blood group
- Dispense analgesia if required
- The expected triage category range will be 2–4; most will be ATS 4
- Consider redirection to a GP service in appropriate cases, if available

* Indication of excessive bleeding is a soaked pad within two hours that is not slowing down

#### Is the pregnancy test positive in ED or has the woman had a previously confirmed pregnancy?

- Yes
  - Consider non-pregnancy diagnosis and appropriate referral

- No

### Initial assessment
- Take a history, including an estimation of gestational age based on the last menstrual period
- Confirm current contraception
- Assess risk factors for ectopic pregnancy (previous ectopic pregnancy, IUD, Fallopian surgery/abnormality, PID, infertility)
- Check vital signs
- Conduct an abdominal exam
- Undertake a speculum/bimanual assessment if there is significant bleeding/hypotension

#### Is there significant bleeding, abnormal vital signs, a high risk of an ectopic pregnancy or pain requiring more than oral analgesia?

- Yes
  - Requires urgent management and investigation, likely as an inpatient
  - Manage according to local hospital procedures

- No
  - Suitable for early pregnancy assessment process (primary care, ED or health service based) according to local procedures
  - Provide an information sheet
  - Provide initial verbal advice/counselling
  - Supply information on local psychosocial support

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