INTRODUCTION

Vaginal bleeding is likely to result in a call for emergency assistance in a number of specific circumstances:

- if the woman is anticipating a normal menstrual period, and bleeds excessively
- if normal or excessive menstrual bleeding is associated with severe abdominal pain
- if excessive vaginal bleeding is associated with therapeutic abortion
- if vaginal bleeding follows gynaecological surgery or colposcopy
- if vaginal bleeding occurs away from a normal period especially if this is excessive
- if there is excessive vaginal bleeding associated with gynaecological cancers, either before diagnosis or after treatment (i.e. cervix, uterus or vagina).

This guideline includes bleeding related to therapeutic abortion (i.e. pregnancies being terminated). For causes of bleeding in early or late pregnancy, refer to haemorrhage during early/late pregnancy (including miscarriage & ectopic pregnancy) guideline.

The majority of these episodes do not compromise the circulation, but blood loss can be alarming to the woman.

HISTORY

Check the patient’s age (this is important, as younger women may be pregnant, and women over 50 years are more at risk of cancers of the uterus and cervix).

Might this be a miscarriage or ectopic pregnancy? If so, what is the period of gestation (refer to haemorrhage during pregnancy (including miscarriage and ectopic pregnancy) guideline)?

Is the woman undergoing a pregnancy termination (i.e. having an abortion)?

Abortion can now be undertaken medically with tablets as well as surgically. In rare cases the initial tablet given to prepare the uterus for abortion can lead to haemorrhage. After surgical abortion, bleeding can be heavy if infection develops (usually 7-10 days after the procedure).

Are there any ongoing or previous gynaecological problems (including recent surgery or colposcopy (see below)).

ASSESSMENT

Assess ABCD’s

Evaluate whether the woman has any TIME CRITICAL features. These may include:

- any major ABCD problem
- any signs of hypovolaemic shock.

If any of these features are present, correct A and B problems on scene then transport to Nearest Suitable Receiving Hospital.

Provide a Hospital Alert Message / Information Call.

En-route – continue patient MANAGEMENT (see below).

If the woman’s condition is non-time critical, perform a more thorough patient assessment and a brief secondary survey.

Specifically assess:

- lower abdominal tenderness or guarding
- evidence of blood loss or clots (may be difficult to assess). Ask about number of soaked tampons, towels etc to pass information on to hospital. Look for evidence of blood under the feet or between toes, this implies significant bleeding (the woman may well have wiped her legs prior to your arrival)
- assess temperature – is it raised (pyrexia > 37.5C)?

MANAGEMENT

Follow Medical Emergencies Procedure, remembering to:

Start correcting:

- AIRWAY
- BREATHING
- CIRCULATION
Disability (mini neurological examination)

administer high concentration oxygen (O₂) (refer to oxygen protocol for administration and information) via a non-re-breathing mask, using the stoma in laryngectomee and other neck breathing patients, to ensure an oxygen saturation (SpO₂) of >95%.

Fluid therapy

Obtain IV access (large bore cannulae)

If there is visible external blood loss greater than 500mls, fluid replacement should be commenced with a 250ml bolus of crystalloid.

Central pulse ABSENT, radial pulse ABSENT – is an absolute indication for urgent fluid.

Central pulse PRESENT, radial pulse ABSENT – will normally need fluid replacement in the pregnant patient.

Central pulse PRESENT, radial pulse PRESENT – DO NOT commence fluid replacement,¹ unless there are other signs of poor central tissue perfusion (e.g. altered mental state, disturbed cardiac rhythm or in the pregnant patient a high index at suspicion of significant blood loss).

Reassess vital signs prior to further fluid administration.

Specifically consider:

- ensure position of comfort
- provide analgesia with Entonox (refer to Entonox protocol for administration and information). In severe pain not relieved by Entonox, morphine (refer to morphine protocols for administration and information) may be used except in the presence of hypotension
- take any tissues/clots passed with the bleeding to hospital for assessment if the woman may be pregnant/aborting.

Key Points – Vaginal Bleeding - Gynaecological causes (including abortion)

- The majority of vaginal bleeding episodes do not compromise circulation, but blood loss can be alarming to the woman.
- If you suspect a miscarriage or ectopic pregnancy find out what the gestation period is.
- Assess blood loss; ask about number of soaked tampons, towels etc and evidence of blood under patient’s feet and between toes.
- Provide analgesia with entonox.
- Take any tissue(s)/clots to the hospital.

REFERENCES


METHODOLOGY

Refer to methodology section.