Early Pregnancy Bleeding and/or Loss

< 20 weeks in the Emergency Department (ED)

\*\****To be used for every patient presenting to the ED with bleeding in early pregnancy.***

**1**

Triage Nurse:

* + Prioritize patients with heavy vaginal bleeding and/or severe cramping  
    *(signs of imminent loss)*
  + Provide to the patient:
    - Pads and mesh underwear as needed
    - Analgesia *(such as Tylenol)* as per your hospital policy/medical directives
    - Urine collection hat *(Nun’s cap)* to collect fetal remains/products of conception
    - Consider giving these materials in an opaque bag *(such as a brown paper bag)*to protect patient privacy and dignity
  + Consider obtaining bloodwork  
    *(such as CBC, Type and Screen, Beta-HCG)* as per your hospital policy/medical directives
  + Ensure that the patient knows what to expect, and to return to triage if bleeding/pain worsens and/or they need anything

Primary Nurse:

* + Attempt to have the same nurse care for this patient throughout their stay
  + Advocate to put patient in a room that has a bathroom attached or nearby
    - Consider a room without an automatic flushing toilet or provide patient with  
      Nun’s cap *(urine hat)* to allow for collection of fetal remains/products of conception
  + Provide to patient (if not already done at triage)
    - Pads and mesh underwear as needed
    - Analgesia as ordered
  + Obtain bloodwork as ordered *(if not already done at triage)*
  + Keep patient updated on what is happening/what to expect

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**NURSING CARE CHECKLIST**

Primary Nurse *continued:*

* + Offer to call a partner or support person if patient desires
    - Include partner or support person when sharing information or disclosing diagnosis, if patient desires
  + Supportive comfort measures:
    - If bedside ultrasound (POCUS) completed, a photo of the ultrasound could be sent to patient’s E-chart or offer to the patient to take a photo of the ultrasound on their own phone *(memory keepsake)*
    - Mirror the patient’s language when referring to their pregnancy *(e.g. if the patient uses the term “baby,” use the term “baby,” not “fetus” or “products of conception”)*
    - Small things have big impact *(warm blankets, pillows, phone chargers, etc.)*
    - Remember: Miscarriage is a medical and emotional emergency

Discharge Pathways:

Option A:

Upon Discharge for Threatened Miscarriage *(not confirmed)*:

* + Give “Bleeding in Early Pregnancy Patient Information Package”
  + Discuss warning signs to return to ED:
    - Severe abdominal pain unrelieved by analgesia
    - Syncope or presyncope
    - Very heavy vaginal bleeding  
      *(soaking more than 3 pads in 3 hours)*
    - Fever, chills
    - Foul smelling vaginal discharge
  + Advocate for a work note
  + Encourage to follow up with primary care provider
  + Make sure all applicable referrals are made and patient has the information  
    *(such as referral to a local early pregnancy evaluation clinic, if applicable)*

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**2**

NOTES:

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**3**

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Discharge Pathways *continued:*

Option B:

Upon Discharge for Confirmed or Completed Miscarriage:

* + Give the “Early Pregnancy Loss Patient Information Package”
  + Discuss warning signs to return to ED:
    - Severe abdominal pain unrelieved by analgesia
    - Syncope or presyncope
    - Very heavy vaginal bleeding  
      *(soaking more than 3 pads in 3 hours)*
    - Fever, chills
    - Foul smelling vaginal discharge
  + Advocate for a work note
  + Advocate for analgesia prescription, and discuss pain management considerations  
    with the patient
  + Consider offering a referral to ED social worker, with patient consent
  + Consider offering a referral to PAIL Network, with patient consent
    - Health care provider can refer, or the patient can self-refer  
      *(Go to* <https://pailnetwork.sunnybrook.ca/healthcare-professionals/referral/>*)*
  + Encourage to follow up with primary care provider
  + Make sure all applicable referrals are made and patient has the information  
    *(such as referral to a local early pregnancy evaluation clinic, if applicable)*