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.

NURSING CARE CHECKLIST

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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Sunnybrook
PREGNANCY AND INFANT LOSS NETWORK

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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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)

NOTES:

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