

Patient presents with Early Pregnancy Problem <20 gestation
Initial assessment to include:

History:

- Bleeding, pain and other symptoms
- LMP and menstrual cycle history
- Current and previous pregnancies

Examination:

- Clinical observations
- Abdominal +/- bimanual examination of pelvis (if appropriate)

Investigations:

- Urine pregnancy test

Negative pregnancy test
(manage as per benign pathway)

Positive pregnancy test

Unwell/signs of shock
immediate transfer to nearest A&E
Refer patient via hospital switch board:
0900-1700 – Call Consultant Gynaecologist
1700 – 0900 – Gynaecology Registrar

Saint Mary's Hospital Oxford Road
Referral to Emergency Gynaecology Unit (EGU)
(Patient < 20 weeks gestation)
Open 24/7, Scan service only available between 9-5pm
NB: Inform patient HCG levels will be measured prior to scan.

Saint Mary's Wythenshawe Hospital
(Patients should be < 16 weeks gestation)
Between 0900-1700 Mon-Friday: Referral directly to Early Pregnancy Assessment Unit
Between 1700-0900 Mon-Friday and Sat /Sun: Referral to Gynaecology registrar on call and patient to attend EPAU (Ward F16)
Scan service only available between 9-5pm
NB: Inform patient HCG levels will be measured prior to scan.

i.e.

- Abdominal pain
- Vaginal bleeding
- Previous history of ectopic, molar or recurrent miscarriages

Patient Information
[RCOG Bleeding and/or pain in early pregnancy](#)

Referral Criteria
Positive pregnancy test

Local Guidance
Patients can self refer to EGU at Oxford Road with a positive pregnancy test and symptoms. Patients are seen in order of clinical priority.

National Guidance xx
[Pain and bleeding in early pregnancy – NICE Guideline](#)

Patient presents with Nausea and Vomiting at < 20 weeks pregnant
Initial assessment to include:

History:

- LMP and menstrual cycle history
- Current and previous pregnancies
- Vomiting, tolerating food and drink
- Urinary symptoms and any other causes for vomiting
- Bleeding, pain and other symptoms
- Co-existing medical conditions e.g. diabetes

Examination:

- Clinical observations
- Assessment for dehydration
- Abdominal +/- bimanual examination of pelvis if
- Appropriate

Investigations:

- Urine analysis (checking for ketones or infection). Send MSU if appropriate.
- Urine pregnancy test if not previously undertaken

Primary Care Management if patient stable, clinically well and \leq ketones (+)

- Rest
- Rehydration
- Avoid triggers
- Consider anti-emetics if intolerable
- Advise to seek medical review if deteriorates

Anti-emetics options:

- Xonvea starting at 2 – 4, up to 4 tablets/day
- Cyclizine 50mg tds Oral or PR
- Promethazine 10-20mg tds or
- Prochlorperazine 5-10mg tds (po) or 3–6 mg BD (buccal)

Further review in Primary Care to assess progress

Continue treatment if effective or trial alternative anti-emetics

Referral to Secondary Care Gynaecology if patient unstable, clinically unwell or ketones \geq (++)

For urgent referrals contact the On -call Consultant Gynaecologist via switchboard (Registrar out of hours)

Saint Mary's Oxford Road EGU

< 20 weeks gestation
24/7

Saint Mary's Wythenshawe EPAU

\leq 16 weeks gestation
Contact on call Gynaecology Registrar and patient to be sent to EPAU (Ward F16) if out of hours

If clinically unwell or no improvement

NB: Advise patients that they may receive daily outpatient rehydration

Patient Information
[RCOG Hyperemesis Patient Information](#)

Referral Proforma
Not Required

Local Guidance
Patients can self refer to EGU (Oxford Road) with a positive pregnancy test and symptoms

National Guidance
[RCOG Hyperemesis Guidelines](#)