

**Patient presents with Early Pregnancy Problem <16 gestation**  
Initial assessment to include: (for patients >16 weeks gestation, refer to maternity triage)

**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**  
Call 999

**For telephone assessment and triage to an appointment, patients should be advised to call Saint Mary's EGU at Wythenshawe Hospital**

**0161 291 2561**

This is a 24 hour service

**Patient Information**

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

**Referral Criteria**

Positive pregnancy test

**National Guidance xx**

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

**Patient presents with Nausea and Vomiting at < 16 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 between 9AM and 5PM (Registrar out of hours)

Saint Mary's Wythenshawe EGU  
<16 weeks gestation

Contact on call Gynaecology Registrar via switchboard or patient to contact EGU on 0161 291 2561

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

**National Guidance**  
[RCOG Hyperemesis Guidelines](#)