# ABDOMINAL PAIN IN PREGNANCY: CRITICAL

## DEFINITION

The diagnosis of abdominal pain is more complicated in pregnancy. The pain may be caused by the pregnancy itself (ectopic pregnancy, uterine rupture, labor, chorioamnionitis, hyperemesis gravidarum, acute fatty liver of pregnancy, severe pre-eclampsia); it may be worsened by pregnancy (cholecystitis, pyelonephritis, degenerating leiomyoma, nephrolithiasis, vascular thrombosis or aneurysm); or its diagnosis may be made more difficult to determine in pregnancy (appendicitis, incarcerated hernia, pancreatitis, adnexal torsion, intestinal obstruction). All of the usual causes of acute abdominal pain must be evaluated in a pregnant woman in addition to the pregnancy-related causes. The consequences of missing the diagnosis are even more lethal in pregnancy than in the non-pregnant state.

## SUBJECTIVE

Must include one of the following:
1. Sudden onset of severe abdominal pain.
2. Significant increase in intensity or frequency of abdominal pain.

May include:
1. Fever and/or chills.
2. Nausea, vomiting or anorexia.
3. Diarrhea, blood or mucus in stools.
4. Severe constipation.
5. Visual changes or severe edema.
6. Dizziness or shoulder pain.
7. Jaundice or dark urine.
8. Complaint of uterine contractions.
10. Rupture of membranes or vaginal bleeding.
11. Recent trauma, e.g. motor vehicle accident, domestic violence, etc.
12. History of sickle cell disease.
13. History of substance abuse, including alcohol.
15. Known fibroids.
16. Prior Cesarean delivery or myomectomy.

## OBJECTIVE

Must include:
1. Maternal vital signs
2. Fetal heart rate assessment, if gestational age appropriate.

May include:
1. Fever (temperature $\geq 100.4^\circ F$ or 38 degrees C).
2. Hypertension, hypotension, tachycardia.
3. Pale conjunctiva.
4. Signs of dehydration.
5. Peripheral edema.
6. Abnormal or absent bowel sounds.
7. Abdominal distention, rigidity, involuntary guarding, tenderness or rebound tenderness (generalized or localized).
8. CVA tenderness.
9. Right upper quadrant tenderness (Murphy’s sign).
10. Vaginal bleeding or amniotic fluid in the vagina.
11. Uterine tenderness or contractions.
12. Ecchymosis or bruising on the flanks or around umbilicus.
14. Tender outpouching of abdominal wall or inguinal/femoral region.
15. Pain on rectal or pelvic exam. **Pelvic exam performed only if placenta previa not a concern.**
| LABORATORY | Must include:  
1. Hct/Hgb, if any bleeding noted.  
2. Urine dipstick for protein if severe pre-eclampsia suspected.  
3. Urine dipstick for leukocytes if pyelonephritis suspected.  
May include (if indicated and time and resources permit): CBC, LFTs, renal function tests, amylase, lipase, test for occult blood in rectum. |
| ASSESSMENT | Critical abdominal pain in pregnancy. |
| PLAN | 1. Prepare for transport to ER. Consult with physician in receiving ER regarding recommended mode of transportation for patient and any interventions (e.g. fluids, magnesium sulfate) pending transport.  
2. Monitor patient’s vital signs and fetal heart tones every 5-15 minutes until paramedics/ambulance arrives.  
3. Provide copies of prenatal records to be taken to ER. |
| PATIENT EDUCATION | Explain differential diagnosis to patient and, if possible, help her contact family. |
| REFER to MD/ER | All pregnant women with acute critical abdominopelvic pain. |
17. Vigil-de Gracia P, Montufar-Rueda C. Acute fatty liver of pregnancy: diagnosis, treatment, and
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