# THIRD TRIMESTER VAGINAL BLEEDING

<table>
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<th>DEFINITION</th>
<th>Bleeding during the third trimester of pregnancy can indicate complications that are detrimental to the mother and/or fetus. Classic causes that must be considered in the differential diagnosis include labor, placenta previa, abruptio placenta and vasa previa. In placenta previa, the placenta is implanted in the lower uterine segment and covers the internal os. Placenta abruption is separation of the placenta from the uterine wall before delivery of the fetus. Bleeding with vasa previa comes from the umbilical cord after rupture of membranes. Placenta previa is more likely to be affected by conditions existing before pregnancy. Placental abruption is more likely to be affected by conditions occurring during pregnancy. Up to 15% of massive postpartum hemorrhage and maternal near miss cases are caused by placenta previa and abruption placenta.</th>
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| ACTIVE BLEEDING | **SUBJECTIVE** Must include active spotting or bleeding.  
May include:  
1. Abdominal pain/uterine contractions.  
2. Dizziness, syncope, diaphoresis, shortness of breath or palpitations.  
3. History of trauma, especially abdominal trauma.  
4. Bleeding disorder.  
5. Rupture of membranes.  
6. History of risk factors  
   a. Advanced maternal age  
   b. High parity or numerous D&Cs  
   c. Prior Cesarean section(s)  
   d. Previous pregnancies complicated by placental dysfunction  
   e. Hypertension, antiphospholipid syndrome, cocaine use  
   f. Premature rupture of membranes  
| **OBJECTIVE** Must include:  
1. Evidence of vaginal bleeding. **Do not do vaginal examination in face of active bleeding, until placenta previa has been ruled out.**  
2. Fetal heart rate.  
3. Review ultrasound report or perform abdominal ultrasound for placenta location.  
May include:  
1. Maternal tachycardia, hypotension or orthostatic change.  
2. Elevated BP (see protocol for Preeclampsia).  
3. Fetal tachycardia or bradycardia or fetal heart rate decelerations.  
4. Negative abdominal findings.  
5. Abdominal tenderness or rigidity.  
6. Uterine contractions or rigidity.  
7. Fundal height greater than dates.  
8. Abnormal lie with presenting part unengaged on Leopold maneuvers.  |
| LABORATORY | Hemoglobin or hematocrit. |
| ASSESSMENT | Third trimester active bleeding. |
| PLAN | 1. Consult with MD and refer to ER STAT. Mode of transportation and interim measures needed (e.g., IV, etc.) should be decided upon in consultation with receiving hospital.  
2. Place patient in left lateral recumbent position and monitor patient and fetus (e.g., pulse, BP, uterine contractions and FHTs) every 5-10 minutes until transported from facility. |
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<tr>
<th><strong>PATIENT EDUCATION</strong></th>
<th>Explain differential diagnosis to patient and, if possible, help her contact family.</th>
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<tbody>
<tr>
<td><strong>REFER to MD/ER</strong></td>
<td>All patients with active bleeding in third trimester.</td>
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<td><strong>HISTORY OF PRIOR SPOTTING/BLEEDING IN THIRD TRIMESTER OF PREGNANCY</strong></td>
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| **SUBJECTIVE**        | Must include:  
1. Complaint of vaginal spotting/bleeding in third trimester not previously evaluated.  
2. Fetal movement.  

Must exclude:  
1. Any current bleeding.  
2. Known placenta previa.  
3. Dizziness, syncope, diaphoresis, shortness of breath or palpitations.  

May include:  
1. History of bleeding after cervical trauma (coitus, pap test, etc).  
2. History of uterine contractions at time of bleeding. |
| **OBJECTIVE**         | 1. Normal BP, heart rate.  
2. Normal abdominal exam (no uterine contractions or tenderness).  
3. Review ultrasound report or perform abdominal ultrasound report for placental location.  
| **LABORATORY**        | Hemoglobin or hematocrit. |
| **ASSESSMENT**        | History of third trimester bleeding, not previously evaluated. |
| **PLAN**              | 1. If placenta known to be away from internal os, perform gentle speculum exam to rule out vaginal infection (trichomoniasis, candida), cervical infections (e.g. CT, GC, HSV), or cervical lesions.  
2. Treat any active infections per protocol.  
3. Advise patient to seek immediate evaluation if bleeding recurs. |
| **PATIENT EDUCATION** | Reinforce importance of ER evaluation if active bleeding recurs. |
| **REFER to MD/ER**    | 1. Patients with any signs or symptoms of anemia, such as dizziness, diaphoresis, hypotension, tachycardia.  
2. Patients with persistent or recurrent unexplained bleeding.  
3. Women who might need RhIG. |
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