



CLINICAL PRACTICE GUIDELINE

Abdominal pain: Non-specific in pregnancy

This document should be read in conjunction with the [Disclaimer](#)

Aim

- The management of a woman who presents to MFAU with non-specific abdominal pain during pregnancy.

Note: All women presenting with abdominal pain must be reviewed by an obstetric Registrar or above after the initial assessment.

Assessment



1. Document the history of abdominal pain noting:
 - duration and nature of pain
 - any urinary and bowel symptoms
 - presence of any vaginal bleeding or discharge
 - precipitating events.
2. Perform and record baseline maternal temperature, pulse and blood pressure measurements.
3. Confirm the presence of fetal movements and auscultate the fetal heart. If on auscultation the fetal heart rate is abnormal, commence a CTG.
Note: If the woman is ≤ 24 weeks gestation, consultation with the Obstetric Registrar is necessary before commencement of the CTG.
4. Collect a MSU. If on dipstick there is $> 1+$ proteinuria or if there are positive nitrites or leucocytes, send for MC&S.
5. Perform an abdominal palpation noting:
 - any tenderness or 'rigidity'
 - symphysis fundal height
 - lie
 - presentation
 - any uterine activity or irritability.
6. If fresh vaginal bleeding observed, arrange **urgent review with Obstetric Registrar or above.**
7. If vaginal discharge (other than fresh bleeding) or uterine tenderness / irritability, perform a sterile speculum examination noting any cervical dilatation or discharge and take a HVS for MC&S.

8. If signs of vaginal bleeding or infection i.e. maternal pyrexia or tachycardia then:
- obtain IV access
 - collect blood for FBP, G& H
 - collect a clotted serum sample for U&E's and /or LFT's.
 - **Note:** This specimen will only be sent to the laboratory when directed by medical staff.
 - Perform blood cultures if the maternal temperature is $\geq 38^{\circ}$ C.
9. Arrange review by an Obstetric Registrar or above.

Community Midwifery Program (CMP)

For CMP clients if clinical assessment via telephone or in person indicates any of the following then refer the client to her support hospital for immediate obstetric review (mode of transport to hospital must be considered according to her clinical status);

- Acute abdominal/uterine pain
- Persistent diarrhoea /vomiting, +/- signs of dehydration
- Preterm labour
- Vaginal bleeding
- Non-reassuring fetal heart rate
- Reduced fetal movements
- Signs of maternal infection
- Abnormal maternal observations
- Any preceding trauma to the woman's abdomen, (MVA, domestic violence, fall or injury)
- Unable to determine cause

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