Consider the following when taking history
- Type - Watery, no smell normal
  - Thick white (cottage cheese like), no smell, itching - Thrush (Candidiasis)
  - White or grey with fishy smell - Bacterial Vaginosis
  - Green, yellow / frothy discharge - Trichomoniasis (STI) / GBS (non STI)
  - Associated with pain on urination
- Presence or absence of abdominal pain - consider preterm labour, PPROM (refer to obstetrics)
- Discharge with urinary symptoms (Chlamydia, Gonorrhoea, STIs)
- Bleeding (usually contact following sex): Chlamydia, Cervical Ectropion, Polyp, rarely Cervical Cancer
  (ask for smear history, any treatment to cervix)
- Painful red blisters / sores around Genitals – Herpes
- Consider LVS or HVS if doing a speculum

Normal
Refer to routine antenatal care

Infection Confirmed
GP to treat infection and follow up
(Bacterial Vaginosis- metronidazole
Thrush- Clotrimazole
Trichomonas- metronidazole)

Suspected SROM
- Usually, a gush or a trickle of fluid that cannot be controlled
- May see fluid draining at introitus
- On speculum will see either fluid draining from cervix or pooling in vagina

Advise to attend GUM
if Chlamydia,
Trichomonas,
Gonorrhoea or Genital
Herpes proven or suspected, to exclude other STI & for contact tracing

Follow suspected SROM (pathway 7)
PPROM (pathway 16)

References:
https://www.nice.org.uk/guidance/ng201
Further resources: British Association for Sexual Health and HIV includes section on pregnancy. www.bashghguidelines.org
This guidance does not replace the need for application of clinical judgment by clinicians to each individual presentation and specifics of the situation. Pathways current at time of Publication.