No8 COMMUNITY AND SECONDARY PATHWAY FOR NON-LABOUR ABDOMINAL PAIN IN PREGNANCY - 12.05.2022 V4

Take full history and risk assessment
Consider – Gestation
Location
Duration
PV Loss
Fetal Movements
Risk Factors

IF PAIN WITH BLEEDING - FOR URGENT HOSPITAL REVIEW
Type of Pain (see PV bleeding pathway (no 1)
Consider causes suitable for primary care review (e.g., constipation PGP)

If term and suspected labour.
Follow WICN latent phase guidance

Dysuria and frequency
Follow Symptomatic UTI Pathway (No 3)

MILD pain / discomfort and no uterine activity
Advise regular analgesia
Warm bath

MODERATE pain /suspected uterine activity
Refer to DAU
<20 weeks- EPAU as per local policy
Perform full antenatal assessment and CTG if ≥ 26 weeks.
Obtain Obstetric Review
Consider Fetal fibronectin (fFN) or equivalent if ≥ 24 to 34+6 weeks

SEVERE constant pain
Urgent referral to hospital

Pain settled and negative result
Consider discharge

Pain ongoing
Follow local policy

Positive
Admit – Senior Review
Follow local policy

Risk Factors which may include:
- Hypertension
- Known IUGR
- Diabetes
- Smoking
- Previous obstetric history
- Vulnerable Women
- Domestic Abuse

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. Lack of referenced evidence so based on clinical consensus