History/Risk Factors to consider:
- Onset and estimation of bleeding
- Previous episodes
- Preceding trauma
- Location
- Duration
- Continuous pain, consider abruption
- Abruptio placentae/persistent bleeding
- Intermittent pain, consider labour/miscarriage
- SROM consider vasal praevia
- Fatal Movements
- Smear history, PCB, and discharge
- Placenta Praevia (painless bleeding consider placental site)
- PET
- Consider social concerns – (depression/Domestic Abuse)

If Rhesus D Negative and recurrent APH for Anti-D every 6 weeks

Take full history and risk assessment (including amount of blood loss)

IF BLEEDING WITH PAIN-FOR URGENT HOSPITAL REVIEW
If bleeding without pain, follow pathway below

BEFORE 13 weeks
Refer to EPAU Pathway

- Spontaneous/Minimal loss on wiping/post coital bleed
- Pink/brown discharge
Advise to monitor/give safety netting advice to call back if increased/continued loss
Check Rhesus factor (of mother and baby) to determine if Kleihauer indicated

- Give Anti-D if indicated within 72 hours
- Continue routine antenatal care

13-19+6 week
Refer to EPAU/DAU dependent on local guidance

Minimal< 50mls now ceased

- Assess fetal wellbeing
- Check Rhesus factor to determine if Kleihauer indicated

Major 50-1000mls
Urgent hospital referral

- Urgent Medical Review for individualised plan of care

Massive ≥ 1000mls

Urgent referral direct to delivery suite or ED if below 20 weeks according to local guidance

RECURRENT APH in second and third trimester

Consider cause
- Accumulative total
- Serial growth Scans
- If Rhesus D Negative and recurrent APH for Anti-D every 6 weeks
- Plan for potential birth (including neonatal/haematology support)

This guidance does not replace the need for application of clinical judgement by clinicians to each individual presentation and specifics of the situation. Pathways current at time of Publication.