History to consider:
- Bleeding
- Gestation
- Nature of accident
- Continuous pain, consider abortion
- Fetal Movements
- Anxiety levels

Consider mechanisms for all:
- Faint e.g., Anaemia
- Fit e.g., hypertension, epilepsy
- Domestic Abuse
- Fall from height

Stable
- Abdomen not involved
  - If history NAD offer safety netting advice
  - If requires review auscultate FH
    - FH heard
      - Continue with routine antenatal care
    - FH NOT heard
      - Urgent referral to hospital
        - Viable pregnancy
        - Urgent referral to hospital
  - NO FH PRESENT AT ANY ATTENDANCE
    - Confirm by USS
    - Continue IUD pathway

Stable
- Abdomen involved
  - Ascertain if direct trauma i.e., seat belt involved
  - Urgent referral to maternity

Haemodynamically unstable/ Major Trauma
- Non obstetric injury
  - Go to ED
    - Involve Obstetric team in ED

For urgent obstetric review if bleeding/pain or uterine activity
- Take full history & Risk Assessment
- Consider cannulation and take bloods for:
  - FBC, Kleihauer and Group & Save
  - Perform full antenatal assessment
  - Auscultate FH ≤26/40 or CTG ≥26/40
  - If FH absent arrange USS for viability
    - Consider steroids
    - If Rh negative arrange and give anti D as per guidelines
    - Arrange USS if appropriate
    - Plan and agreed follow up documented in maternity and hospital notes
    - If transferring elsewhere, ensure handover of details

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.
References - no relevant references so based on clinical consensus