# VAGINAL BLEEDING IN PREGNANCY

DR KEESIGA ANNETTE

OBS/GYN

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## **Content outline**

- Introduction
- First trimester causes
- Second trimester causes
- Third trimester causes
- Other considerations
- Diagnostic approaches
- Communication and patient support
- Conclusion

#### Introduction

- Vaginal bleeding in pregnancy
- ☐ Conception to birth
- ☐ Early vs late
- ☐ By trimester
- Significance
- Maternal morbidity and mortality
- ☐ Fetal morbidity and mortality

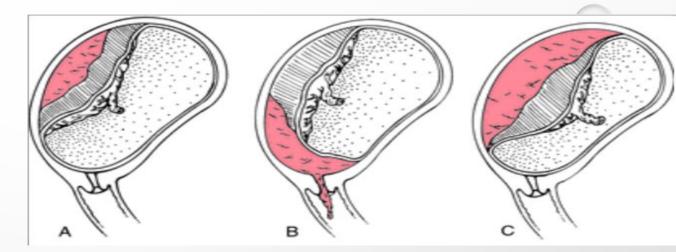
## First trimester causes

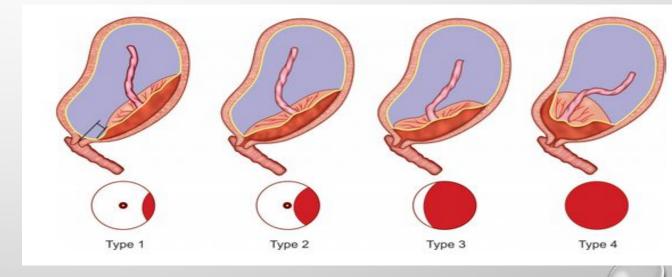
- Abortions
- Spontaneous, induced
- ☐ Complete, incomplete
- Ectopic pregnancy
- Unraptured, raptured (acute, chronic leaking)
- Diff sites, heterotropic
- •Implantation bleeding

# Second trimester causes

- Placental abruption
- Revealed vs concealed
- Marginal, partial, complete

- Placenta praevia
- ☐Types 1-4
- Cervical insufficiency





## Third trimester causes

- Uterine rapture
- Preterm labor
- Show
- Cervical changes
- □ Ectropion
- Vasa previa
- Villamentous insertion of the cord

#### Other considerations

- Infections
  - ☐ Cervicitis, vaginitis,
  - Trauma
  - ☐ Blunt vs sharp/penetrating, IPV
  - Coitus and cervical/vaginal lesions
  - ☐ Cervical ectropion, cacx, condylomata acuminata, polyp
  - Molar pregnancy
  - Uterine AV malformation
  - Medications, coagulation disoders



## Diagnostic approaches

- History taking
- Physical examination
- Imaging
- Labs
- Rule out other non pregnancy related conditions

# Communication and patient support

Significance of clear communication to patients

Emotional support and addressing patient concerns



## Conclusion

Causes

Role of professionals in dx and mgt

Continous learning and collaboration to provide best possible care



# THANK YOU FOR LISTENING