

# ECHO Summary, 19/December/2025

## Session Title: Saving Mothers Together: A multidisciplinary approach to PV bleeding/related emergencies

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**Disclaimer:**

*The information presented in this summary is based on the presentation given by the panelists and is intended for general informational purposes only. The authors and collaborating partners do not accept responsibility for any outcomes resulting from the implementation of treatments outlined in this document. It is strongly recommended that individuals verify the information against their national guidelines and seek professional advice before making any decisions related to the content presented herein.*

**Areas Covered**

- Key history in a mother with PV bleeding-related emergencies
- Pre-hospital assessment, care, and transportation of a mother with PV bleeding-related emergencies
- ED assessment and investigations for a mother with PV bleeding-related emergencies
- Emergency nursing care of a mother with PV bleeding-related emergencies
- ED management and disposition plan for a mother with PV bleeding-related emergencies

**ECHO Session Panelists:**

Experts

- Dr. Jackline Akello, Obstetrician and Gynaecologist, Public Health Specialist, Safe Motherhood Advocate, and Lecturer at MakCHS
- Mr. Solomon Wani, MSNM Candidate at MakCHS, Teaching Assistant at Lira University
- Ms. Janice Asiimwe, Midwife, Ambulance coordinator and EMT student at Nsambya hospital training school
- Dr. Sarah Oworinawe, EM Physician at Yumbe RRH

Case Presenter

- Dr. Kalute Lawrence, OBGYN Resident at MakCHS

Moderator

- Dr. Catherine Namara, EM resident at MakCHS

**Differential diagnosis for per vaginal (PV) bleeding in a *non-pregnant* patient:<sup>1</sup>**

- Premenopausal:
  - Fibroids
  - Cervical cancer
  - Adenomyosis
  - Endometriosis
  - Polycystic Ovarian Syndrome (PCOS)
  - Pelvic Inflammatory Disease
  - IUD-related
  - Gestational trophoblastic disease
  - Retained products of conception
  - Endometritis
  - Hyper-/hypothyroidism
  - Coagulopathy
- Post-menopausal:
  - Endometrial polyp
  - Endometrial hyperplasia
  - Endometrial carcinoma
  - Cervical polyp
  - Vaginal cancer
  - Estrogen withdrawal
  - Fibroids

**Differential diagnosis for PV bleeding in a *pregnant* patient:<sup>2</sup>**

- 1st Trimester:
  - Miscarriage
  - Subchorionic hemorrhage
  - Retained products of conception
  - Ectopic pregnancy
  - Gestational trophoblastic disease
  - Demise of a twin
  - Implantation bleeding
- 2nd and 3rd Trimesters:
  - Placental abruption
  - Placenta previa
  - Vasa previa
  - Uterine rupture

**Clinical features**

- **AIRWAY:**
  - Assess airway patency.
- **BREATHING:**
  - Assess respiratory effort, respiratory rate, and SpO<sub>2</sub>.
  - Auscultate bilaterally.
- **CIRCULATION:**
  - Assess heart rate, blood pressure, capillary refill time, and extremity temperature.
  - Check for active bleeding.
  - Establish IV access.
- **DISABILITY:**
  - GCS/AVPU
  - Assess for focal neurologic deficits and check pupils.
- **EXPOSURE:**
  - Check temperature.
  - Assess for pallor and/or rashes.

**Diagnostics**

- Urine HCG! This is the first step to determine if this is PV bleeding in a pregnant patient or a non-pregnant patient.
- Abdominal exam - assess for tenderness or masses
- Pelvic exam - assess amount/color of blood and presence of clots
- Blood grouping and crossmatching just in case the patient needs a blood transfusion
- CBC to check hemoglobin, hematocrit, and platelets
- Abdominal and/or pelvic ultrasound

**Treatment**

- Priorities:
  - Control bleeding
    - 1g bolus of tranexamic acid
    - Give platelets if thrombocytopenic (<50k with active bleeding)
  - Restore circulation
    - Start with IV fluids as blood is obtained
    - Patient supine with legs elevated
  - Correct anemia
    - 3 units of whole blood
    - Ferrous sulphate
  - Pain control
    - 1g IV paracetamol every 8 hours
  - Prevent complications
    - Oxygen for all bleeding patients who are symptomatic of anemia (e.g. dizziness, palpitations, shortness of breath, etc.)
    - Urinary catheter to keep patient from having to get up and walk around
- Note: Resuscitate while investigating! "Parallel processing"

- Definitive care: OB/GYN involvement
  - Our job as the emergency team is to resuscitate and stabilize the patient and then get them to the proper specialist.

### Complications

- Hemorrhagic shock secondary to active vaginal bleeding → Multiple organ failure and cardiac arrest

### Disposition

- Admit if unstable, ongoing bleeding, or transfusion needed.
- Definitive care = OBGYN
  - Either inpatient for above reasons or outpatient for follow-up

### Special Notes

- Remember, hemoglobin doesn't change immediately after acute blood loss. In other words, a patient can be going into hemorrhagic shock but still have a "normal" hemoglobin. *Treat the patient, not the number.*
- Shock in the setting of ongoing bleeding can almost always be assumed to be hemorrhagic shock.
- Pre-hospital care:
  - Stabilize: Manage airway, breathing, and circulation. Secure IV access.
  - Monitors: Attach the patient to ECG, SpO2, and BP cuff. Record baseline vitals and monitor for sudden changes in patient status.
  - Package: Secure the patient to stretcher and tie down all tubes and lines.
  - Document: Complete the patient care form (PCF).
  - Notify: Give a radio report to the receiving facility.
  - Consent: Obtain patient's consent for transport.
- ED Checklist for the first 30 minutes of acute PV bleeding:
  - ABCDE completed
  - Two large-bore IVs
  - Oxygen if unstable
  - Blood drawn for Hb, group, and cross-match
  - Pregnancy test
  - 1g IV TXA
  - IV fluids started
  - Blood requested if unstable/symptomatic
  - GYN consulted
  - Continuous monitoring instituted

### Collaborating Partners

1. [Ministry of Health of the Republic of Uganda](#)
2. [Seed Global Health](#)
3. [Techies Without Borders](#)

## References

1. Hacking C, Differential diagnosis for PV bleeding (non-pregnant patients). Reference article, Radiopaedia.org (Accessed on 26 Dec 2025) <https://doi.org/10.53347/rID-89689>.
2. Stanislavsky A, Jones J, Hacking C, et al. Differential diagnosis for PV bleeding in pregnancy. Reference article, Radiopaedia.org (Accessed on 26 Dec 2025) <https://doi.org/10.53347/rID-13290>.

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