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Royal Cornwall Hospitals NHS Trust

Persistent Bleeding Following Pregnancy Clinical Guideline

V3.0

June 2023

1. Aim/ Purpose of this Guideline

1.1. All clinical staff working in the Women and Children's Care Group to provide evidence based guidance in the management of pain and bleeding in early pregnancy.

1.2. This version supersedes any previous versions of this document.

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance

2.1. Introduction

Persistent bleeding following pregnancy (delivery, miscarriage, termination of pregnancy) is one of the most common complaints presenting to the emergency gynaecology unit. In assessing women with this complaint, it is important to have an appreciation of what's normal, to take a detailed history and appropriate examination and investigations.

2.2. What's normal?

- Immediately following a pregnancy, bleeding can be heavy with clots, but after a few days, this usually gets lighter.
- Following medical / expectant management of miscarriage / medical termination of pregnancy, bleeding can last for 3 weeks.
- Following surgical management of miscarriage / termination, bleeding usually settles by 2 weeks.
- Following vaginal delivery, bleeding can last for up to 6 weeks.
- Bleeding that settles then gets heavier again / becomes offensive / is persistent may indicate further investigation and treatment is necessary.

2.3. History

Take a detailed history and check the medical notes:

- Expectant / Medical management of miscarriage / Medical termination of pregnancy: was pregnancy tissue definitely passed? Was it appropriate amount for gestation? Did bleeding ever get lighter? Was a pregnancy test done 3 weeks following procedure?

- Surgical management of miscarriage / Surgical termination of pregnancy: check op notes – were there any complications? Did she have excessive pain / bleeding post op. Check histology.

- Late miscarriage / termination of pregnancy (14-24/40): Was placenta passed / checked to be complete (review notes), were there any signs of infection – check swab results. Check any histology / blood results from admission.

Other general points in history:

- What were their periods like before pregnancy?

- Have they had unprotected intercourse since pregnancy – could this be new pregnancy?

- Are they using hormonal contraception that could influence bleeding?

2.4. Differential diagnosis:

- Retained pregnancy tissue.

- Endometritis.

- Physiological ? period.

- Hormonal ?started contraception.

- Cervical lesion (ectropion, polyp, cancer).

- Vaginal lesion/ trauma.

- Gestational trophoblastic disease.

- Arteriovenous malformation.

2.5. Investigations:

- Urine bHCG (if positive consider serum bHCG).

- FBC.

- CRP.

- HVS.

- Chlamydia swab.
- TVS (TAS may give better views in immediate postnatal period).

2.6. Examination

- Abdominal (to exclude masses).
- Speculum– visualise vagina, cervix, take swabs.

2.7. Ultrasound scan

Look at endometrial echo:

- Thickness >15mm with mixed echoes may indicate retained pregnancy tissue that may warrant surgical / medical intervention.
- Thickness <15mm can be managed expectantly in the first instance with follow up arranged.

It is important to remember that retained pregnancy tissue is a HISTOLOGICAL diagnosis, not an ULTRASOUND diagnosis. Just describe what you see and treat them clinically.

Use the colour Doppler and if increased vascular flow, seek senior advice.

2.8. Management

2.8.1. Antibiotics- have a low threshold especially if you suspect endometritis or considering surgical intervention. Co-amoxyclav 625mg tds (or Cephalexin 500mg tds and Metronidazole 400mg tds if penicillin allergy) for 7 days.

2.8.2. Evacuation of uterus if retained pregnancy tissue suspected on scan.

NB. if post-natal and that delivery by Caesarean section- consultant input is essential before arranging surgical management. Manual Vacuum Aspiration is usually safer.

2.8.3. If ET <15mm, significant retained pregnancy tissue is unlikely- treat expectantly with antibiotics and open access to the Emergency Gynaecology Unit (EGU) for review if doesn't settle.

2.8.4. If ET 15-25mm offer medical management (misoprostol- see guideline 'medical management of miscarriage')/ Manual vacuum aspiration (MVA). Arrange follow up if chooses expectant/ medical management.

2.8.5. If ET >25mm offer surgical management (Surgical evacuation / MVA)

2.8.6. If raised serum bHCG/ suspected vascular abnormality on scan- seek senior review.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Ad hoc review of cases
Lead	Miss Lisa Verity, Consultant Obstetrician and Gynaecologist
Tool	Ad hoc review of cases using WORD or Excel template
Frequency	Annual
Reporting arrangements	EGU / EPU MDT Gynaecology audit meeting
Acting on recommendations and Lead(s)	EGU and EPU MDT
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 3 months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion and Human Rights Policy' or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Persistent Bleeding Following Pregnancy Clinical Guideline V3.0
This document replaces (exact title of previous version):	Persistent Bleeding Following Pregnancy Clinical Guideline V2.0
Date Issued/Approved:	June 2023
Date Valid From:	June 2023
Date Valid To:	June 2026
Directorate / Department responsible (author/owner):	Miss Lisa Verity; Consultant Obstetrician and Gynaecologist
Contact details:	01872 252685
Brief summary of contents:	All clinical staff working in the Women and Children's Care Group to provide evidence based guidance in the management of persistent bleeding following pregnancy
Suggested Keywords:	Bleeding persistent pregnancy postpartum
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Gynaecology Directorate Meeting
Manager confirming approval processes:	Caroline Chappell
Name of Governance Lead confirming consultation and ratification:	Caroline Amukusana
Links to key external standards:	Ectopic pregnancy and miscarriage: Diagnosis and initial management NICE clinical guideline 126. April 2019
Related Documents:	Ectopic pregnancy and miscarriage: Diagnosis and initial management

Information Category	Detailed Information
	NICE clinical guideline 126. April 2019
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/ Gynaecology

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
08 Sept 14	V1.0	Initial Issue.	Lee Azancot Data Administrator
11/04/2017	V1.1	Minor changes.	Lisa Verity Consultant
18 Mar 20	V2.0	Full Update – formatting update and minor name change applied. No other changes.	Miss Lisa Verity Consultant Obstetrician and Gynaecologist
May 2023	V3.0	Full review- no amendments required. Update to new Trust format.	Sarah Eddy; Advanced Nurse Practitioner

All or part of this document can be released under the Freedom of Information Act 2000

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Persistent Bleeding Following Pregnancy Clinical Guideline V3.0
Directorate and service area:	Gynaecology
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Miss Lisa Verity
Contact details:	01872 252685

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	All clinical staff working in the Women and Children's Care Group to provide evidence based guidance in the management of persistent bleeding following pregnancy.
2. Policy Objectives	As above.
3. Policy Intended Outcomes	As above.
4. How will you measure each outcome?	See section 3.
5. Who is intended to benefit from the policy?	All obstetrics and gynaecology patients.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Obstetric and Gynaecology Directorate meeting.
6c. What was the outcome of the consultation?	Approved- 24 May 2023
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	Any information provided should be in an accessible format for the patient's needs – i.e., available in different languages if required/access to an interpreter if required.

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Those patients with any identified additional needs will be referred for additional support as appropriate- i.e., to the Liaison team or for specialised equipment. Written information will be provided in a format to meet the family's needs e.g., easy read, audio etc.
Religion or belief	No	All staff should be aware of any beliefs that may impact on treatment.
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Miss Lisa Verity

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis