

Woman reports abdominal pain

Obtain full history including risk factors for preterm labour. Define location, strength and nature of pain. If risk factors identified consider offering to attend.

Less than 20 weeks

Moderate or severe pain in the upper abdomen without bleeding

Attend A&E

Moderate or severe pain in the lower abdomen **<17 weeks**

Attend EPAS 'in hours'. If **>12 weeks** then **attend Triage** 'out with hours'. **Attend ED if <12 weeks/no dating USS.**

If significant haemorrhage reported by the woman or paramedics, the woman should be taken straight to LW. Hospital co-ordinator and LW team to be informed.

Risk factors for PTL

- Previous pre-term delivery
- Poor obstetric history
- Current SGA / FGR
- History of/ current PET
- Cervical suture in situ
- Placental site concerns
- Previous or recurrent APHs
- Vulnerable patients

Woman reports vaginal bleeding or fluid leaking >17 weeks (or >12 weeks out-with hours)

Yes

Attend triage
If bleeding is heavy **call 999 ambulance**

No

Mild and non-disruptive

If no analgesia taken, recommend taking paracetamol.

If constipation is suspected, offer reassurance and advice on hydration and diet and advise the woman to attend GP for review

Ensure the woman is aware to call back if symptoms worsen. Recommend GP for ongoing management.

Women who call with **abdominal pain** should have a **thorough** telephone assessment. All advice and follow up should be clearly documented on Badgernet.

Moderate pain

Attend triage

Severe pain

Attend triage immediately
Consider 999 ambulance.

Consider risk factors for placental abruption, uterine rupture. Update hospital co-ordinator, LW team accordingly.

Attend GP/OOH

Urinary symptoms (i.e. dysuria, frequency) and otherwise well

If woman reports uterine activity **>37 weeks** (with no risk factors) then treat as per labour guidance

If woman diagnosed with pelvic girdle pain (by midwife, doctor or physio) at a prior apt and symptoms indicate PGP, then signpost to physio, offer advice of analgesia and lifestyle.

If no previous history of PGP or if pain is moderate & not resolved with analgesia then face to face assessment should be offered