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## Canadian Family Medicine Clinical Card

A16  
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# Major Problems >20 wks

## BLEEDING

History	Management
<input type="checkbox"/> Amount, color, timing <input type="checkbox"/> Trauma <input type="checkbox"/> Urinary sx, constipation, hemorrhoids <input type="checkbox"/> Painful - ?abruption <input type="checkbox"/> Painless - ?friable cervix, ?previa	If heavy bleed: <input type="checkbox"/> cross-match, CBC <input type="checkbox"/> Rule out placenta previa (u/s) <input type="checkbox"/> Spec exam to locate source <input type="checkbox"/> Rh immune globulin for Rh-ve mothers

## FLUID DISCHARGE

History	Management	TRAUMA
<input type="checkbox"/> Amount <input type="checkbox"/> Color <input type="checkbox"/> Gush <input type="checkbox"/> Continuous leak	Avoid digital exam unless in labour Sterile spec exam for: a) pooling in posterior fornix b) fluid from os on cough c) nitrazine blue (false +ves: blood, infections, alkaline urine, semen) d) ferning If ROM confirmed: GBS prophylaxis	<b>History</b> <input type="checkbox"/> Mechanism: MVC, Fall, Abdo Impact <input type="checkbox"/> Timing <input type="checkbox"/> Bleeding <input type="checkbox"/> Pain

## CONTRACTIONS

History	Management
<b>Term Labour:</b> regular, increasing freq and intensity, stopping to breath through	If active labour, admit If not, consider reassess in 2 hr (multip) vs d/c with return precautions (nullip)
<b>Preterm Labour:</b> back pain change, discharge change, tocometer pattern Are contractions palpable?	Analgesia for maternal exhaustion Preterm: consider fetal fibronectin before digital exam

## REDUCED FETAL MOVEMENT

If <6 distinct movements in 2 hours do NST

NST Results	Management	CORD PROLAPSE
Abnormal	BPP ASAP Deliver at term	<b>Signs &amp; Symptoms</b> Sudden FHR decel with ROM Cord visualized/palpated in vagina
Normal but risk factors (HTN, DM, SGA, oligo) OR suspicion of IUGR/oligo	BPP within 24 hr	<b>Management - CALL FOR HELP</b> <input type="checkbox"/> Elevate presenting part with hand <input type="checkbox"/> Knee-chest or Trendelenberg <input type="checkbox"/> Do NOT replace cord <input type="checkbox"/> If cord outside vagina, cover with warm saline soaked cloth <input type="checkbox"/> Urgent Caesarean section
Normal but movements not felt in triage	Daily NST Induce at term	

## GENERAL SYMPTOMS

Symptom	Conditions to Consider
Abdominal Pain	Labour, preeclampsia, abruption, Chorioamnitoitis, GERD, round ligament pain
Fever	Chorioamnitoitis
Headache	Preeclampsia
Short of Breath	Preeclampsia, PE

## CHORIOAMNIOTIS

Symptoms	Treatment - DELIVER	
Fever, abdominal pain, foul smelling vaginal discharge (often prolonged ROM)	Clindamycin Gentamicin	600 mg IV q8hr and 5-7 mg/kg IV q24hr

Give both until afebrile for 48-72 hr post partum