

Bleeding After Pregnancy Primary Care Pathway

(Retained Products Of Conception)

Quick links:

[Pathway primer](#)

[Expanded details](#)

[Provider resources](#)

[Patient resources](#)

1. History

Gather recent history of pregnancy details, including:

- Spontaneous abortion (miscarriage)
- Pregnancy termination
- Vaginal or cesarean delivery

[More details](#)

2. Assessment

Order and timing of symptoms:

- Quantify bleeding
- Pain/cramping
- Fever/chills
- Passage of tissue
- Foul-smelling vaginal discharge

Consider

Alarm features/red flags:

- Fever/chills
- Sepsis
- Uterine/cervical tenderness
- Tachycardia/hypotension
- Severe abdominal pain/acute abdomen
- Dilated cervix tissue at os
- Flooding through >1 pad every hour

[Red flags](#)

Call RAAPID or 911 for immediate evaluation

Physical exam:

- General appearance (do they look ill?)
- Vital signs
- Abdominal exam
- Bimanual exam
- Speculum exam

Consider

Endometritis

[Specialist LINK tele-advice](#)

ABO/Rh status: If not done

Order

If Rh negative

Prescribe WinRho® / RhoGam®

Stable patient with no alarm features

3. Duration of bleed

Persistent bleeding > 6 weeks

< 6 weeks after pregnancy

Expectant management, provide reassurance

4. Investigations

Transvaginal ultrasound

Suspicious findings

Findings suspicious for RPOC (one or more of the following):

- Thickened endometrium (> 10mm)
- Presence of echogenic mass / hypoechoic material
- Increased vascularity

[More details](#)

[Specialist LINK tele-advice](#)

No findings to suggest retained products of conception (thin lining, no mass, no vascularity)

Consider

CBC/Ferritin

If low

Treat iron deficiency anemia

Order

Urine or Serum β -hCG

Review differential diagnosis

[Specialist LINK tele-advice or urgent referral to gynecology](#)

Consider

Endometritis

[More details](#)