ACUTE ABDOMEN – MANAGEMENT IN PREGNANCY GUIDELINE

1. OPTIMAL OUTCOMES
   • Prompt evaluation of maternal condition to diagnose and treat the cause of the acute abdomen.
   • Close monitoring of fetal condition to ensure fetal wellbeing

2. PATIENT
   • Any pregnant woman presenting with an acute abdomen

3. STAFF
   • Registered Midwife/Registered Nurse
   • Appropriate medical staff with consultation with other sub-specialties (e.g. POWH surgical team) as necessary
   • Anaesthetic pain management team

4. EQUIPMENT
   • CTG machine
   • Tape measure

5. CLINICAL PRACTICE
   • Obtain brief history and baseline observations by midwife
   • Perform electronic fetal heart rate monitoring continuously (if >24 weeks gestation) while patient acutely unwell until medical orders to cease monitoring
   • Obstetric registrar to attend and assess the woman, obtain a detailed history and perform a physical examination
   • Discuss admission with the on-call consultant
   • Obtain consultation from other specialities as necessary with an appropriate level of urgency (e.g. anaesthetist, POWH surgical team)
   • Remain nil by mouth until otherwise ordered by Medical team
   • Insertion of intravenous cannula +/- intravenous fluids if patient is to remain nil by mouth
   • Take bloods and arrange ultrasound scan and X-rays as appropriate
   • Record hourly observations whilst in the acute phase or more frequently as indicated
     o Temperature
     o Pulse
     o Blood pressure
     o Respiratory rate
     o 02 saturations
     o pv loss
     o Abdominal girth if appropriate
     o Uterine activity
     o Pain assessment
   • Record strict fluid balance chart
   • Report abnormal observations or deterioration in maternal condition to the Obstetric registrar
   • Inform obstetrics registrar if ongoing analgesia is required

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ACUTE ABDOMEN – MANAGEMENT IN PREGNANCY GUIDELINE  cont’d

6. HAZARDS/SUB-OPTIMAL OUTCOMES
   • Maternal deterioration
   • Fetal compromise
   • Pre-term labour

7. DOCUMENTATION
   • Integrated notes
   • Fluid balance chart
   • Pain assessment form

8. EDUCATIONAL NOTES
   • The fetus relies on the maternal circulation for most homeostatic mechanisms so therefore if the maternal condition deteriorates so will fetal condition.
   • Physiological conditions that cause acute abdominal pain in pregnancy include round ligament pain, Braxton Hicks contractions and constipation.
   • Pathological conditions that cause acute abdominal pain relating to pregnancy include; miscarriage (most common); uterine fibroids; placental abruption; chorioamnionitis; preterm labour; uterine rupture, preeclampsia, acute fatty liver, abdominal pregnancy and problems with the adnexa such as ectopic pregnancy, ovarian cyst or torsion of an ovarian cyst.
   • Pathological conditions that cause acute abdominal pain unrelated to pregnancy include; urinary tract infection, acute appendicitis, intestinal obstruction, acute cholecystitis and cholelithiasis, Crohn’s disease, peptic ulcer disease, acute pancreatitis, acute pyelonephritis, rectal haematoma, sickle cell crisis, malaria, arteriovenous haemorrhage tuberculosis.

9. RELATED POLICIES/ PROCEDURES
   • Antenatal CTG policy
   • Midwifery Admission

10. REFERENCES