Approved by Quality & Patient Care Committee
April 2016

ACUTE ABDOMEN – MANAGEMENT IN PREGNANCY

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- 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

- Woman presenting with an acute abdomen

3. STAFF

- Medical, nursing and midwifery staff

4. EQUIPMENT

- Cardiotocograph (CTG) machine
- Disposable tape measure

5. CLINICAL PRACTICE

- Obtain brief history and perform baseline observations
- Activate PACE criteria for immediate medical review if criteria met
- Commence continuous electronic fetal heart rate monitoring (EFM) (if >24 weeks gestation) while patient acutely unwell. If abdominal pain is in the setting of abdominal trauma, this should be continued for at least 4 hours (see Trauma in Pregnancy LOP)
- Keep woman nil by mouth until otherwise ordered by medical team
- Call obstetric registrar to attend and assess the woman, obtain a detailed history and perform a physical examination. Discuss admission with the on-call consultant
- Record hourly observations whilst in the acute phase or more frequently as indicated
    - Temperature
    - Pulse
    - Blood pressure
    - Respiratory rate
    - 02 saturations
    - PV loss
    - Abdominal girth if appropriate
    - Uterine activity
    - Pain assessment
- Obtain consultation from other specialties as necessary with an appropriate level of urgency (e.g. anaesthetist, POWH surgical team)
- Insert intravenous cannula +/- intravenous fluids if patient is to remain nil by mouth
- Order and perform appropriate investigations
- Record strict fluid balance chart
- Report abnormal observations or deterioration of maternal condition to the obstetric registrar or activate Clinical Emergency Response System (CERS) if criteria met

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6. DOCUMENTATION

- Integrated clinical notes
- Fluid balance chart
- Standard Maternal Observation Chart (SMOC)
- CERS notification form and sticker

7. EDUCATIONAL NOTES

- An acute abdomen is any serious abdominal condition that clinically leads to abdominal pain, tenderness, muscle rigidity, for which surgical intervention may be considered.
- Abdominal pain in pregnancy is a common clinical presentation and prompt and accurate assessment can be challenging. Missed and delayed diagnoses is not uncommon.
- Abdominal surgery is made more difficult by the gravid uterus and consideration (including preterm birth) needs to be carefully weighed against surgical intervention.
- The fetus relies on the maternal circulation for most homeostatic mechanisms so therefore if the maternal condition deteriorates so will fetal condition.
- Typical presentations of conditions may be altered in pregnancy due to organ displacement.
- Physiological conditions that cause abdominal pain in pregnancy include:
    - Ligamentous pain (round ligament)
    - Braxton-Hicks contractions
    - Constipation
    - Sacro-iliac dysfunction due to postural changes in pregnancy
    - Labour
- Pathological conditions that cause abdominal pain relating to pregnancy include:
    - Ectopic pregnancy/miscarriage
    - Degeneration or torsion of uterine fibroids
    - Placental abruption
    - Ovarian cyst pathology
    - Ovarian torsion
    - Pre-eclampsia/HELLP syndrome
    - Acute fatty liver of pregnancy
    - Uterine rupture
    - Chorioamnionitis
- Pathological conditions that cause abdominal pain unrelated to pregnancy include:
    - Acute appendicitis
    - Urinary tract infection (including acute pyelonephritis)
    - Acute cholecystitis, cholelithiasis
    - Pancreatitis
    - Peptic ulcer disease
    - Renal or biliary colic
    - Metabolic disease including diabetic ketoacidosis, acute porphyria, hypercalcaemia
    - Rectal haematoma, sigmoid volvulus, intestinal obstruction
    - Inflammatory bowel disease, diverticulitis
    - Intestinal obstruction
    - Splenic rupture, splenic artery aneurysm
    - Acute sickle cell crisis
    - Abdominal trauma

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8. RELATED POLICIES/ PROCEDURES

- Cardiotocography (CTG) Antenatal
- Admission – Midwifery Guideline
- Trauma during pregnancy
- Sepsis in Pregnancy and Postpartum
- Antepartum Haemorrhage (APH)
- Pre-eclampsia - Intrapartum Care
- Patient with Acute Condition for Escalation (PACE): Management of Deteriorating Adult and Maternity Inpatient

9. RISK RATING

- Medium

10. NATIONAL STANDARD

- CC – Comprehensive Care

11. REFERENCES

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REVISION & APPROVAL HISTORY

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