

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
 - O₂ 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 PACE if criteria met

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Care Committee
April 2016

ACUTE ABDOMEN – MANAGEMENT IN PREGNANCY cont'd

6. DOCUMENTATION

- Integrated clinical notes
- Fluid balance chart
- Standard Maternal Observation Chart (SMOC)
- PACE 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

- Cardiocotography (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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3. James D.K.Steer,P.J,Weiner,C.P,Gonic,B.2010.*High Risk Pregnancy Management Options* 4th Edn W.B Saunders
4. Stone,K. 2002 Acute Abdominal Emergencies Associated with Pregnancy in *Clinical Obstetrics and Gynecol*,Vol 45 (2).June 2002.553-561.
5. Nelson-Piercy, C. *Handbook of Obstetric Medicine* 2015 5th edition. CRC Press London
6. Grady, K., Howell, C., Cox, C. *Managing Obstetric Emergencies and Trauma Course Manual* 2009 (2nd edition) RCOG Press; London, UK.

REVISION & APPROVAL HISTORY

Reviewed and endorsed Obstetrics LOPs group 7/4/16

Approved Quality Council 21/11/05

Reviewed and endorsed Maternity Services Clinical Committee 9/11/05

Approved Council 24/9/01

Previously titled : *The Management of an Antenatal Patient with an Acute Abdomen*

Reviewed October 2004 (finalised Nov 2005)

FOR REVIEW : APRIL 2019