HealthPathways Melbourne
*Putting knowledge into practice*

# CASE STUDY 11:

## HealthPathways assistance with pregnancy

Lucy is a new patient. She is 32 years old, and presents with her partner Jack, with concerns around some light vaginal bleeding.

On further history, the GP establishes that Lucy has had a positive result on a home pregnancy test and is 6 weeks pregnant by dates.

The GP consults the Pregancy Bleeding pathway to aid assessment, and arrange an urgent quantitative bHCG, FBE, blood group and Ab screen.

The GP also schedules her for a trans-vaginal pelvic ultrasound, along with other routine antenatal investigations as per the Antenatal Care – First Consult pathway.

On review later that week, Lucy's investigation are reassuring - her bleeding has stopped, and the GP states that bleeding in early pregnancy is common and often resolves with no long-term effects. The patient mentions that this is her third pregnancy, with her first 2 ending in miscarriage.



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The GP consults the Recurrent Pregnancy Loss pathway, and determines that she may benefit from vaginal micronised progesterone, given her history.

consider prescribing vaginal micronised progesterone 400 mg twice daily (commence in general practice if no contraindications): 6

**Vaginal progesterone**

- The role of vaginal progesterone therapy in women who are pregnant with a history of pregnancy loss is not settled.
- UK NICE guidelines now recommend to:
  - offer vaginal micronised progesterone 400 mg twice daily to women with an intrauterine pregnancy confirmed by a scan, if they have vaginal bleeding and have previously had a miscarriage, and
  - if a fetal heartbeat is confirmed, continue progesterone until 16 completed weeks of pregnancy

See – Ectopic pregnancy and miscarriage: diagnosis and initial management

- If vaginal bleeding this pregnancy and previous miscarriage
- From the time of ultrasound-confirmed intrauterine pregnancy and fetal heartbeat confirmed – continue until 16 completed weeks of pregnancy
- Refer for pregnancy booking as early as possible once pregnancy confirmed

The GP arranges a prompt Pregnancy Booking and discusses the role of an Early Pregnancy Assessment Service (EPAS) if there are ongoing concerns around bleeding.

Several weeks later, Lucy presents with concerns that she may have a UTI – so the GP consults the UTI and Asymptomatic Bacteriuria pathway and arranges testing and empirical treatment.

Lucy is concerned, due to a history of previously resistant UTIs, so the GP elects to seek further advice from a medicine's information service.

**Empirical treatment**

Treatment options include:

- cefalexin 500 mg orally, every twelve hours for five days.
- nitrofurantoin 100 mg orally, every six hours for five days (avoid close to term (> 36 weeks) due to risk of neonatal jaundice and haemolytic anaemia.

Before prescribing, see Australian Medicines Handbook or similar reference.

Consider seeking advice from a medicines information service if required.

**Medicines information service**

- Royal Women's Hospital Medicines Information Service
- Monash Health Drug Information Service

See also Medicines in Pregnancy and Breastfeeding.

The GP consults the pathway for further advice regarding when to re-test Lucy, and what to do if she were to develop recurrent UTIs this pregnancy.

Several months later, Lucy and Jack arrive with baby Matilda for their 6-week check. Everyone is doing brilliantly!

## Do you have a case study?

If you would like to be involved, submit a case study, or for more information email info@healthpathwaysmelbourne.org.au