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British Undergraduate Society of Obstetrics & Gynaecology
Inspiring the next generation of Obstetricians and Gynaecologists

Case: Vaginal bleeding in pregnancy

Candidate brief

You are an F1 in A&E.

Please take a focused history from Maria Smith, a 34-year-old female who presents at 19 weeks gestation with vaginal bleeding.

15 mins	1. Please take a full history (7 mins) 2. Counsel her with an appropriate management plan (4 mins) 3. Viva with the examiner afterwards (4 mins)
10 mins	1. Please take a full history (7 mins) 2. Viva with the examiner afterwards (3 mins)

Author: Molly Lim, 5th year, University of Sheffield
Reviewers: Natalie Farmer, FY2 Doctor, South Yorkshire Deanery
& Jenny Maclachlan, Year 5, University of Aberdeen

Patient Brief

(Do not volunteer information unless asked)

Name: Maria Smith
DOB: 24/07/1986 (34 years old)
Job: Accountant
Opening statement: "*I've had vaginal bleeding for the past 3 hours"*

HPC:

- **19 weeks gestation**
- Began 3 hours ago
- Bright red
- No previous episodes
- Had sexual intercourse last night
- No pain during sexual intercourse
- Very teary & anxious, concerned she is having a miscarriage

Associated symptoms

- Has post-coital bleeding (spotting)
- Increased vaginal discharge
- No abdominal pain, itching, odour
- Clear discharge

Obs Hx

- First pregnancy (G1P0)
    - Normal first-trimester scan & Down's syndrome screening
    - Booking blood tests normal

Gynae Hx

Period: Last menstrual period: 20 weeks ago
- Normally has regular periods

Smears: Last cervical smear was 2 years ago
STIs: no Hx
- Never paid for sex/had casual partners

Contraception: used to be on COCP before trying to conceive

PMHx – none

DHx – NKDA - none

FHx – none

SHx – lives with husband, drank occasionally prior to pregnancy and has never smoked

Other information:

- Other systems review - normal

Ideas: Very anxious that she is having a miscarriage

Concerns: Worried about why she is bleeding, and whether the baby is in danger

Expectations: Hopes that you can stop the bleeding and find out if the baby is alright

Investigations findings (Provide it after history taking or to enquire candidate about differential diagnosis)

INVESTIGATIONS:

BMI – 24kg/m^2

Speculum Examination – Inflamed and red external cervical os. Small amount of contact bleeding. Closed external os.

Abdominal Examination – Uterus reaches 1cm below umbilicus, soft and non-tender. Fetal heart is heard with hand-held Doppler.

BP: 117/69 mmHg, HR 70/min.

Examiner Brief

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15 mins	1. Please take a full history (7 mins) 2. Counsel her with an appropriate management plan (4 mins) 3. Viva with the examiner afterwards (4 mins)
10 mins	1. Please take a full history (7 mins) 2. Viva with the examiner afterwards (3 mins)

- **Please do not** provide **any verbal or non-verbal feedback** for the candidate. This includes nodding to correct answers and shaking head to wrong answers - particularly during the viva.
- **Please provide positive and negative feedback** (both verbal and written) at the end of the session once the examination is complete.
- The questions below are provided as a guide for discussion only. For viva, please ask questions surrounding the case and challenge the candidate where appropriate

Examiners will grade the performance across four domains: **(15 minute station)**

1. Clinical skills
2. Formulation of clinical issues
3. Discussion of management
4. Professional behaviours and patient centred approach

Positive descriptors		**Marks**
History/Clinical skills (18)		
Appropriate introduction, elicit patient details and invite consultation		2
Bleeding: Onset, Volume, Colour and Progression		2
Presence of **clots**, **dysuria**, **dyspareunia** or **discharge**		2
Menstrual history – age at time of menarche, LMP, regularity of periods and characteristics		2
Gynaecological history – STIs, cervical screening		2
Obstetric history – Gravity, Parity, asked if normal scan results/test results		2
Sexual history – asked if she has recently had sexual intercourse, regular sexual partners, infection risk factors		2
Enquire about **red flags:** cramping/sharp abdominal pain, persistent abdo pain, discharging fluid/tissue from vagina, diarrhoea & vomiting, fainting, shoulder tip pain		2
Past medical (surgical) history; drug history, family history, social history		1
Formulation of clinical issue (5)		
Summary and **interpretation** of clinical findings **accurately**		2
Good range of differential diagnoses		1
Viva		2
Discussion of management (4)		
Build patient concerns into plan and justify choice of investigations		2
Demonstrate MDT approach		1
Viva (Management)		1

Professionalism and patient centred approach (3)		
Able to elicit patient ideas, concerns, expectations		1
Use empathic behaviour and language Explain accurately, uses everyday language and check for understanding		1
Professional communication to examiner as colleague		1

Viva Questions: (Please ask questions surrounding the case and challenge the candidate where appropriate); **The questions below are provided as a guide for discussion only.**

Resource: Nice guidelines, teachmeobgyn.com, passmedicine

1. Differential diagnosis	Miscarriage, ectopic pregnancy, vaginitis, trauma, polyps, cervical cancer, cervical intraepithelial neoplasia, cervicitis, cervical ectropion
2. What are the risk factors for a cervical ectropion?	Pregnancy, after puberty, COCP, ovulatory phase (any factors suggestive of elevated oestrogen levels)
3. What other investigations should you do?	Triple swabs (endocervical and high vaginal swabs) should be taken.
4. How would you manage this patient with cervical ectropion?	Does not require treatment during pregnancy. Reassure that the cervical ectropion usually disappears following delivery of the baby.
5. How would you further manage this patient if her symptoms continued after delivery?	Consider repeat smear and referral to colposcopy for further investigation and to rule out serious causes. Avoid oestrogen-containing contraceptives. Treat only if symptoms are impacting quality of life, can include diathermy, cryotherapy and laser treatment but not usually required.