



**OBSTETRICS AND GYNAECOLOGY  
CLINICAL PRACTICE GUIDELINE**

# Abdominal pain: Non-specific in pregnancy

<b>Scope (Staff):</b>	WNHS Obstetrics and Gynaecology Directorate staff
<b>Scope (Area):</b>	Obstetrics and Gynaecology Directorate clinical areas at KEMH and OPH

**This document should be read in conjunction with the [Disclaimer](#).**

## Aim

- Non-specific pain refers to pain that has no clear cause or diagnosis.
- The aim of this guideline is to facilitate management of a woman who present with non-specific abdominal pain during pregnancy.

**Note:** All women presenting with abdominal pain must be reviewed by an obstetric Registrar or Consultant after the initial assessment.

## Criteria for referral to hospital

If clinical assessment via telephone or in person indicates any of the following listed below, then refer the patient to her support hospital for immediate obstetric review:

- Acute abdominal/uterine pain
- Persistent diarrhoea /vomiting, +/- signs of dehydration
- Preterm labour
- Vaginal bleeding
- Abnormal fetal heartrate
- Reduced fetal movements
- Signs of maternal infection
- Abnormal maternal observations
- Any preceding trauma to the woman's abdomen (consider MVA, domestic violence, fall or injury)
- Unable to determine cause.

This includes patients assessed in the Community Midwifery Program (CMP), Family Birth Centre (FBC), Midwifery Group Practice (MGP) and Osborne Park Hospital's Midwifery Antenatal Postnatal Service (MAPS) and Assessment Unit (AU).

Recommended mode of transport to hospital must be considered according to client's clinical status.

## Assessment

1. Document the history of abdominal pain noting:
  - duration and nature of pain
  - any urinary and bowel symptoms
  - presence of any vaginal bleeding or discharge
  - precipitating events.
2. Perform and record baseline maternal temperature, pulse, respiration, and blood pressure measurements.
3. Confirm the presence of fetal movements and auscultate the fetal heartrate. Manage care as per the WNHS Obstetrics and Gynaecology [Fetal Heart Rate Monitoring](#) Clinical Practice Guideline

**Note:** If the woman is  $\leq 24$  weeks gestation, consultation with the Obstetric Registrar is necessary before commencement of the CTG.
4. Collect a midstream urine specimen (MSU) - if on dipstick there is  $> 1+$  proteinuria or if there are positive nitrates or leucocytes, send specimen for MC&S.
5. Perform an abdominal palpation noting:
  - any tenderness or 'rigidity'
  - symphysis fundal height
  - lie
  - presentation
  - any uterine activity or irritability.
6. If fresh vaginal bleeding observed, arrange **urgent review with Obstetric Registrar or Consultant**
  - Refer to WNHS Obstetrics and Gynaecology [Antepartum Haemorrhage](#) Clinical Practice Guideline
7. If vaginal discharge (other than fresh bleeding) or uterine tenderness / irritability, perform a sterile speculum examination noting any cervical dilatation or discharge and take a HVS for MC&S.
8. If signs of vaginal bleeding or infection i.e. maternal pyrexia or tachycardia then:
  - obtain IV access
  - collect blood for FBP, G& H
  - collect a clotted serum sample for U&E's and /or LFT's.

**Note:** This specimen will only be sent to the laboratory when directed by medical staff.

  - Perform blood cultures if the maternal temperature is  $\geq 38^\circ$  C and refer to the [WNHS Adult / Maternal Sepsis Pathway](#) (EMR305990)
9. Arrange review by an Obstetric Registrar or Consultant.

## Abdominal pain: Non-specific in pregnancy

Keywords	Abdominal pain, MFAU QRG abdominal pain, pregnancy				
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Date First Issued:	Feb 2005	Last Reviewed:	April 2018	Review Date:	February 2028
Approved by:	Midwifery & Obstetrics Clinical Practice & Outcomes Committee			Date:	27 Nov 2024
Endorsed by:	Clinical Governance Committee			Date:	26 February 2025
NSQHS Standards Applicable:	<input checked="" type="checkbox"/>  1: Clinical Governance <input type="checkbox"/>  2: Partnering with Consumers <input type="checkbox"/>  3: Preventing and Controlling Healthcare Associated Infection <input type="checkbox"/>  4: Medication Safety		<input type="checkbox"/>  5: Comprehensive Care <input type="checkbox"/>  6: Communicating for Safety <input type="checkbox"/>  7: Blood Management <input checked="" type="checkbox"/>  8: Recognising and Responding to Acute Deterioration		
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### Version History

Number	Date	Summary
1.0	February 2005	First version
2.0	November 2007	Content update
3.0	December 2010	CG title: MFAU Quick Reference Guide – non specific abdominal pain
4.0	September 2014	Content reviewed. No changes.
5.0	April 2018	<ul style="list-style-type: none"> <li>Guideline name changed to Abdominal Pain: Non-specific in pregnancy</li> <li>“Flow Chart for the Management of Women presenting with Abdominal Pain” deleted from Guideline</li> <li>Community Midwifery Program (CMP) section added due to CMP rescinding the CMP Abdominal Pain guideline.</li> </ul>
6.0	November 2024	<ul style="list-style-type: none"> <li>Updated template, review of content</li> <li>Addition of respirations to baseline maternal observations.</li> <li>Criteria for referral section relocated to start of guideline, and reference to just CMP removed – info should also incl telephone triage for CMP, FBC, MGP, OPH MAPS and AU - heading and section streamlined.</li> <li>Included reference to Antepartum Haemorrhage Clinical Guideline for vaginal bleeding escalation, and Maternal Sepsis Pathway if patient has pyrexia.</li> </ul>

The health impact upon Aboriginal people has been considered, and where relevant incorporated and appropriately addressed in the development of this policy (insert ISD Number). (Please refer to the Aboriginal Health Impact Statement and Declaration for Department of Health and Health Service Provider Guidelines – please delete once you have completed this).

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