

## OBGYN– H&P #2

Chief Complaint: “vaginal bleeding and abdominal pain” x 2 days ago

### HPI:

27-year-old G2P2002 s/p NSVD on 03/20/2026 at 40w1d presents to OB triage for evaluation of postpartum vaginal bleeding and abdominal pain. Patient reports that her bleeding (lochia) stopped 4 days ago, but resumed today with increased volume. She used 2 pads yesterday and 4 pads today, stating today’s bleeding to be heavier than expected. She denies any passage of blood clots. She also reports constant lower abdominal pain that began 2 days ago, rated 7/10 in severity. Pain is non-radiating, and the patient has not taken any medication for the pain. She denies fever, chills, headache, nausea, vomiting, diarrhea, urinary symptoms (urgency, frequency, dysuria), flank or back pain, and recent sexual activity. She reports normal oral intake and hydration. She is currently breastfeeding.

### Obstetric History:

- NSVD x2; both used epidural anesthesia
  - 12/04/23: complication of fetal intolerance
  - 03/19/26: no complications

### Gynecologic History:

- Hx of BV and Yeast infection on 02/2026; treated accordingly with metronidazole and clotrimazole.
- **Last Pap:** 05/2023 (Cytology) without abnormalities; next due 05/2026

### PMHx:

- Iron Deficiency Anemia, unknown date of diagnosis
- Bell's Palsy, unknown date of diagnosis
- Up to date on immunizations, including influenza vaccine on 12/10/2025, 3rd dose of Gardasil-9 due on 05/2026

### Medications:

- Prenatal Vitamins, PO QD AM
- Ferrous Sulfate (Feratab) 325 (65 FE) mg tablet, PO once every other day
- Denies any other prescription, OTC medications, supplements, or herbal products

### PSHx:

- Appendectomy in Ecuador in 2019; no known complications

### Allergies:

- Pineapple; swelling, rash
- NKDA

### Family History:

- Paternal/Maternal Grandparents – unknown medical problems
- Mother – no known medical problems
- Father – deceased at an unknown age
- Sister – no known medical problems
- Brother – no known medical problems
- Denies any history of Breast CA, CRC, Ovarian CA, or other cancers.

Social History: Negative IPV. Denies drugs/vaping/alcohol/tobacco use.

ROS:

**General:** Denies fever, chills, night sweats, loss of appetite, weight loss, weakness, fatigue

**HEENT:** Denies headache, vision changes, neck stiffness, sore throat.

**Breast:** Denies breast pain, skin changes, lumps, nipple discharge.

**Respiratory:** Denies dyspnea, shortness of breath, wheezing, cough, hemoptysis

**Cardiovascular:** Denies palpitations or chest pain

**Gastrointestinal:** Admits to lower abdominal pain. Denies N/V/D, obstipation, constipation

**Genitourinary:** Admits to abnormal vaginal bleeding. Denies frequency, urgency, hesitancy, polyuria, dysuria, incontinence, and flank pain

**Endocrine:** Denies polydipsia, polyphagia, heat or cold intolerance, goiter, hirsutism

**Psychiatric:** Denies feelings of helplessness, feelings of hopelessness, lack of interest in usual activities, suicidal ideation, homicidal ideation

Vital Signs

<b>Vitals</b>	<b>19:50</b>
<b>BP</b>	117/85
<b>P</b>	82 bpm
<b>RR</b>	18 breaths/min
<b>T (oral)</b>	98.2 F
<b>O2 Sat</b>	100% on room air

**Height:** 1.397m (4' 7") | **Weight:** 63.5 kg (140 lb) | **BMI:** 32.54

Physical Exam

**General Survey:** Well-appearing, not in acute distress.

**Skin:** pink and warm, no lesions or rashes seen

**HEENT:** normocephalic, mucous membranes are moist

**Cardiovascular:** Rate and Rhythm: Normal Rate

**Pulmonary:** Pulmonary effort is normal.

**Abdomen:** Abdomen is soft, NTND, normal uterine involution, negative suprapubic tenderness, negative guarding, negative rebound tenderness

**Genitourinary:** External genitalia normal without lesions, erythema, or edema. Vaginal mucosa pink and moist. Cervix smooth, pink, without lesions or friability. No active bleeding; small amount of mucous discharge tinged with dark blood, no odor or clots. No cervical motion tenderness. Uterus firm, non-tender, with normal involution. No adnexal masses or tenderness.

**Neurological:** Patient is alert and oriented to person, place, and time

**Psychiatric:** Normal mood, affect, and behavior

Labs/Imaging

**Bedside TA Sonogram:** thick endometrial lining of 3cm with possible retained products of conception

## Assessment

27-year-old G2P2002 s/p NSVD on 03/20/2026, presenting with increased postpartum bleeding and lower abdominal pain, concerning for secondary postpartum hemorrhage, most likely due to possible retained products of conception.

## D/Dx

1. Retained Products of Conception
  - a. Rationale: Most likely given secondary postpartum bleeding after initial resolution of lochia, abdominal pain, and ultrasound showing thickened endometrial lining concerning for retained tissue.
2. Endometritis
  - a. Rationale: Postpartum bleeding with abdominal pain concerning for uterine infection; however, less likely in absence of fever, uterine tenderness, or foul-smelling lochia.
3. Endometrial Hematoma
  - a. Rationale: Can present with echogenic or thickened endometrial cavity and cramping with abnormal postpartum bleeding due to retained blood products/clot within the uterus.
4. Subinvolution of the Uterus
  - a. Rationale: Delayed or inadequate uterine involution leading to prolonged or recurrent lochia and postpartum bleeding after initial improvement.
5. Uterine Atony
  - a. Rationale: Inadequate uterine tone can lead to postpartum hemorrhage; less likely in this case given firm uterus on exam and normal uterine involution.

## Problem Lists & Plan

### **#Postpartum Bleeding and Abdominal Pain, Thickened Endometrial Lining of 3cm, Concerning for Retained Products of Conception**

- UA & UCx
- CBC, T&S, Prepare 2U RBC
- IV Fluids with LR
- Administer Vaginal Misoprostol (Cytotec)
- Re-eval and Re-scan with official TA/TV US in the following AM
- If the patient does not pass the retained POC, may consider the patient to go to the OR for a D&C
- Ibuprofen 800mg PRN for pain
- Heat Pack PRN for pain

## Labs/Imaging Results

### **UA w/ Reflex Microscopic**

- pH: 6.0
- Color: Yellow
- Appearance: Clear
- Glucose: Negative
- Bilirubin: Negative
- Ketones: Negative

- Specific Gravity: 1.023
- Blood: Negative
- Protein: Negative
- Urobilinogen: 0.2
- Nitrite: Negative
- Leukocyte Esterase: Negative
- WBC: 0.5
- RBC: 0.4
- Bacteria: None seen
- Squamous Epithelial Cells: 0-5
- Cast: 0-2

**Urine Culture:** In process

**CBC & Differential**

- WBC: 7.41
- RBC: 4.10
- HGB: 11.0 (↓)
- HCT: 34.5 (↓)
- MCV: 84.1
- MCH: 26.8
- MCHC: 31.9
- RDW: 16.0 (↑)
- PLT: 366
- Neutrophil %: 72.4
- Lymphocyte %: 18.1 (↓)
- Monocyte %: 6.1
- Eosinophil %: 2.6
- Basophil %: 0.5
- Imm Gran %: 0.3

**Type and Screen**

- ABO Grouping: O
- Rh Factor: Positive
- Antibody Screen: Negative

Disposition

Observe overnight and re-evaluate in the following AM for official TA/TV sonogram.

Overnight Events

**00:24 (4/1)**

- Pt endorses 2 episodes of vaginal bleeding, EBL 100cc noted, no clots or products of conception seen
- Consulted with Dr. Shilkrut, bleeding as expected
- Kept NPO in case of surgical management

**12:14 (4/1)**

- Bedside TA US Sonogram performed → collection of blood/fluid noted in endometrial cavity
- Patient to have official radiologic US for complete evaluation of anatomy

- Remain NPO until radiology evaluation complete
- Pt denies significant vaginal bleeding, abnormal discharge, pain, or dysuria

**16:13 (4/1)**

- TVUS completed → heterogeneous fluid in endometrial cavity with echoes, findings suggestive of retained products of conception or may be blood products
- Plan
  - Counseled pt on blood products vs. RPOC; however in the setting of normal and stable vitals, afebrile, no uterine tenderness, no abnormal discharge, no continued vaginal bleeding, no foul smell; there is low suspicion for RPOC and fluid collection is most likely to be blood
  - Return precautions given; if continued concern for RPOC, will need to undergo surgical management
  - Pt is stable to be D/C home