No8 COMMUNITY AND SECONDARY PATHWAY FOR NON-LABOUR ABDOMINAL PAIN IN PREGNANCY – 01/02/2026 V5

If pain with PV bleeding – For URGENT HOSPITAL REVIEW

If term and suspected labour.
Follow WICN latent phase guidance

Dysuria and frequency

Follow Symptomatic UTI Pathway (No 3)

MILD pain / discomfort and no uterine activity and the absence of other concerns

Advise regular analgesia
Warm bath

Refer to DAU/hospital if pain persists after 4 hours

Take full history and risk assessment
Consider Gestation, Location, Duration, PV loss and fetal movements
Consider causes suitable for primary care review – Constipation/PGP

Consider differential causes to acute abdominal pain · Gastrointestinal. · Genitourinary. · Gynaecological or obstetric. · Hepatobiliary and pancreatic. · Other causes.
Common causes
Appendicitis /Biliary colic/ Cholecystitis

MODERATE pain /suspected uterine activity

Refer to DAU
16/40- EPAU as per local policy

SEVERE constant pain

Urgent referral to hospital

Perform full antenatal assessment and CTG if ≥ 26 weeks.
Obtain Obstetric Review

Consider diagnostic testing and optimisation for preterm birth if ≥ 24 to 34+6 weeks

Pain settled and negative result
Consider discharge

Pain ongoing
Follow local policy or CKS NICE acute

Positive
Admit – Senior Review
Follow local policy

Factors to consider
- Vulnerable Women
- Domestic Abuse
- Communication barrier

This guidance does not replace the need for application of clinical judgment by clinicians to each individual presentation and specifics of the situation. Pathways current at time of Publication.
Lack of referenced evidence so based on clinical consensus
CKS NICE 2025 abdominal pain Acute