Abdominal Pain in Pregnancy: Obstetric and Non-Obstetric Causes

Obstetric Causes of Abdominal Pain

Before 24 Weeks:

- Miscarriage - dull ache to severe pain; often with vaginal bleeding
- Ectopic pregnancy - unilateral pain <12 wks, with PV bleeding and shoulder tip pain
- Round ligament pain - outer uterine pain radiating to groin, triggered by movement
- Red degeneration of fibroids - localized pain with low-grade fever (12-22 weeks)
- Urinary tract infection - suprapubic pain, dysuria, frequency
- Constipation - colicky lower abdo pain, slow motility

After 24 Weeks:

- Labour (term or preterm) - regular painful contractions
- Braxton Hicks - painless, irregular tightenings
- Placental abruption - sudden pain ± PV bleed; rigid uterus, fetal distress
- HELLP/preeclampsia - RUQ/epigastric pain with signs of PET
- Uterine rupture - sudden pain, shock, palpable fetal parts

Non-Obstetric Causes of Abdominal Pain

Gastrointestinal:

- Appendicitis - RLQ pain, displaced by gravid uterus
- Intestinal obstruction - vomiting, pain, constipation
- Cholecystitis - RUQ pain, Murphy's sign, fever
- Pancreatitis - epigastric pain radiating to back

Gynaecological:

- Adnexal torsion - sudden-onset colicky pain
- Ovarian cyst accidents - torsion, rupture, hemorrhage

- PID - lower abdo pain ± fever, cervical motion tenderness

- Mittelschmerz, dysmenorrhoea - rare in pregnancy

Urological:

- UTI - as above

- Renal calculi - flank pain radiating to groin, hematuria

Other Causes:

- Pneumonia - referred pain

- DKA - nausea, vomiting, tachypnoea

- Sickle cell crisis - diffuse pain

Associated Symptoms & What to Rule Out

Symptom	**Relevant Conditions**	**What to Rule Out**
Vaginal bleeding	Miscarriage, ectopic, abruption	Viability, haemorrhage, rupture
Urinary symptoms	UTI, renal colic	Infection, preterm labour
Fever	Chorioamnionitis, appendicitis, etc.	Systemic infection/inflammation
Shoulder tip pain	Ectopic pregnancy	Ruptured ectopic
Vomiting + Constipation	Obstruction, appendicitis	Surgical abdomen
Nausea & back pain	Pancreatitis, UTI	Systemic disease
Contractions	Labour vs Braxton Hicks	Check cervix and fetal well-being
Discharge (PV)	Infection, SROM	Rule out chorioamnionitis
Hx of surgery/CS	Uterine rupture, adhesions	Need for laparotomy
Palpable mass	Fibroid, torsion	USS, labs