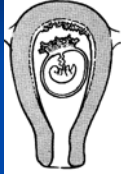


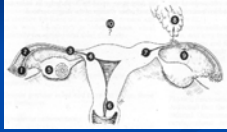
## haemorrhage in early pregnancy

Dr. Neetu Singh  
Dept of OBGY


### Causes of early bleeding in pregnancy



Abortion



Ectopic pregnancy






Hydatidiform mole

### Abortion/Miscarriage

- **Definition:** any fetal loss from conception until the time of fetal viability at 24 weeks gestation.  
OR:  
Expulsion of a fetus or an embryo weighing 500 gm or less when it is not capable of independent survival
- **Incidence:** 15 - 20% of pregnancies
- **Classification:**
  1. spontaneous:  
occurs without medical or mechanical means.
  2. induced abortion

### Pathology

- Most commonly, necrotic changes occur in the decidual tissue about the placenta site and result in hemorrhage into this area
- As bleeding continues, the sac and the placenta become detached from the uterine wall and are expelled by uterine contractions


### Common causes of abortion

<p>1<sup>st</sup> trimester</p> <ul style="list-style-type: none"> <li>■ Genetic factors</li> <li>■ Endocrine disorders</li> <li>■ Immunological disorders</li> <li>■ Infection</li> <li>■ Unexplained</li> </ul>	<p>2<sup>nd</sup> trimester</p> <ul style="list-style-type: none"> <li>■ Anatomic abnormalities                             <ul style="list-style-type: none"> <li>■ Cervical incompetence</li> <li>■ Mullerian fusion defects</li> <li>■ Uterine synechiae</li> <li>■ Uterine fibroids</li> </ul> </li> <li>■ Maternal medical illness</li> <li>■ unexplained</li> </ul>
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### Types of spontaneous abortion

- Threatened abortion.
- Inevitable abortion.
- Incomplete abortion.
- Complete abortion.
- Missed abortion


- ❖ **Septic abortion:** Any type of abortion, which is complicated by infection
- ❖ **Recurrent abortion:** 3 or more successive spontaneous abortions




Threatened miscarriage



Incomplete miscarriage



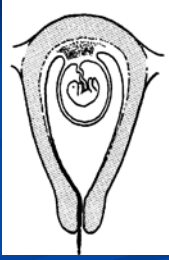
Inevitable miscarriage



Missed miscarriage

### Clinical features/management

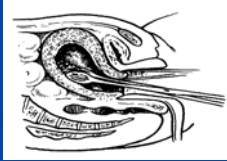
- **Threatened abortion:**
  - Short period of amenorrhea.
  - Corresponding to the duration.
  - Mild bleeding (spotting).
  - Mild pain.
  - P.V.: closed cervical os.
  - USG: viable intra uterine fetus.
- **Management**
  - reassurance.
  - Rest.
  - Repeated USG



### Inevitable abortion

- **Clinical feature:**
  - Short period of amenorrhea.
  - Heavy bleeding accompanied with clots (may lead to shock).
  - Severe lower abdominal pain.
  - P/V.: opened cervical os.
  - USG: non-viable fetus and blood inside the uterus.

- **Management:**
  - fluids.....blood.
  - ergometrin & sintocinon.
  - evacuation of the uterus (medical/surgical).



### Incomplete abortion

- ❖ **Clinical feature:**
  - Partial expulsion of products
  - Bleeding and colicky pain continue.
  - P/V.: opened cervix... retained products may be felt through it.
  - USG: retained products of conception.
- ❖ **Treatment**
  - as inevitable abortion

### Complete abortion

- expulsion of all products of conception.
- Cessation of bleeding and abdominal pain.
- P/V: closed cervix.
- USG: empty uterus.

### Missed abortion

- **Feature:**
  - gradual disappearance of pregnancy symptoms signs.
  - Brownish vaginal discharge.
  - Milk secretion.
  - Pregnancy test: negative but it may be + ve for 3-4 weeks after the death of the fetus.
  - USG: absent fetal heart pulsations.
- **Complications**
  - Infection (Septic abortion)
  - DIC

- **Treatment**
  - Wait 4 weeks for spontaneous expulsion. Evacuate if:
    - Spontaneous expulsion does not occur after 4 weeks.
  - Infection/DIC
  - Manage according to size of uterus
    - Uterus < 12 weeks : dilatation and evacuation.
    - Uterus > 12 weeks : try Oxytocin or PGs.

### Septic abortion

- Infection of the uterus and the surrounding structures
- If bleeding is minimal
  - Treat infection with broad-spectrum antibiotics (anaerobic and aerobic)
  - D&C
- Bleeding is severe
  - The products of conception from the cervix are removed with a **sponge holding forceps**.
  - Broad-spectrum antibiotics intravenously
  - When Infection is controlled → D&C

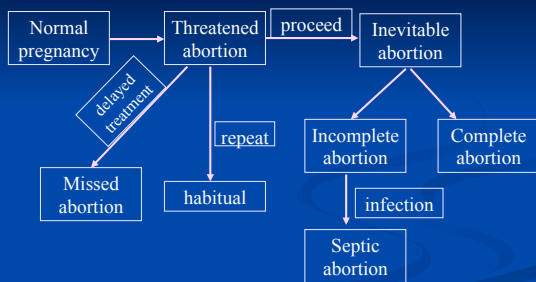
### Habitual abortion (recurrent)

- Sequential 3 or more times of spontaneous abortion
- Treatment :Rest
- Increase nutrition: VitB, VitC, VitE...
- Medical treatment
  - Hypofunction of corpus luteum—progesterone
- Surgical treatment
  - Correction of congenital anomalies of uterus, removed of myomas
  - Repair of the incompetent cervix: 12~20w

### Complications

- Excessive blood loss: severe or persistent hemorrhage
- Sepsis: develops after selfinduced abortion
- Infection
- Intrauterine synechia
- Infertility
- Perforation of uterine wall: during dilatation and curettage
  - Injury to the bowel and bladder
  - Hemorrhage
  - Infection
  - Fistula formation

### Relationship between every stage



thanks