

Early pregnancy bleeding

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Abortion

Ectopic pregnancy

Gestational trophoblastic diseases

Abortion

Defintion

Any interruption with or without expulsion of product of conception before the age of viability (the foetus is sufficiently developed to survive).

Another commonly used definition is the delivery of a foetus-neonate that weighs less than 500 gm.

Another term is miscarriage.

Classification

Spontaneous abortion

Criminal abortion

Types / Varieties of abortions

Spontaneous abortion (*incidence 15% of all pregnancy*)

- Threatened abortion
- Inevitable abortion
- Cervical abortion
- Incomplete abortion
- Complete abortion
- Missed abortion
- Septic abortion
- Habitual abortion or Recurrent pregnancy loss

Mechanism of Abortion

- Upto 8 weeks G. Sac tends to be expelled complete & decidua is shed thereafter
- 8-12 wks decidua capsularis ruptures and the embryo is expelled entire or after rupture of the amnion.
- After 12 wks placenta is completely formed & processes like minilabour. Here placenta to be retained due to firmer attachment with uterine wall.

Pathology and etiology

- Haemorrhage into the decidua basalis & necrotic changes the tissue adjacent to the bleeding usually accompany abortion, ovum detached, and this stimulates uterine contraction that result expulsion.
- When there is no visible fetes called **Blighted ovum**.
- Carneous mole is an ovum surrounded by a capsule of clotted blood. The capsule of varying thickness, with degenerated chorionic villi scattered through it. The small, fluid-containing cavity within appears compressed & distorted by thick walls of old blood clot.

Ethology

- Genetic
- Endocrine & metabolic
- Anatomic
- Infection
- Immunological
- Antifetal antibodies
- Thrombophilia
- Others

Others

- Blood group incompatibly
- Rupture membrane
- Environmental - cigarette smoking , alcohol , drugs, chemical & noxious agent
- Unexplained 40-60% - risk increases with maternal age
- 22% of all pregnancy are lost before clinical diagnosis

Common causes of miscarriage

- 1st trimester - 1. genetic 50%, 2. Endocrine 3. Immunological 4. Infection, 5. Unexplained
- 2nd trimester - 1. Anatomic abnormality leads to recurrent pregnancy loss, 2. maternal illness 3. Unexplained

Clinical Presentation

- Period of amenorrhea
- Varying amount of per vaginal bleeding
- With or without lower abdominal pain
- With or without passage of fleshy mass or any parts of product of conception.

Investigation

- After thorough medical, surgical & obstetric history with meticulous exam to find out the possible causes investigations planned.
- USG of lower abdomen for preg profile

Treatment

- Hospitalisation
- Evaluation her condition
- Treat according to her aetiology .

Induction of abortion

- Deliberate termination of pregnancy either by medical or by surgical method before the viability of the foetus is called induction of abortion.
- It may be legal(medicolegal) or illegal (criminal).
- MTP(medical termination of pregnancy - for the interest of mother's health of life
 - ◆ serious risk of life or grave injury of mother.
 - ◆ there is substantial risk of child physically or mentally
 - ◆ pregnancy by rape or mentally imbalance women.
 - ◆ pregnancy as a result of failure of contraception.

Method of termination

Medical

- 1st trimester upto 12 weeks
- Mifepristone
- Mifepristone and Misoprostol
- Methotrexate and Misoprostol
- Tamoxifen and Misoprostol

Method of termination

Medical

- 2nd trimester (13 -20 weeks)
- Prostaglandins— misoprostol, 15 methyl $\text{PGF}_{2\alpha}$ and their analogues used intravaginally, intramuscularly and intraamniotically.

Method of termination

Surgical

- *1st trimester*
- Menstrual regination -MR
- Vacuum aspiration
- Suction evacuation
- Dilatation and curettage

Method of termination

Surgical

- 2nd trimester (13 -20 weeks)
- Dilatation and curettage
- Intrauterine instillation of hyperosmolar solutions
- Oxytocin infusion
- Hysterotomy

Complications of MTP

- No universal safe and effective method.

* Immediate

◆ Injury to the cervix like laceration

◆ Uterine perforation

◆ Haemorrhage

◆ Thrombosis or embolism

◆ Postabortal triad of pain, bleeding & low grade fever due to retained clot or product

◆ Related to method employed- PG causes vomiting diarrhoea fever, cervicouterine injury, Oxytocin causes water intoxication, convulsion, saline infusion -RF, DIC

Remote complication

- Gynaecological complications
 - * Menstrual disturbance
 - * Chronic pelvic pain, chronic pelvic inflammation
 - * Infertility due to cornual block
 - * Uterine synechiae leading to secondary amenorrhoea
 - * Scar endometriosis 1%

Remote complications

- Obstetrical complications
 - * Recurrent preg loss due to cervical incompetence
 - * Ectopic pregnancy - 3fold increases
 - * Preterm labour
 - * Dysmaturity
 - * Increases perinatal loss
 - * Chance of rupture uterus
 - * Rh isoimmunization if prophylactically protected
 - * Failed abortion and continuation of pregnancy. 4-10%

MORTALITY

- Lowest at 1st trimester 0.6/100000 procedure sp with MVA & suction evacuation
- Mortality increases specially mid trimester 5-6 times to that 1st trimester.

The End