EARLY PREGNANCY COMPLICATIONS

BLEEDING

Bleeding in pregnancy can happen without any serious issues. It is called abortion or miscarriage.

Miscarriage or abortion is the loss of pregnancy in the first 20 weeks. About 10% to 20% of pregnancies end in miscarriage.

Q: What kind of issues might put me at higher risk for miscarriage/abortion?

A: Majority of the miscarriages in the first three months of the pregnancy are thought to be events caused by chromosomal abnormalities of the fertilised egg. This means the egg or sperm had the wrong number of chromosomes and as a result the fertilised egg may end in abortion.

Older women are more likely to conceive babies with chromosomal abnormalities which may lead to miscarriage.

Chronic diseases or disorders such as diabetes, inherited blood clotting disorders, auto immune disorders, hormonal disorders etc. are some of the condition that could lead to miscarriage/abortion.

Certain congenital uterine or cervical abnormalities and uterine fibroid may lead to miscarriage/abortion.

Smoking, drinking and using drugs increases the risks for miscarriage/abortion.

Q: What are the signs that I may be having a miscarriage or abortion?

A: Vaginal spotting or bleeding is usually the first sign but one in four pregnant women would have some bleeding or spotting in early pregnancy and more than half of these pregnancies do not end in abortion.

Persistent abdominal pain and cramps with vaginal bleeding may be a sign of abortion.
Some miscarriages or abortion are first suspected during the first visit when the doctor is unable to hear the heartbeat with the ultrasound.

**Q: Is there anything I could do to prevent my miscarriage?**

A: Most likely there was nothing you could have done to prevent miscarriage-abortion. Most miscarriages/abortions are results of chromosomal or genetic defect which could not be prevented. However, if you have had more than one miscarriage-abortion, your doctor may run test for other possible causes such as immune disorders, hormone disorders or illness.

**Q: What should I do if I suspect that my pregnancy is ending in abortion?**

A: You should see your doctor immediately. An ultrasound preferably using the vaginal probe would confirm the viability of the pregnancy. If the heartbeat cannot be seen after seven weeks of pregnancy, the chances are that abortion has already occurred. However, if the sac or embryo is smaller than expected, the absence of heartbeat might just mean that your dates are off and you need a repeat scan one or two weeks later.

If you have bleeding after twelve weeks of pregnancy and examination shows that your cervix is shortening or opening, your doctor may decide to perform a procedure called cerclage. This is a procedure in which the cervix is stitched so that miscarriage-abortion or premature delivery can be prevented. The procedure itself may be associated with some risk.

If you are showing signs of possible miscarriage or abortion, your doctor may prescribe bed rest and advise not to have sex which may be of some benefit although not proven.

**Q: What should I do if my doctor tells me I have lost the pregnancy but I still have not evacuated the entire tissue?**

A: You may need a procedure called dilatation and curettage or popularly called D&C. A speculum is inserted into your vagina, the cervix is dilated and the uterus is curetted. Very often a procedure called suction curettage is done where a hollow plastic tube is inserted into the cervix and the foetal tissues are sucked out. The whole procedure last about 15 minutes and it is done under sedation. Pain is not felt by the patient.
If your blood group is Rh negative, you will receive Rh immune globulin too.

**Q: What happens after suction curettage or D&C following miscarriage /abortion?**

A: You may have mild menstrual-like cramps for a day or two with light bleeding. Mild pain killers with or without antibiotics may be prescribed. Use pads and not tampons. Avoid sex, swimming, douching and other vaginal medications for at least three to four weeks.

If you begin to bleed heavily after the procedure, it may be a sign of infection or an incomplete evacuation. You should see a doctor immediately.

**Q: Does having one miscarriage/abortion mean I am likely to miscarry again?**

A: It is unlikely that this would happen again. In certain cases, special blood and genetic test may be needed if habitual abortions (consecutively more than two) occur.

**Q: When can I try to conceive again?**

A: It is advisable to wait at least three menstrual cycles to occur so that you would have recovered physically and emotionally by then. Perhaps some form of birth control should be practiced until then.

**Q: Can miscarriages or abortion be stopped or prevented in early pregnancy?**

A: Miscarriages or abortions in early pregnancy very often cannot be prevented or stopped no matter how precious that pregnancy is. If you are bleeding painlessly, you are likely having an abortion and the doctor will be able to confirm the process by an ultrasound scan.

**ECTOPIC PREGNANCY**

In ectopic pregnancy, the embryo gets implanted in a location other than the uterus. It may grow in the tube or the ovary but the growth cannot go on for too long. The pregnancy sac bursts and the embryo dies. This can lead to
very severe bleeding and shock. Immediate hospitalisation, proper diagnosis and treatment including surgery is indicated.

**MOLAR PREGNANCY**

In some pregnancies, the embryo does not grow but the placental tissue keep growing and invading into the uterine wall and further. This looks like a bunch of grapes and is called vesicular mole. Diagnosis is made by ultrasound and blood test where the beta HCG levels are extremely high.

Treatment consists of dilatation and curettage (D&C). The scrapped material are sent for pathological examination for more accurate diagnosis.

**HYPEREMESIS GRAVIDARUM (morning sickness)**

This is a condition where the normal nausea and vomiting of pregnancy becomes greatly exaggerated. The patient is unable to eat anything and becomes grossly dehydrated. Occasionally patient needs admission, intravenous fluid and medicines to treat vomiting.

**OTHER DISORDERS IN PREGNANCY**

Some abnormal conditions in pregnancy are identified as a result of blood test. These includes rubella, syphilis, AIDS, hepatitis etc.

Although few medical disorders can prevent pregnancy, a lot of diseases can complicate it.

Pregnancy diabetes, hypertension, renal disorders, thyroid diseases, pituitary disorder must be kept in mind during pregnancy.