



การพยาบาลสตรีที่มีเลือดออกในระยะตั้งครรภ์

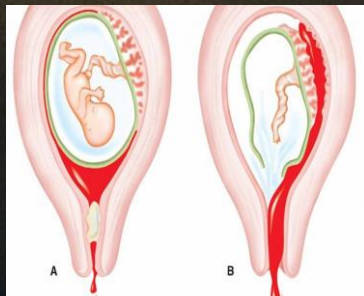
NURSING CARE IN PREGNANCY WITH BLEEDING

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Scope



- 01 ➤ Miscarriage (spontaneous abortion)
- 02 ➤ gestational trophoblastic disease.
- 03 ➤ Ectopic pregnancy
- 04 ➤ Abruption placenta
- 05 ➤ Placenta previa



OUTCOME.....

1. Apply Obstetric Nursing and other sciences for caring patients

2. Effective communication in Thai & English

3. Choose appropriate Nursing Technology



วัตถุประสงค์ของรายวิชา.....

1.อธิบายการดูแลสตรีตั้งครรภ์ ทารกในครรภ์และทารกแรกเกิดที่มี
ภาวะเสี่ยง ภาวะแทรกซ้อนในระยะตั้งครรภ์ได้

2. วิเคราะห์ประเด็นปัญหาและแนวโน้มด้านกฎหมาย จริยธรรม และ
สิทธิผู้ป่วยที่เกี่ยวข้องกับการพยาบาลสตรีตั้งครรภ์ที่มีภาวะเสี่ยงหรือ
ภาวะแทรกซ้อนได้



MISCARRIAGE (SPONTANEOUS ABORTION)

: meaning

- loss of a pregnancy before 20 weeks' gestation
- happen in the first trimester of pregnancy
- Chromosomal problems



TYPES OF MISCARRIAGE :

1. Missed miscarriage:
2. Complete miscarriage:
3. Recurrent miscarriage
4. Threatened miscarriage
5. Inevitable miscarriage



TYPES OF MISCARRIAGE :

1. Missed miscarriage: lost the pregnancy but are unaware it's happened. There are no symptoms of miscarriage, but an ultrasound confirms the fetus has no heartbeat

2. Complete miscarriage: lost the pregnancy and uterus is empty. They've experienced bleeding and passed fetal tissue. The provider can confirm a complete miscarriage with an ultrasound



TYPES OF MISCARRIAGE :

3. Recurrent miscarriage: Three consecutive miscarriages. It affects about 1% of couples

4. Threatened miscarriage: cervix stays closed, bleeding and experiencing pelvic cramping. The pregnancy typically continues with no further issues.

Monitor more closely for the rest of pregnancy.

5. Inevitable miscarriage: bleeding, cramping and cervix has started to open (dilate) , amniotic fluid leak, complete miscarriage is likely



THE MOST COMMON SIGNS ARE :

- Bleeding , pass grayish tissue or blood clots.
- Cramps and abdominal pain
- Low back ache
- Decrease in pregnancy symptoms.



CAUSES AND RISK FACTORS :

- Chromosomal abnormality ; about 50% of all miscarriages in the first trimester
- Several factors may cause miscarriage:

++ Infection : TORCH diseases.

++ Medical disease ; DM, Thyriod

++ Hormonal imbalances. Severe malnutrition.

++ Uterine abnormalities.



CAUSES AND RISK FACTORS :

- Several factors may cause miscarriage:

++ Lifestyle factors such as smoking, drinking alcohol or using recreational drugs.

++ Disorders of the immune system like lupus.

++ Certain medicines, such as the acne drug isotretinoin (Accutane®).

++ Advanced maternal aged



DIAGNOSIS :

1. History & Physical examination :

History

- Bleeding per vagina
- Cramps and abdominal pain
- Pass grayish tissue or blood clots.
- Pregnancy symptoms
- Fever



DIAGNOSIS :

1. History & Physical examination :

Physical examination

- Uterus enlarge
- Fetal Heart sound +ve
- PV



DIAGNOSIS :

2. Laboratory & other

- CBC , UA , Urine pregnancy test
- Beta human chorionic gonadotropin - β -hCG
- Wet smear , gram stain
- Culture
- Ultrasound



DIFFERENTIAL DIAGNOSIS :

- Ectopic pregnancy
- Gestational trophoblastic disease ,Molar pregnancy
- Cervical carcinoma
- Twisted Ovarian cyst



SIGNS & SYMPTOMS :

Type	Missed miscarriage	Complete miscarriage	Recurrent miscarriage	Threatened miscarriage	Inevitable miscarriage
Bleeding	+/- dark brown	Little bleeding dark brown	More bleeding	dark brown to little bright red blood	More bleeding
gestational	Before 12 wks.	Before 12 wks.	Before 12 wks.	Before 20 wks.	Before 20 wks.
Uterus size	size<date	size<date	-	size=date	size = date or < date



SIGNS & SYMPTOMS :

Type	Missed miscarriage	Complete miscarriage	Recurrent miscarriage	Threatened miscarriage	Inevitable miscarriage
Preg. symptoms	loss	-	-	-	-
Cervical os	Closed	Closed	Opened	Closed	Opened
membrane				intact	tear
Success rate	--	--	+/-	+	--



SIGNS & SYMPTOMS :

Type	Missed miscarriage	Complete miscarriage	Recurrent miscarriage	Threatened miscarriage	Inevitable miscarriage
Pain	-	-	+	+/-	++
Caring	-Medical treatment -Surgical treatment	-Counselling -Expectant	-wait -Medical treatment -Surgical treatment	-rest -No SI -Progestogen -Observe	-Observe -Medical treatment -Surgical treatment



TREATMENT :

1.Expectant

2.Medical treatment ; misoprostol (Cytotec[®]) vaginal /anal

suppository

3.Surgical treatment ; manual vacuum aspiration



Gestational trophoblastic disease
or Molar pregnancy

GESTATIONAL TROPHOBLASTIC DISEASE



- rare complication of pregnancy.

It involves unusual growth of cells called trophoblasts.

These cells typically become the organ that feeds a growing fetus. That organ also is known as the placenta.

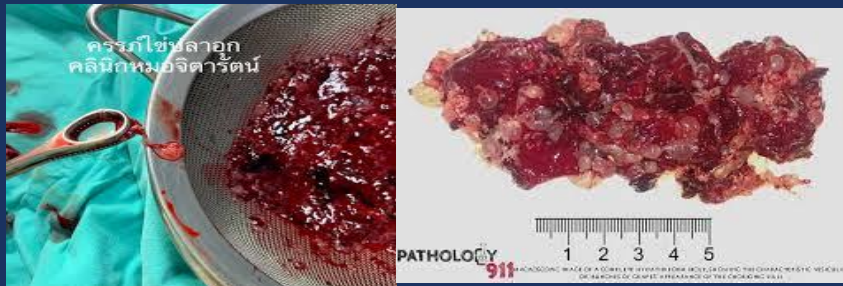


TYPE OF GTD

- Classify in 2 Types

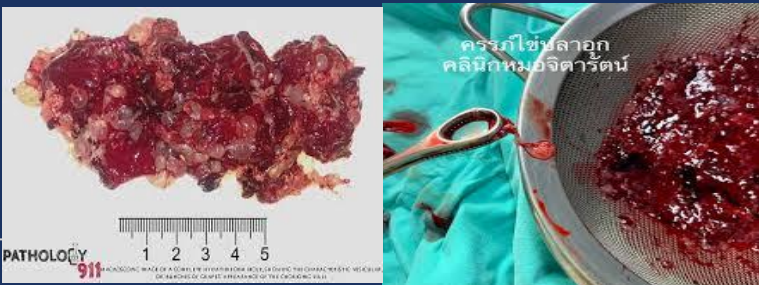
1. Complete type

2. Partial type



TYPE OF GTD

1. Complete type, one or two sperm fertilize an egg. The chromosomes from the mother's egg are missing or don't work. The father's chromosomes are copied. There's none from the mother. The placental tissue swells and appears to form fluid-filled cysts. There is no fetus.



TYPE OF GTD



2. Partial type the mother's chromosomes are present, but the father supplies two sets of chromosomes. The embryo then has 69 chromosomes instead of 46. The resulting in an extra copy of the father's genes might have both regular and irregular tissue. There may be a fetus, but the fetus can't survive. The fetus usually is miscarried early in the pregnancy.



RISK FACTORS ;

Earlier GTD. If they've had one molar pregnancy, they're more likely to have another. A repeat GTD happens, on average, in 1 out of every 100 people.

- **Age of the mother.** A molar pregnancy is more likely in people older than age 43 or younger than age 15.

- Infertile



RISK FACTORS ;

- Oral contraceptive pill

Malnutrition ; protein ,folate, beta caroteen

- low socioeconomic
- Miscarriage



SIGNS & SYMPTOMS ;

- Dark brown to bright red bleeding from the vagina during the first three months

- Severe nausea and vomiting
- Sometimes grapelike cysts that pass from the vagina
- Pelvic pressure or pain



SIGNS & SYMPTOMS ;

- A uterus growing quickly and being too large early in the pregnancy
- Preeclampsia — a condition that causes high blood pressure and protein in the urine — before 20 weeks of pregnancy
- Ovarian cysts
- Overactive thyroid, also known as hyperthyroidism

EXAMINATION & TEST



- A pregnancy ultrasound will show a snowstorm appearance with an abnormal placenta, with or without some development of a baby.

- HCG (QUANTITATIVE LEVELS) BLOOD TEST

- ABDOMINAL OR VAGINAL ULTRASOUND OF THE PELVIS

- CHEST X-RAY

- CT OR MRI OF THE ABDOMEN (IMAGING TESTS)

- COMPLETE BLOOD COUNT (CBC) ,BLOOD CLOTTING TESTS ,KIDNEY AND LIVER FUNCTION TESTS



TREATMENT

- Suction curettage
- Hysterectomy
- HCG follow up



COMPLICATION

- High level of HCG ; one signs of persistent .After the molar pregnancy has been removed.

- Some turn to GTN , CXR show choriocarcinoma
- Bleeding from the vagina.



PREVENTION

- Family planning 1 year at least estrogen-progestin
contraceptive

- Continuous Follow up



NURSING CARE

- Treatment information & abnormal symptoms
- Vital signs after suction curettage , Hysterectomy
- Psychological support
- Family planning 1 year at least estrogen-progestin contraceptive
- Nutrition
- Follow up



Ectopic pregnancy



ECTOPIC PREGNANCY INCLUDE:

An ectopic pregnancy (also called extrauterine pregnancy), the fertilized egg grows outside uterus. This can include other areas like a fallopian tube, the ovaries, in belly, or the lower part of cervix, which is above the vagina. In more than 90% of cases, the egg attaches itself in a fallopian tube. This is called a tubal pregnancy.



EARLY SIGNS OF AN ECTOPIC PREGNANCY

1. Missed period , light vaginal bleeding and pelvic pain
2. Sharp abdominal cramps
3. Pain on one side of body: shoulder, neck, or rectum
4. Dizziness or weakness



EMERGENCY SIGNS OF AN ECTOPIC PREGNANCY

1. Major pain, with or without severe bleeding
2. Heavy vaginal bleedingd with lightheadedness,
3. Fainting,
4. Shoulder pain, or severe belly pain, especially on one side



ECTOPIC PREGNANCY CAUSE AND RISK FACTORS

1. Pelvic inflammatory disease (PID)
2. Older than 35, YOUNGER THAN 18
3. Smoking
4. Sexually Transmission Infection (STI)
5. Scarring from pelvic surgery



ECTOPIC PREGNANCY CAUSE AND RISK FACTORS

6. Previous Ectopic pregnancy
7. Tubal ligation or Tubal ligation
8. Fertility drug , Fertility treatment (IVF)
9. Become pregnant while have IUD
10. Multiple partners
11. Vaginal douch



ECTOPIC PREGNANCY INVESTIGATION

HISTORY DATA

1. Menstrual period .previous pregnancy ,infertile ,
2. Pelvic pain , bleeding
3. Type of Contraception



ECTOPIC PREGNANCY INVESTIGATION

PHYSICAL EXAMINATION & PV

1. Rebound tenderness
2. Cervical motion tenderness
3. Uterus size



ECTOPIC PREGNANCY INVESTIGATION

LABORATORIES

1. Hemodilution , WBC increase

2. β HCG positive

3. Serum progesterone < 25 mg/dl

4. Transvaginal sonography

5. Culdocentesis



DIFFERENTIAL DIAGNOSIS

1. Salpingitis
2. Threatened / Missed miscarriage
3. Ruptured ovarian cysts
4. Twisted ovarian cysts
5. Appendicitis
6. Colitis /Duodinitis



TREATMENT :

1. Observation – clinical stable ,size < 2 cm. ,HCG follow up
2. Medical treatment (Methotrexate)

3. Surgical treatment

4. Type of Contraception



METHOTREXATE CONTRAINDICATION

1. Ruptured Ectopic ,Fluid in Cul-de-sac
2. Ectopic size > 4 cm
3. β HCG positive > 5000 -10000 mIU/ml
4. FHS positive
5. Abnormal liver function
6. Abnormal kidney function
7. Cannot follow up , non-cooperate



SIDE EFFECT OF METHOTREXATE

1. Stomatitis
2. Gas pain ,gastritis , Enteritis
3. Pleuritis
4. Dermatitis
5. Alopecia
6. Increase liver enzyme



SIDE EFFECT OF METHOTREXATE

7. Bone marrow suppression

8. **Avoid** Folate acid

9. **Avoid** Sun light

10. **Avoid** Excessive exercise

11. **AVOID** SEXUAL INTERCOURSE



Abruptio placentae



ABRUPTIO PLACENTA :

A complication of pregnancy that happens when the placenta separates from uterus before delivery.

In placental abruption, the placenta may completely detach or partially detach. This can decrease the amount of oxygen and nutrients to the fetus and cause heavy bleeding in the birthing parent.



TYPES OF PLACENTAL ABRUPTION

1. External or Revealed placental abruption
2. Internal or Concealed placental abruption
3. Complete or total placental abruption
4. Partial placental abruption



THE DIFFERENCE BETWEEN PLACENTAL ABRUPTION & PLACENTA PREVIA:

In placenta previa, the placenta is covering all or part of the birthing parent's cervix. It's also called low-lying placenta. Think of it as an obstacle that's blocking the exit from the uterus

The placenta detaches from the uterus, this is a placental abruption.
Both conditions can cause vaginal bleeding during pregnancy and labor



CAUSES OF PLACENTA ABRUPTION :

UNKNOWN :

Hypertension

Previous placenta abruption

age

Number of parity

Family history

Twins

preterm premature rupture of membrane

smoking,

prolong rupture of membrane

Drug abuse

polyhydramnios

Thrombophilia

Accident

uterine myoma



SIGNS & SYMPTOMS - MOTHER

- Painful bleeding
- Tetanic contraction
- Severe blood loss (BP ↓, P ↑, Pale, Shock, Oliguria)
- FHS +/-
- consumption coagulopathy
- acute tubular necrosis
- Couvelaire uterus
- PPH / Sheehan's syndrome



BABY OUTCOME

- Preterm labor
- Birth asphyxia
- stillbirth or neonatal death
- intrauterine growth restriction



TREATMENT

EXPECTANT MANAGEMENT

1. Close observation

2. Fetal Monitor

3. Steroid if gestational < 34 wks.

4. Rh immunoglobulin prevent fetomaternal hemorrhage



TREATMENT

TERMINATION OF PREGNANCY

1. Term baby
2. Fetal distress
3. Maternal shock

Route of delivery – vagina (Dead fetus , Coagulopathy)

- Cesarean section (fetal distress ,concealed type)

Complication Treatment : Coagulopathy – PRC ,FFP , Cryoprecipitate



TREATMENT

1. Term baby

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TREATMENT

COMPLICATION TREATMENT

: Coagulopathy – PRC

- FFP

- Cryoprecipitate

- Recombinant factor vii



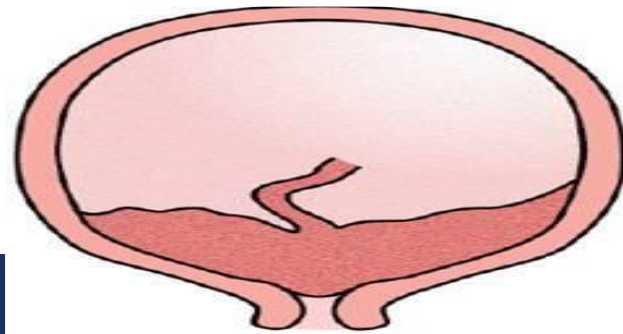
Placenta previa



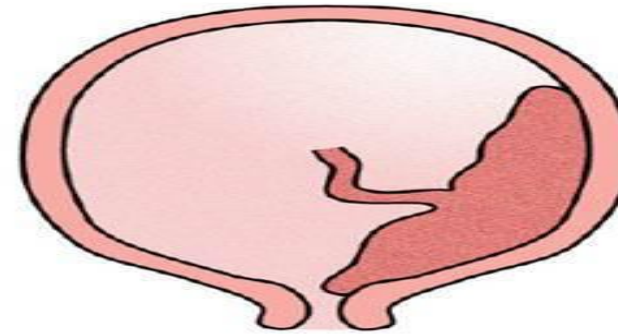
TYPE OF PLACENTA PREVIA

1. TOTAL OR COMPLETE PLACENTA PREVIA
2. PARTIAL PLACENTA PREVIA
3. MARGINAL PLACENTA PREVIA
4. LOW LYING PLACENTA PREVIA

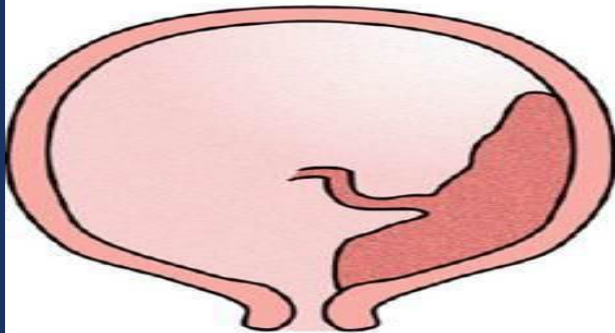
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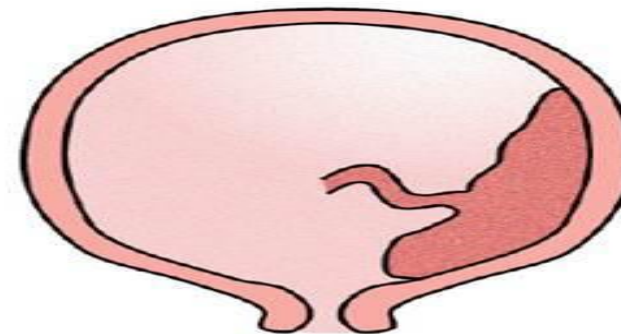
Complete previa



Partial previa



Marginal previa



Low-lying placenta



CAUSES OF PLACENTA PREVIA

UNKNOWN ;

Previous placenta previa

History of curettage

Age

Number of parity

Previous C-section

Twins

hydrops fetalis

placenta succenturiate

smoking

placenta membranacea

preterm premature rupture of membrane

maternal serum alpha-fetoprotein (MSAFP)



SIGNS & SYMPTOMS OF PLACENTA PREVIA

1. Painless bleeding per vagina
2. Bright red blood
3. Relation between bleeding and signs
4. Soft uterus , normal audible FHR
5. Malpresentation about 35%



MATERNAL EFFECT FROM PLACENTA PREVIA

1. Maternal dead from PPH
2. PPH from poor uterine contraction
3. Infection
4. Subinvolution
5. Placenta accrete, increta, percreta
6. Anemia



FETAL EFFECT FROM PLACENTA PREVIA

1. PRETERM BABY

2. PERINATAL DEAD

3. BIRTH ASPHYXIA



DIAGNOSIS PLACENTA PREVIA

1. HISTORY OF VAGINAL BLEEDING

2. ULTRASOUND

3. PV DOUBLE SET UP IN OR



TREATMENT OF PLACENTA PREVIA

MANAGEMENT

1. Close observation
2. Accuracy bleeding assessment
3. Fetal Monitor
4. Don't PV/ PR/SSE
5. Group matching
6. NPO & Intravenous fluid



Q&A