

Vaginal Bleeding in Pregnancy

Module 3



Vaginal Bleeding in Pregnancy

Session Objectives:

By the end of session the participants are able to:

- Describe the causes, signs, and symptoms of vaginal bleeding during early and late pregnancy
- Describe management of vaginal bleeding in early pregnancy
- Understand the initial treatment for and importance of early referral of woman with vaginal bleeding in late pregnancy

Causes of Vaginal Bleeding

Bleeding in early pregnancy:

- Abortion
- Molar pregnancy
- Ectopic pregnancy

Bleeding in late pregnancy:

- Placenta previa
- Abruptio Placentae
- Ruptured uterus

Causes of Bleeding in Early Pregnancy

What is abortion?

Abortion is termination of pregnancy before 28 weeks of gestation. About 15% of all pregnancies end up in abortion. Abortion can be spontaneous or induced.

Spontaneous Abortion

Spontaneous abortion is defined as the loss of a pregnancy before fetal viability (28 weeks' gestation).

Stages of spontaneous abortion may include:

- Threatened abortion (pregnancy may continue)
- Inevitable abortion (pregnancy will not continue and will proceed to incomplete/complete abortion)
- Incomplete abortion (products of conception are partially expelled)
- Complete abortion (products of conception are completely expelled)

Septic Abortion

- **Septic abortion** is defined as abortion complicated by infection.
- Sepsis may result from infection if organisms rise from the lower genital tract following either spontaneous or unsafe abortion.
- Sepsis is more likely to occur if there are retained products of conception and evacuation has been delayed.
- Sepsis is a frequent complication of unsafe abortion involving instrumentation.

Induced Abortion

- **Induced abortion** is defined as a process by which pregnancy is terminated before fetal viability.
- **Unsafe abortion** is defined as a procedure performed either by persons lacking necessary skills or in an environment lacking minimal medical standards, or both.

If unsafe abortion is suspected, examine for signs of infection or uterine, vaginal, or bowel injury, and thoroughly irrigate the vagina to remove any herbs, local medications, or caustic substances. REFER to comprehensive emergency obstetric care (CEmOC) facility immediately .



Management of Threatened Abortion

Threatened abortion (sign/symptoms)

- Light vaginal bleeding
- Closed cervix
- Uterus corresponds to date
- Cramping/lower abdominal pain
- Uterus softer than normal

Management:

- Medical treatment usually is not necessary.
- Advise the woman to avoid strenuous activity and sexual intercourse, but bed rest is not necessary.
- If bleeding stops, follow up in antenatal clinics. Reassess if bleeding recurs.
- If bleeding persists assess for fetal viability (PT or US) or ectopic pregnancy. Persistent bleeding, particularly in the presence of uterus larger than expected, may indicate twins or molar pregnancy.

Management of Inevitable Abortion

Inevitable abortion (signs/symptoms)

- Heavy bleeding
- Dilated cervix
- Uterus corresponds to dates
- Cramping/lower abdominal pain
- Tender uterus
- No expulsion of products of conception

Management: If pregnancy is less than 16 weeks:

Plan for evacuation of uterine contents by **manual vacuum extraction by trained provider**. If evacuation is not immediately possible:

- Give ergometrine 0.2 mg IM (repeat after 15 minutes if necessary) or misoprostol 400 mcg by mouth (repeat once after 4 hours if necessary)
- Arrange for evacuation of uterus as soon as possible

If pregnancy is greater than 16 weeks:

Await spontaneous expulsion of products of conception and then evacuate the uterus to remove any remaining products of conceptions by manual vacuum aspiration (by trained provider). If necessary, infuse oxytocin 40 units in 1 liter IV fluid (normal saline or Ringer's lactate) at 40 drops per minute to help achieve expulsion of products of conception. Ensure follow-up of the woman after treatment.

Management of Incomplete Abortion

Incomplete abortion (signs/symptoms)

- Heavy bleeding
- Dilated cervix
- Uterus smaller than dates
- Cramping/lower abdominal pain
- Partial expulsion of products of conception

Management:

If bleeding is light to moderate and pregnancy is less than 16 weeks:

- Use fingers or sponge forceps to remove products of conception protruding through the cervix.
- Insert an IV line and start infusion of IV fluids.

If bleeding is heavy and pregnancy is less than 16 weeks:

- Evacuate by manual vacuum aspiration by trained provider or refer to the hospital for evacuation.
- If evacuation is not immediately possible, give ergometrine 0.2 mg IM (repeat after 15 minutes if necessary) or misoprostol 400 mcg S/L or oral (repeat once after 4 hours if necessary).

Management of Complete Abortion

Complete abortion (signs/symptoms)

- Light bleeding
- Closed cervix
- Uterus smaller than dates
- Uterus softer than normal
- Light cramping/lower abdominal pain
- History of expulsion of products of conception

Management:

- Evacuation of the uterus usually is not necessary.
- Observe for heavy bleeding.
- Educate woman about danger signs.
- Ensure follow-up of the woman after treatment.

Management of Missed Abortion

Missed abortion (signs/symptoms)

- Retention of dead products of conception for 4 weeks or more
- Symptoms of threatened abortion may or may not develop
- Regression of pregnancy symptoms such as nausea, vomiting, and breast symptoms
- Abdomen does not increase and may even decrease in size

Management:

- Dead conceptus is expelled spontaneously in the majority of cases.
- Evacuation of the uterus is indicated in the following conditions:
 - If spontaneous expulsion does not occur within four weeks
 - If there is bleeding or infection or a DIC develops
- In case of complication, refer the patient immediately.

Management of Septic Abortion

Septic abortion (signs/symptoms)

- Lower abdominal pain
- Rebound tenderness
- Tender uterus
- Prolonged bleeding
- Malaise, fever
- Foul-smelling vaginal/cervical discharge; foreign body in vagina
- Cervical motion tenderness

Management:

- Give uterotonic if heavy bleeding
- Administer triple regiment of IV antibiotics:
 - Ampicillin 2 g every 6 hours
 - Gentamicin 5 mg/kg every 8 hours
 - Metronidazole 500 mg every 8 hours
- In case of any complication, refer patient
- Give first dose of antibiotic(s) before referral

Follow-Up after Abortion

If the pregnancy was desired:

- Reassure the woman that the chances of subsequent successful pregnancies are good, unless there is sepsis or the identified cause of abortion (chromosomal abnormalities, antibodies to cardiolipin, cervical/uterine anatomical defects, thyroid disorder, etc.) has adverse effects on subsequent pregnancies (it is rare).
- The woman should be encouraged to delay the next pregnancy for **6 months** after the abortion.
- Counsel the woman for **family planning methods** and provide the contraceptive method of her choice.
- An IUCD can be inserted immediately after evacuation if there is no infection.

Bleeding in Early Pregnancy

Molar Pregnancy

Hydatiform mole is a disease in which there is an abnormal development of the placenta and the trophoblastic tissue proliferates. Symptoms include the following:

- Heavy bleeding
- Dilated cervix
- Uterus larger than dates
- Uterus softer than normal
- Partial expulsion of products of conception, which resemble grapes

Management:

- If diagnosis is confirmed, refer the woman to a CEmOC facility.

Bleeding in Early Pregnancy (cont'd)

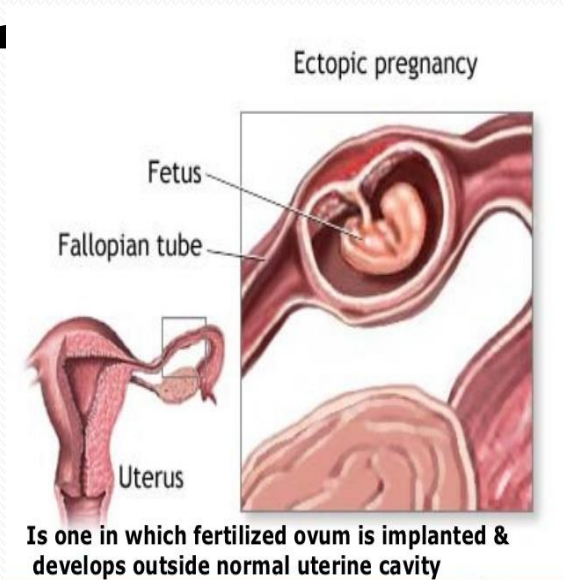
Ectopic Pregnancy

Ectopic pregnancy is implantation of a fertilized ovum outside the uterine cavity. Symptoms include the following:

- Light bleeding
- Abdominal pain
- Closed cervix
- Uterus slightly larger than normal
- Uterus softer than normal
- Fainting
- Tender adnexal mass
- Cervical motion tenderness

Management:

Stabilize and refer urgently to CEmOC facility



Bleeding in Late Pregnancy (Antepartum Hemorrhage)

- Antepartum hemorrhage (APH) can be caused by:
- Placenta previa
- Abruptio placenta
- Ruptured uterus

Bleeding in Late Pregnancy (cont'd)

Placenta Previa

Placenta Previa is low placental plantation that overlies or is within 2 cm (0.8 in) of the internal cervical os. Symptoms include the following:

- Sudden, painless, and profuse vaginal bleeding in pregnancy during the second/third trimester (usually after 28 weeks)
- Often bright red blood
- First bleed usually not significant enough to cause hemodynamic instability or threaten fetus
- Fetal presenting part may not be in pelvis

Management

- **DO NOT PERFORM VAGINAL EXAMINATION**
- Stabilize and refer to CEmOC facility



Bleeding in Late Pregnancy (cont'd)

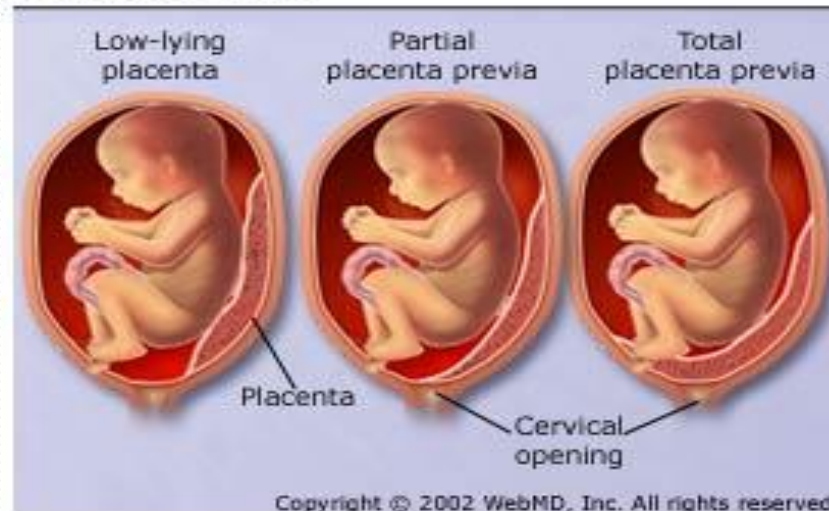
Placenta Previa

Partial

Low lying

Complete

Placenta Previa



Bleeding in Late Pregnancy (cont'd)

Abruptio Placentae

Placental abruption is the separation of the placenta from the uterine wall before delivery. There are three types of placental abruption:

- Marginal separation
- Partial separation
- Complete separation with concealed hemorrhage

Women often present with the following:

- Painful vaginal bleeding (bleeding may not be visible)
- Abdominal or back pain and uterine tenderness
- Fetal distress (non-reassuring fetal heart rate)
- Abnormal uterine contractions (hypertonic, high frequency)
- Shock

Bleeding in Late Pregnancy (cont'd)

Ruptured Uterus

Ruptured uterus is rupture of the muscular wall of the uterus; it usually occurs during labor, although it occasionally happens during the later weeks of pregnancy as a result of previous weak scars.

Women often present with the following:

- Severe abdominal pain
- Vaginal bleeding
- Fetal distress/absent fetal heart sounds
- Shock

Management of Bleeding in Late Pregnancy

If more than 20 weeks of gestation: **NO VAGINAL EXAM**

- Call for help and mobilize all available personnel
- Make a rapid evaluation of the woman's general condition (vital signs)
- Treat shock if shock is suspected or develops
- Notify mother and family of urgent need for referral
- Inform the family of need for blood donor to accompany the woman to DHQ
- Start IV infusion and infuse IV fluids
- Catheterize and record the output
- Transport immediately to CEmOC facility

Summary

- Bleeding in early pregnancy, if it is the result of threatened, inevitable, complete, or incomplete abortion, can be managed at a basic emergency obstetric care facility.
- Manual vacuum aspiration (MVA) is the method of choice for managing inevitable abortion.
- In the case of any complication, stabilize the woman and **refer immediately**.
- Bleeding in late pregnancy can only be managed at CEmOC facility. Stabilize the patient and **refer immediately**.

Thanks!

