

Basic B.Sc In Nursing 4th Year

Subject: Midwifery & Obstetrical Nursing II

Topic: Hemorrhage conditions of early pregnancy-

1.Abortion

2.Ectopic pregnancy

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Abortion

Ectopic Pregnancy

Ectopic pregnancy

Definition of ectopic pregnancy: Implantation of fertilized ovum in any site other than normal uterine cavity.

Incidence: One in 300-1000 pregnancy.

Common sites:

- Fallopian tubes(most common).
- Ovary.
- Abdominal cavity (1 or 2%).

Rare sites:

- Broad ligament.
- Rudimentary horn of uterus.
- Cervical.

Risk factors of ectopic pregnancy:

- History of PID (pelvic inflammatory disease).
- History of tubal ligation.
- Previous ectopic pregnancy.
- Tubal reconstructive surgery.
- History of infertility.
- IUD use.
- Tubal endometriosis, fibroid tumors.
- Being between the ages of 35-44.
- Smoking.

Clinical features of ectopic pregnancy:

- Minimal vaginal bleeding.
- Pain in the lower abdomen.
- Sharp abdominal cramps.
- Localized pain(pain concentrated on one side of your body.
- Shoulder pain.
- Dizziness.
- Shock.

Tubal pregnancy:

Implantation of fertilized ovum in the fallopian tube is called tubal pregnancy.

Part of fallopian tube:

- Interstitial part-1.5cm in length.
- Isthmus- 2.5cm narrowest part
- Ampulla- widest part
- Infundibulum- 1cm

Site-

- Ampulla- (Commonest, least dangerous, more abortion).
- Isthmus-(less common, most dangerous, more rupture).
- Interstitial-(rare).
- Fimbriated opening (rare).

1. Abnormalities of the tube interfering the migration of fertilized ovum-

a. Congenital-

- Hyperplasia.
- Diverticula.
- Accessory lump.

b. Previous inflammatory diseases-

- Salpingitis due to gonorrhoea.
- T.B..
- Puerperal sepsis.

c. Surgical obstruction-

- Partial salpingectomy.
- After tubal ligation or simple hysterectomy(if operation done within 24 hours of coitus).

d. Tumour pressing the tube.

e. IUCD.

f. Tubal surgery for sterilization.

2.Over development of ovum:

- Ovum discharge -fertilized in the peritoneal cavity-external migration-over development-enters the tube & implant.

3.Endometriosis of fallopian tube:

- Abortion

 - complete abortion

 - incomplete abortion

 - missed abortion

- Tubal rupture

 - intraperitoneal (common)

 - extra peritoneal

- Tubal haematoma

Clinical feature of tubal pregnancy:

Two clinical form-

- Chronic (quiet) form 66%.
- Acute (dramatic)form.

Chronic form:

Symptom-

- Short history of amenorrhoea(6 wks).
- Symptom of early pregnancy.
- Dull aching pain in one iliac fossa.
- Bleeding per vagina-continuous but small amount. Dark coloured.

Signs-

a. General-

- Mild Anaemia.
- Slight intermittent pyrexia.

b. Abdominal exam-

- Tenderness.

c. Per vaginal examination-

- Enlarged tender tube felt on the affected site.
- Tenderness in the pelvis.

Acute form:

Seen in tubal rupture- sudden massive intraperitoneal haemorrhage.

Symptom-

- Short period of amenorrhoea.
- Symptoms of pregnancy.
- Severe stabbing pain followed by slight bleeding per vagina.
- Shock &collapse.

Sign-

a.General-

- Severe anaemia.
- Shock.
- Restlessness.
- Sweating.
- Skin cold & clammy.

b.Abdominal examination-

- Extreme tenderness.
- Free fluid in peritoneum due to intra peritoneal haemorrhage.

c.Per vaginal examination-

- Bluish discoloration of vulva &vagina.
- Very tender, soft, enlarged cervix.

Management:

1.Immediate hospitalization

2.Resuscitation of the patient(Rx of shock)

- Rest flat &or foot end raised

- Pethedine 100mg

- I/V infusion of fluid

- Blood transfusion is needed

3.Surgical treatment

- Laparotomy

4.Peritoneal toileting: All clotted blood should be removed otherwise organized blood may cause adhesion& abscess formation.