Abortion: Threatened, Complete, Incomplete

Site Applicability

VGH, UBCH

Background Information

There are many causes of abortion. Fetal causes, such as genetic anomalies, predominate over maternal causes. A woman undergoing an incomplete or threatened abortion may present with vaginal bleeding, abdominal cramping, or backache. The retention of products of conception (incomplete abortion) may cause increased and continuous bleeding.

- **Threatened Abortion:**
  Light vaginal bleeding and mild cramping, usually experienced between 6 and 20 weeks gestation. Pregnancy may continue if the fetus remains alive and attachment to the uterus has not been interrupted. Generally, no treatment is instituted for a threatened abortion. Limited activities or bed rest/pelvic rest may be suggested and hospitalization may be advised if symptoms worsen.
- **Complete Abortion:**
  Cramping lower abdominal pain and heavy vaginal bleeding associated with the termination of pregnancy before the fetus reaches 20 weeks and 500g. The complete products of conception are expelled.
- **Incomplete Abortion:**
  Cramping lower abdominal pain and heavy vaginal bleeding associated with the termination of pregnancy before the fetus reaches 20 weeks and 500g. Some products of conception are retained in the uterus. Elevated temperature may be noted in septic abortion.

DIAGNOSIS IS CONFIRMED BY:

- **pelvic examination:** to evaluate dilation of the cervix and uterine size.
- **ultrasound:** to confirm the presence or absence of fetal heart activity
- **serum hormone levels (BHCG)**

Upon confirmation of pregnancy loss, women who suffer from incomplete abortions and significant bleeding will require a dilatation and curettage to scrape the inner lining of the uterus free from remaining products of conception (see PCG D-100: Dilatation & Curettage). A type and screen for possible blood transfusion and determination of Rh status should be obtained. Treatment with Misoprostol (Cytotec) is an acceptable medical alternative to surgical management in most women, as long as the patient is stable and the bleeding is mild to moderate.

For many women and their partners, a miscarriage or abortion can be an emotionally upsetting event. Feelings of guilt, frustration, anger, and emptiness are often common. It is important to recognize these feelings as a normal part of the grieving process. For some, the emotional healing is quick; for others, it may take longer.

Problems

Vaginal Bleed/Shock	• monitor pelvic flow q1h or more frequently and prn, then q4h and prn when bleeding subsides • monitor vital signs q1-4h as needed • notify the physician if bleeding heavily, passing clots, and/or continuous trickling of P.V. flow occurs • provide peri care prn.
Uterine Perforation/Intra-abdominal Hemorrhage:	• monitor as per vaginal bleed • assess for abdominal pain.
Anxiety/Grief R/T Potential/Actual Loss of Pregnancy	• allow patient to verbalize feelings • provide support • direct to appropriate agencies as needed.

Goal

DISCHARGE PLANNING:

- ***Explain or Reinforce:***
  - check results of Rh factor: if Rh-negative, make arrangements to have Rh-immunoglobulin administered within 72 hours
  - avoidance of sexual intercourse or tampons until the physician notifies differently
  - contraception options to be discussed with physician prior to resuming sexual intercourse
  - that pregnancy can occur again prior to return of menstrual periods
  - that a regular menstrual period should start within 4-6 weeks
- ***to call the physician if:***
  - bleeding continues more than 2 weeks or increases in intensity
  - temperature is elevated
  - severe abdominal cramping is present
  - a foul-smelling vaginal discharge is present
  - to follow up with physician in 6 weeks or as directed have information available to patients regarding birth control methods.

References

De Cherney, A., Nathan, L. (2003). Current Obstetrics & Gynecologic Diagnosis & Treatment 9th Edition, McGraw-Hill: California.

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Alternate Search Terms

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