

Interrupted Development of the Fetus

- Abortion- Termination of a pregnancy
 - Induced Abortion- Purposeful termination of pregnancy before 20 wks gestation. Can be *elective* or *therapeutic*
 - Elective Abortion- Termination of pregnancy at woman's request
 - Therapeutic Abortion- Termination of pregnancy for reasons of health or disease of either mother or fetus or both
 - Spontaneous Abortion- Termination of pregnancy that occurs naturally with no assistance. Otherwise known as a miscarriage.
- Miscarriage- Spontaneous loss of pregnancy
 - Can occur often and often before 12 weeks of gestation
 - Caused by:
 - Chromosomal abnormalities
 - Genetic factors
 - Drug use
 - Systemic diseases- Lupus, Diabetes, Hypothyroidism, Malnutrition
- Threatened miscarriage
 - Days of unexplained *light* bleeding/*mild* cramping
 - *Cervix* remains *closed*. Bleeding= spotting
 - Mother will need to rest, limit activity, and avoid stress
- Inevitable & Incomplete Miscarriage
 - *Moderate* to *heavy* bleeding with an *open cervix*, cramping can be mild to severe and passage of products of conception.
 - Retention of the placenta, but passage of the fetus or fetal tissue
 - Ultrasound to ensure all products of conception were expelled.
 - If retaining products of conception may need a D&C procedure or medication to help complete the miscarriage.
 - (D&C)- Dilation and Curettage- scraping of the uterine walls
 - Prostaglandin medications- misoprostol (Cytotec) PO
- Complete Miscarriage
 - *Cervix* has already *closed* and all products of conception were expelled
 - Can have *slight* bleeding and *mild* cramping after products have passed
 - Ultrasound to ensure all products passed along with cessation of bleeding
- Missed Miscarriage
 - Fetus passes away in utero, but products do not pass.
 - Products can be retained for days-months.
 - Pregnancy *symptoms cease* and *cervix* remains *closed*
 - Can be with or without discharge/spotting/bleeding
 - Treatment- will need to take Cytotec or have a D&C
- Recurrent Pregnancy Loss
 - 3 or more spontaneous pregnancy losses before 20 weeks gestation

- Due to chromosomal abnormalities, uterine abnormalities, other diseases
 - Need assessment and possibly genetic screening
 - Treatment- treat cause if known
- Blighted Ovum (Anembryonic Pregnancy)
 - Fertilized ovum development arrested at some point before 12 weeks
 - Embryo didn't develop normally, empty pregnancy sac
 - Same S/S of pregnancy, but will have spotting/cramping/bleeding
- Complications of Miscarriage: Physical/Psychological
 - Physical
 - Septic Miscarriage- fever, abdominal tenderness, bleeding, foul odor d/c.
Could be due to ascending infection up through cervix, retained products.
 - Psychological
 - Depression, PTSD, anxiety
- Elective Abortions
 - Laws vary by state regarding abortion
 - Nursing considerations & Decision-making factors for the client:
 - Is mother unable to support/care for child?
 - Was this a contraceptive failure? Rape? Incest?
 - Does the mother exhibit mental incompetence?
 - Was this medically advised? Fetal disorder that is lethal/disabling?
- Methods of Elective Abortion
 - First trimester
 - Aspiration (vacuum or suction) after cervix is dilated.
 - Heavy menstrual cycle like bleeding after procedure is normal
 - Teach post procedure to watch for s/s of infection
 - Medications
 - Misoprostol (Cytotec)
 - Mifepristone
 - Second trimester
 - Dilation & Evacuation aka.. Dilation and Curettage procedure
- Complications of Elective Abortion
 - Hemorrhage, Infection, Trauma, Retained products of conception
- Nursing Considerations
 - Support, listen, don't judge, encourage F/U appt
 - RhoGam- injection given to Rh negative mothers for future pregnancy protection