

Abnormal Development of Pregnancy- 2023

- I. **Ectopic Pregnancy**- implantation of a blastocyst in somewhere other than the endometrial lining of the uterus. Can occur in the ovary, cervix or even abdomen: Pregnancy “outside” of the uterus
- Risk Factors for Ectopic Pregnancy
 - Prior tubal pregnancies
 - Sexually transmitted infections (STIs)
 - Tubal infection
 - Smoking
 - IUDs
 - PID
 - Symptoms
 - Normal pregnancy symptoms at first
 - Nausea
 - Vomiting
 - Breast Tenderness
 - Missed Period
 - Abdominal pain- dull lower quadrant pain
 - Spotting
 - After Ectopic Rupture
 - Pain
 - Acute
 - **Severe**
 - Unstable VS
 - Referred shoulder pain
 - S+S shock
 - Internal bleeding
 - Faintness/Dizziness
 - Cullen’s sign
 - Diagnosis of Ectopic Pregnancy
 - Clinical presentation S/S
 - Serial hCG levels
 - Progesterone levels
 - Transvaginal Ultrasound
 - H&H
 - 20% have a palpable mass
 - Gentle palpation
 - Treatment
 - Laparoscopy

- Salpingectomy vs. salpingostomy
- Methotrexate
- Antimetabolite
- Destroys/dissolves pregnancy
- Hazardous/ high-alert
- Mass must be unruptured and <3.5cm
- Hospital Nursing Care after Ectopic Pregnancy
 - Assessment
 - Supportive care for symptoms
 - Managing shock if rupture was present
 - Rhogam
 - Emotional status
- Home Instructions
 - Teach S+S to report
 - F/U hCG levels needed with med
 - Contraception- At least 3 months
 - Increased risk future ectopic
 - Early pregnancy confirmation U/S

II. Gestational Trophoblastic Disease-

- Hydatidiform Mole (molar pregnancy)
 - Complete- fetus never forms
 - Partial- abnormal fetus
- Choriocarcinoma
 - Very rare
 - Hydatidiform mole becomes cancerous
- Hydatidiform Mole (Molar pregnancy)
 - Trophoblastic cells
 - Grow rapidly
 - Placenta
 - Transparent vesicles
 - Cause unknown
 - Nonviable pregnancy
 - Can be complete/partial
- Assessment and DX of a molar pregnancy
 - Vaginal bleeding
 - Nausea & Vomiting
 - Enlarged uterus
 - No FHT's usually
 - Preeclampsia
 - hCG

- o Transvaginal Ultrasound
- Treatment
 - o Remove Mole
 - o Spontaneous abortion happens often
 - o D+C
 - o Hysterectomy
 - o REQUIRE hCG testing for 6-12 months
 - o NO further pregnancy until cleared by MD
 - o Nurses Role
 - o Support
 - o Educate
 - o Stress importance of follow up care
- Complications of Molar Pregnancies
 - o Choriocarcinoma-
 - Cancer
 - Rare: Good prognosis
 - Can metastasize
 - S/S: Irregular vaginal bleeding, pain in a woman who had molar or is pregnant
 - Dx: CT scan, Pelvic US
 - Tx:
 - Methotrexate (chemo)
 - Almost 100% cure if no metastasis
 - Normal subsequent pregnancies possible
 - Hysterectomy if invasive to tissues
 - Treat until hCG negative
 - Need contraception while being tx