

Abnormal Fetal Development

Ectopic Pregnancy & Gestational Trophoblastic Disease

□ Ectopic Pregnancy

Definition:

Implantation of a blastocyst (fertilized egg) **outside the endometrial lining** of the uterus.

☞ May occur in **fallopian tube, ovary, cervix, or abdomen.**

A pregnancy **outside the uterus** is not viable and can be life-threatening.

△ Risk Factors

- Prior **tubal pregnancies**
 - **STIs** (Chlamydia, Gonorrhea)
 - **Tubal infections**
 - **Pelvic Inflammatory Disease (PID)**
 - **Smoking**
 - Use of **IUDs**
 - **Assisted reproductive technologies (ART)**
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□ Symptoms

□ Early Signs (Mimic Normal Pregnancy)

- Nausea
- Vomiting
- Breast tenderness

! Classic Ectopic Pregnancy Symptoms

- **Missed period**
 - **Dull abdominal pain** (often one-sided)
 - **Spotting**
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□ After Ectopic Rupture

- **Severe pain:** stabbing or tearing
- **Referred shoulder pain**

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- **Signs of Shock:**
 - Dizziness/Fainting
 - Unstable vital signs
 - **Cullen's Sign:** bruising around the belly button (indicates internal bleeding)
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□ Diagnosis

- **Clinical signs & symptoms**
 - **Serial hCG levels** (usually rise more slowly)
 - **Progesterone levels**
 - **Transvaginal ultrasound**
 - **H&H (Hemoglobin & Hematocrit):** checks for blood loss
 - **Palpable mass** in 20% of cases (gentle palpation only)
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Treatment

□ Surgical:

- **Laparoscopy**
- **Salpingectomy** (tube removal) vs. **Salpingostomy** (tube preservation)

□ Medical:

- **Methotrexate**
 - Antimetabolite → destroys pregnancy
 - Used only if **unruptured, <3.5 cm, hemodynamically stable**
 - **High-alert** medication – hazardous to handle
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□ Hospital Nursing Care

- Monitor **pain, vaginal bleeding,** and **post-op assessments**
 - Watch for **signs of shock**
 - **Administer RhoGAM** if Rh-negative
 - Provide **emotional support**
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Home Care Instructions

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- Educate on **signs & symptoms** to report (pain, bleeding)
 - **Follow-up hCG levels** until undetectable
 - Avoid pregnancy for **at least 3 months**
 - **Higher risk** of future ectopic pregnancy
 - Early ultrasound for **future pregnancies**
 - Provide emotional & psychological support
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□ Gestational Trophoblastic Disease (GTD)

A group of rare pregnancy-related tumors that involve abnormal growth of trophoblast cells.

□ Hydatidiform Mole (Molar Pregnancy)

- **Complete mole:** no fetus forms
 - **Partial mole:** abnormal, nonviable fetus
 - Can become **choriocarcinoma** (rare cancer)
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△ Risk Factors

- Cause **unknown**
 - Occurs in 1 in ~1,000 pregnancies
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◇ Assessment & Diagnosis

- **Vaginal bleeding** (often dark/brown or bright red)
 - **Severe nausea/vomiting**
 - **Enlarged uterus** inconsistent with dates
 - **No fetal heart tones**
 - Early **preeclampsia symptoms**
 - **High hCG levels**
 - **Transvaginal ultrasound**
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□ Treatment

- **Dilation & Curettage (D+C)**

Abnormal Fetal Development

- Possible **hysterectomy** (if invasive or no desire for future pregnancy)
- **Spontaneous abortion** may occur
- **hCG monitoring for 6–12 months**
- No pregnancy during follow-up period

☐ **Nurse's Role**

- Educate about **follow-up**
 - **Emotional support**
 - Stress importance of **hCG testing**
 - Explain **contraception** needed during monitoring
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☐ **Complication: Choriocarcinoma**

- Rare but **highly treatable cancer**
 - Can **metastasize**
 - Common signs:
 - **Irregular vaginal bleeding**
 - **Pelvic or abdominal pain**
 - Diagnosis: **CT scan, Pelvic Ultrasound**
 - Treatment:
 - **Methotrexate (chemo)**
 - Possible **hysterectomy**
 - Monitor **hCG levels** until negative
 - Avoid pregnancy during treatment
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☐ **Key Takeaways**

- Both conditions are **nonviable pregnancies**
- Emotional and physical recovery is critical
- Early diagnosis and close monitoring improve outcomes
- Nurses play a major role in **education, support, and monitoring**