

Early Pregnancy Complications



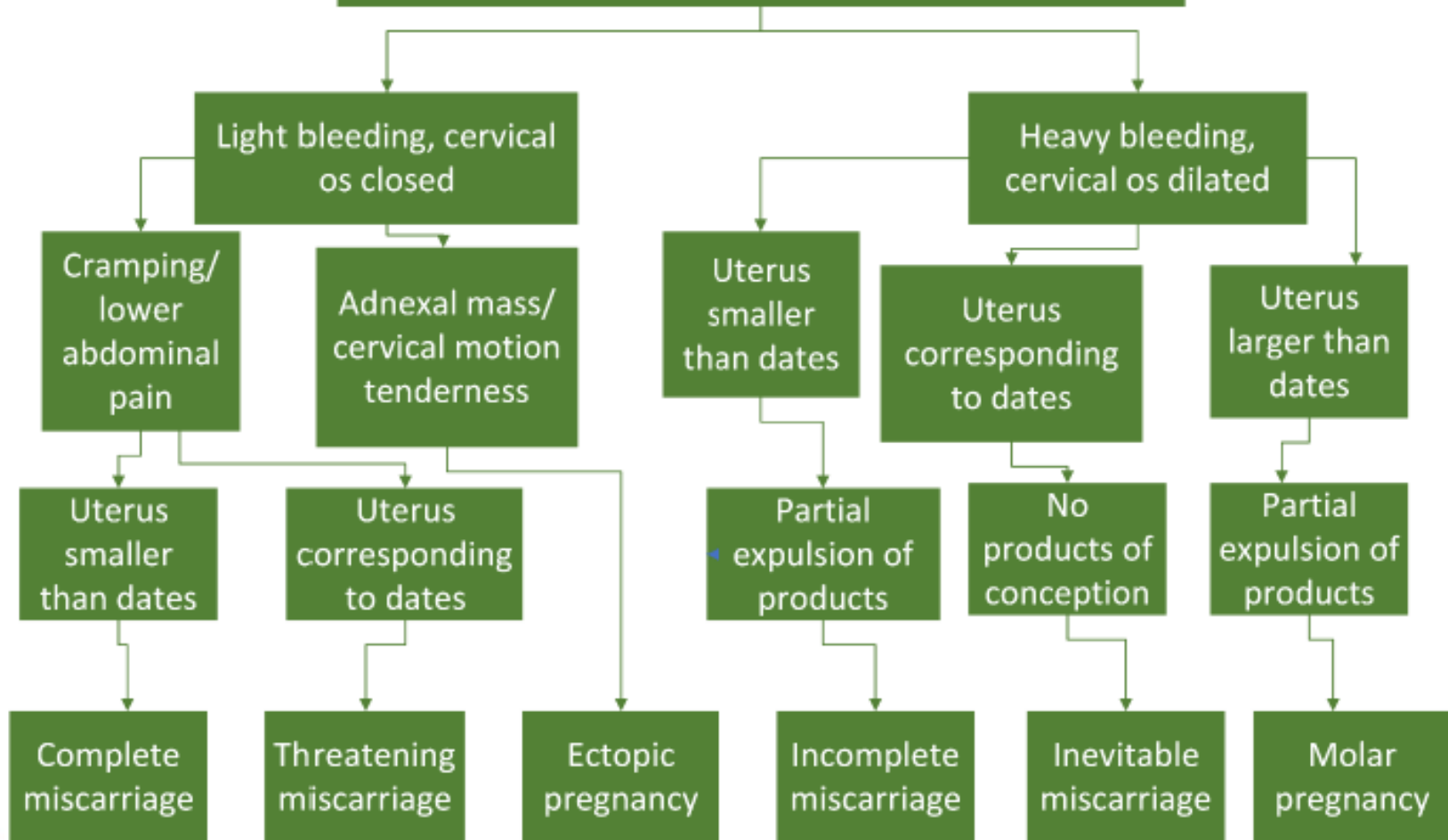
health

Department:
Health
REPUBLIC OF SOUTH AFRICA



BLEEDING IN EARLY PREGNANCY

Vaginal bleeding with a positive pregnancy test in the first trimester



SAFE MISCARRIAGE

- Pulse rate <90 beats per minute
- Respiratory rate <20 breaths per minute
- Temperature <37.5°Celsius
- Haemoglobin \geq 10g/dl
- Uterus <12 weeks in size
- Products of conception not foul smelling
- No clinical signs of infection
- No suspicious findings on evacuation of the uterus

ORGAN DYSFUNCTION WITH MISCARRIAGE (UNSAFE MISCARRIAGE)

- Systolic blood pressure $<90\text{mmHg}$
- Respiratory rate >24 breaths per minute
- Oliguria (urine output $<30\text{mL}$ for 2 hours despite fluid load)
- Signs of tissue hypoperfusion:
 - Altered mental status
 - Decreased capillary filling

MANAGEMENT OF A SEPTIC MISCARRIAGE

- Stabilise before referral as follows:
 - do a rapid assessment of the patient- circulation, airway and breathing
 - insert an intravenous infusion and start rehydration with one litre Sodium Chloride 0,9%.
 - Oxytocin 20 units can be added to this drip if needed.
- prescribe antibiotics and aim to give the first dose before transfer

Septic shock

- If the patient is shocked (pulse rate > systolic blood pressure), determine if the shock is due to hypovolemia or sepsis:
- give one litre Sodium Chloride 0,9% rapidly over 20 minutes in an attempt to raise the blood pressure levels and decrease the pulse rate
 - if the blood pressure value increases and the pulse rate normalises, it is most likely hypovolemic shock due to haemorrhage.
 - Continue resuscitation.
- if there is poor response (blood pressure values do not increase), repeat with another litre of Sodium Chloride 0,9%
- if there is still no response in spite of adequate fluid therapy, the patient is in septic shock