# Early Pregnancy Complications

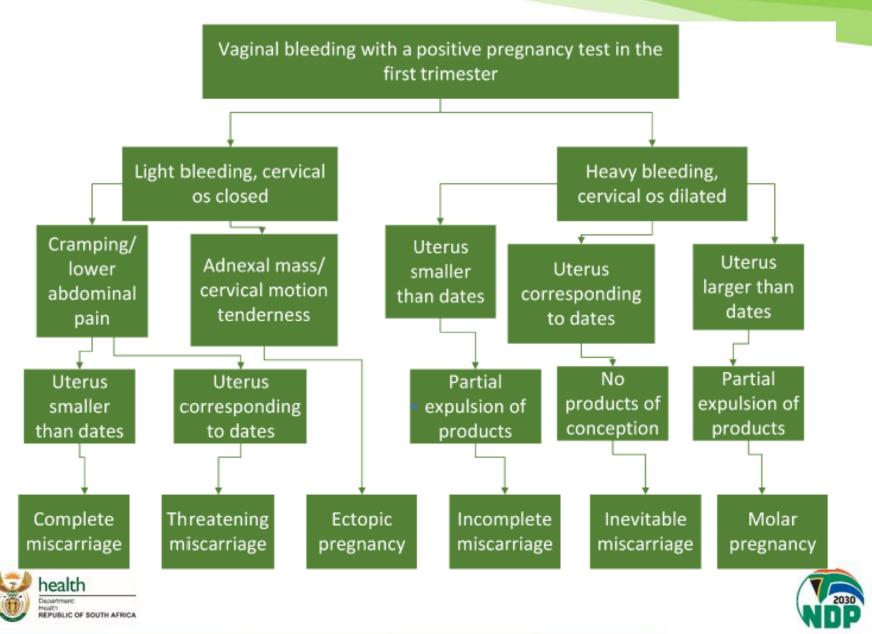




### **BLEEDING IN EARLY PREGNANCY**







## SAFE MISCARRIAGE

- Pulse rate <90 beats per minute</li>
- Respiratory rate <20 breaths per minute</li>
- Temperature <37.5°Celsius</li>
- Haemoglobin ≥10g/dl
- Uterus <12 weeks in size</li>
- 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 <90mmHg</li>
- Respiratory rate >24 breaths per minute
- Oliguria (urine output <30mL 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







- 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



