Complications in Pregnancy & Labour

### Bleeding in Pregnancy

#### Pre-eclampsia
- Lower plasma volume
- Increased peripheral resistance
- Placental ischaemia
- If BP very high microangiopams develop in arteries
- Fetal asphyxia, abruption - small babies
- Late effects: HT and renal failure (consider screening)

#### Antenatal BP checks / urinalysis
- Aspirin at low dose for high risk women
- Flu like symptoms
- Headache, chest or epigastric pain
- Vomiting
- Tachycardia
- Hypertension
- Visual disturbances, shaking, hyperreflexia, incontinence
- Risk of generalised seizures

#### Pathology
- Pregnancy induced HT with proteinuria +/- oedema
- Affects hepatic, renal and coagulation systems
- Develops after 20 weeks, usually resolving within 10 days of delivery
- Major cause of maternal death and fetal morbidity / mortality
- May be asymptomatic so frequent screening is vital

### Complications of Pregnancy

#### Miscarriage
- Expulsion of products of conception before viability (<24 weeks)
- Diagnosis until proven otherwise
- Causes: commonly no cause found, chromosomal anomalies, disappearing twin, thrombophilia, infection

#### Management
- Conservative, medical (encourage uterus to contract and expel contents), surgical (vacuum / scrape out products)

#### Ectopic pregnancy
- Implantation outside uterine cavity
- Incidence of 1%
- Sites: tubal (95%), cervical, ovarian, abdominal
- Risk factors: Hx of infertility, PID, pelvic surgery, IVF, IUCD
- Symptoms and signs: lower abdo pain, slight vaginal bleeding, shoulder tip pain, cervical excitation and tenderness on bimanual, supoptimal rise in 48hr serum bHCG
- Management: medical (methotrexate), surgical (remove ectopic)

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#### Prevention
- Do not ignore proteinuria - death may result from stroke, hepatic, cardiac or renal failure
- Anti hypertensives do not stop pre-eclampsia, only delivery does

#### Antepartum haemorrhage
- Loss greater than 500ml in first 24hrs after delivery

#### Abruption placenta
- Shock in proportion to blood loss
- Foetal asphyxia, abruption - small babies

#### Postpartum Haemorrhage
- Normally sized placenta which separates prematurely from uterine insertion
- Blood loss collects between placenta and uterus
- Risk factors: increased maternal age / parity, HT, pre-eclampsia, trauma, cocaine, smoking, prolonged rupture of membranes, previous abortion
- Painful vaginal bleeding
- Shock out of proportion with visible loss (beware concealed abruption where blood collects behind placenta)
- Foetus often distressed

#### Foetal
- Multiple pregnancy, placental hydrops (e.g. theusa disease)

#### Maternal
- Past or FHx, <150cm tall, large weight, age <20 or >35, Hx of migraine, HT

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