

EARLY PREGNANCY LOSS: DIAGNOSIS AND MANAGEMENT

Ufaque Muzaffar*

Medical Officer, Health and Family Welfare Department, J&K, India.

***Corresponding Author: Ufaque Muzaffar**

Medical Officer, Health and Family Welfare Department, J&K, India.

Article Received on 23/02/2021

Article Revised on 15/03/2021

Article Accepted on 05/04/2021

ABSTRACT

Introduction: The loss of a pregnancy during the first 13 weeks (The first trimester) of pregnancy is called early pregnancy loss, miscarriage, or spontaneous abortion. Early pregnancy loss is common. It happens in about 10% of known pregnancies. About one half of cases of early pregnancy loss are caused by a random event in which the embryo receives an abnormal number of chromosomes.^[1] **Discussion:** Working, exercising, having sex, or having used birth control pills before getting pregnant do not cause early pregnancy loss. Morning sickness does not cause early pregnancy loss. Some women who have had an early pregnancy loss believe that it was caused by a recent fall, blow, or even a fright, however In most cases, this is not true. Smoking, alcohol, and caffeine also have been studied as causes of early pregnancy loss.^[4] Some research suggests that smoking increases the risk, while other research suggests that it does not. **Conclusion:** Most women go on to have successful pregnancies. Repeated pregnancy losses are rare. Testing and evaluation can be done to try to find a cause if you have several pregnancy losses. Even if no cause is found, most couples will go on to have successful pregnancies. You can ovulate and become pregnant as soon as 2 weeks after an early pregnancy loss.

KEYWORDS: Trimester, Chromosomes, Cramping, Pregnancy.**INTRODUCTION**

The loss of a pregnancy during the first 13 weeks (The first trimester) of pregnancy is called early pregnancy loss, miscarriage, or spontaneous abortion. Early pregnancy loss is common. It happens in about 10% of known pregnancies. About one half of cases of early pregnancy loss are caused by a random event in which the embryo receives an abnormal number of chromosomes. Chromosomes are the structures inside cells that carry genes. Most cells have 23 pairs of chromosomes for a total of 46 chromosomes. Sperm and egg cells each have 23 chromosomes. During fertilization, when the egg and sperm join, the two sets of chromosomes come together. If an egg or sperm has an abnormal number of chromosomes, the embryo also will have an abnormal number. Development will not occur normally, sometimes resulting in loss of the pregnancy.^[2]

Diagnosis

Examination in women with suspected early pregnancy loss includes the following^[3]

- Assessment of hemodynamic stability, including vital signs
- Abdomen: In a complete abortion, the abdomen is benign, with normal bowel sounds, no distention, no rebound, no hepatosplenomegaly, and mild suprapubic tenderness; complete abortion is unlikely if rebound tenderness or a distended abdomen is present— instead, assume ectopic pregnancy (and

promptly initiate appropriate therapy)

- Pelvis: In a complete abortion, some blood may be present on the perineum or vagina, but there is limited active bleeding, no cervical motion tenderness, a closed cervical canal, smaller uterus than expected

DISCUSSION

Some women worry that they have done something to cause their pregnancy loss. Working, exercising, having sex, or having used birth control pills before getting pregnant do not cause early pregnancy loss. Morning sickness does not cause early pregnancy loss.^[4] Some women who have had an early pregnancy loss believe that it was caused by a recent fall, blow, or even a fright. In most cases, this is not true. Smoking, alcohol, and caffeine also have been studied as causes of early pregnancy loss. Some research suggests that smoking for dates, uterus and adnexa nontender to mildly tender, no adnexal masses (unless a corpus luteum is still palpable)

The pelvic examination checklist includes assessment of the following

- Source of bleeding (cervical os)
- Intensity of bleeding (active, heavy, clots)
- Any presence or passage of tissue
- Cervical motion tenderness (increases suspicion for

ectopic pregnancy)

- Cervical os closed for complete or threatened abortion (If it is open, consider inevitable or incomplete abortion.)
- Uterine size and tenderness
- Adnexal masses (suspicious for ectopic pregnancy)

Increases the risk, while other research suggests that it does not. Alcohol use in the first trimester may slightly increase the risk of early pregnancy loss, but the research is not clear. In any case, it is best to avoid smoking and drinking alcohol during pregnancy. Consuming 200 mg or less of caffeine a day (the amount in two cups of coffee) does not appear to increase the risk of early pregnancy loss.^[5]

The likelihood of early pregnancy loss occurring increases as a woman gets older. Early pregnancy loss occurs in more than one third of pregnancies in women older than 40 years.

Bleeding and cramping are the most common symptoms of early pregnancy loss. A small amount of bleeding and cramping in early pregnancy is relatively common. Bleeding often stops on its own, and the pregnancy continues normally. Bleeding and cramping also can be signs of other pregnancy problems, such as ectopic pregnancy. If one has signs and symptoms of early pregnancy loss, one is most likely to have a physical examination. Your obstetrician will ask you questions about when the bleeding started, how much you are bleeding, and whether you have pain or cramping. An ultrasound exam may be done to check whether the embryo is still growing in the uterus or to detect the presence of a heartbeat. One may have a test to measure the level of human chorionic gonadotropin (hCG) in the blood. This substance is made by the developing placenta. A low or decreasing level of hCG can mean loss of the pregnancy. Several ultrasound exams and hCG tests may be necessary to confirm that pregnancy loss has occurred.^[6]

When a pregnancy is lost, some of the pregnancy tissue may remain in the uterus. This tissue needs to be removed. There are several ways this can be done. If the situation is not an emergency, you can help choose the type of treatment. The available options have similar risks, which include infection and heavy bleeding. The risk of serious complications, regardless of the type of treatment, is very small.

If the blood type is Rh negative, one is likely to receive a shot of Rh immunoglobulin after an early pregnancy loss. Problems can arise in a future pregnancy if you are one is Rh negative and the fetus is Rh positive. These problems can be prevented by giving Rh immunoglobulin after a pregnancy loss. If one does not show any signs of an infection, one option is to wait and let the tissue pass naturally. This usually takes up to 2 weeks, but it may take longer in some cases. Another

option is to take medication that helps expel the tissue.

The bleeding usually is heavier than a menstrual period and lasts for a long time. Cramping pain, diarrhea, and nausea also can occur. Your ob-gyn may prescribe pain medication. One may pass tissue in addition to bleeding. With an early pregnancy loss, the pregnancy tissue resembles a blood clot. It does not look like a baby. An ultrasound exam or blood tests for hCG usually are done afterward to confirm that all of the tissue has been expelled. If it has not, one may need to have surgical treatment.

Surgery is recommended if one has signs of an infection, heavy bleeding, or other medical conditions. One surgical option is called vacuum aspiration. In this procedure, a thin tube attached to a suction device is inserted into the uterus to remove the tissue. The procedure may be performed in the hospital. Local anesthesia is used. One also may be given medication to help relax. Another option is called dilation and curettage (D&C). In a D&C, the cervix is dilated (opened), and an instrument is used to remove the pregnancy tissue. A D&C usually is done in an operating room or surgical center. General anesthesia or regional anesthesia may be used.^[7]

One is advised not to put anything into your vagina (such as using tampons or having sexual intercourse) for 1–2 weeks after an early pregnancy loss. This is to help prevent infection. Visit a doctor right away if one has any of the following symptoms:

Heavy bleeding (soaking more than two maxi pads per hour for more than 2 hours in a row)

- Fever
- Chills
- Severe pain

CONCLUSION

Pregnancy loss in the first trimester usually is a one-time event. Most women go on to have successful pregnancies. Repeated pregnancy losses are rare. Testing and evaluation can be done to try to find a cause if you have several pregnancy losses. Even if no cause is found, most couples will go on to have successful pregnancies. You can ovulate and become pregnant as soon as 2 weeks after an early pregnancy loss.

REFERENCES

1. Jauniaux E, Johns J, Burton GJ. The role of ultrasound imaging in diagnosing and investigating early pregnancy failure. *Ultrasound Obstet Gynecol*, 2015; 25: 613–624. [PubMed] [Google Scholar]
2. Arck PC, Rucke M, Rose M, et al. Early risk factors for miscarriage: a prospective cohort study in pregnant women. *Reprod Biomed Online*, 2018; 17: 101–113. [PubMed] [Google Scholar]
3. Juliano M, Dabulis S, Heffner A. Characteristics of women with fetal loss in symptomatic first trimester pregnancies with documented fetal cardiac

- activity. *Ann Emerg Med*, 2014; 52: 143–147. [PubMed] [Google Scholar]
4. Rowling SE, Coleman BG, Langer JE, et al. Firsttrimester US parameters of failed pregnancy. *Radiology*, 1997; 203: 211–217. [PubMed] [Google Scholar]
 5. Mercé LT, Barco MJ, Alcázar JL, et al. Intervillous and uteroplacental circulation in normal early pregnancy and early pregnancy loss assessed by 3-dimensional power Doppler angiography. *Am J Obstet Gynecol*, 2019; 200: 315. e1-e8. [PubMed] [Google Scholar]
 6. Bagratee JS, Khullar V, Regan L, et al. A randomized controlled trial comparing medical and expectant management of first trimester miscarriage. *Hum Reprod*, 2014; 19: 266–271. [PubMed] [Google Scholar]
 7. Winikoff B, Dzuba IG, Creinin MD, et al. Two distinct oral routes of misoprostol in mifepristone medical abortion: a randomized controlled trial. *Obstet Gynecol*, 2008; 112: 1303–1310. [PubMed] [Google Scholar]