

THREATENED ABORTION

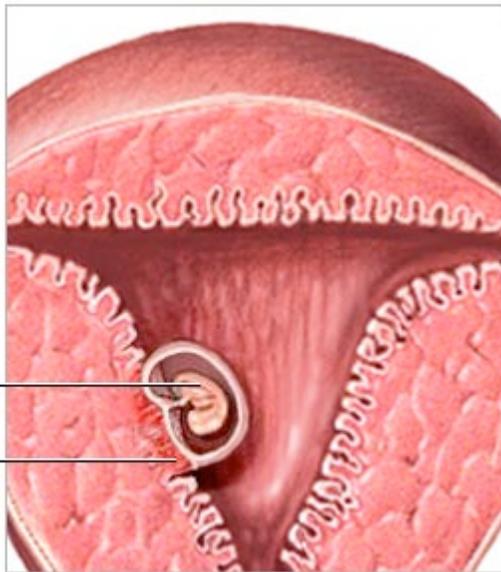
Definition

A threatened abortion is a condition that suggests a miscarriage might take place before the 20th week of pregnancy.

Alternative Names

Threatened miscarriage; Threatened spontaneous abortion

Causes



A small number of pregnant women have some vaginal bleeding, with or without abdominal cramps, during the first trimester of pregnancy. This is known as a threatened abortion. Most of these pregnancies go on to term with or without treatment. Spontaneous abortion occurs in just a small percentage of women who have vaginal bleeding during pregnancy.

When spontaneous abortion occurs, the usual cause is fetal death. Such death is typically the result of a chromosomal or developmental problem. Other possible causes include:

- Infection
- Systemic disease in the mother
- Defects in the mother's anatomy
- Endocrine factors
- Immune system factors

About half of all fertilized eggs abort on their own, usually before the woman knows she is pregnant. The rate of spontaneous abortion is very low among known pregnancies. These usually occur 7 - 12 weeks into the pregnancy.

Risks of threatened abortion are higher in:

ADAM.

Threatened spontaneous abortion



Vaginal bleeding

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- ❑ Women over age 35
- ❑ Women with a history of 3 or more spontaneous abortions
- ❑ Women with systemic disease (such as diabetes or thyroid dysfunction)

Symptoms

- ❑ Abdominal cramps with or without vaginal bleeding
- ❑ Vaginal bleeding during the first 20 weeks of pregnancy (last menstrual period was less than 20 weeks ago)

Note: With true miscarriage, low back pain or abdominal pain (dull to sharp, constant to intermittent) typically occurs and tissue or clot-like material may pass from the vagina.

Exams and Tests

Pelvic exam shows a cervix that isn't thinned (effaced) or open (dilated). Either of these can suggest that a miscarriage will soon occur.

Other tests include:

- ❑ Beta HCG (quantitative) test over a period of days or weeks to confirm whether the pregnancy is continuing or the fetus has died
- ❑ CBC to find out the amount of blood loss
- ❑ Serum HCG to confirm that the woman is pregnant
- ❑ Ultrasound to detect fetal heartbeat
- ❑ WBC with differential to rule out infection

This disease also can change the results of the serum progesterone test.

Treatment

Bed rest or pelvic rest (not having intercourse, douching, or using tampons) may be recommended, but there is no evidence to show that these actually reduce the miscarriage rate.

The use of progesterone is controversial. It might relax smooth muscles, including the muscles of the uterus. However, it also might increase the risk of an incomplete abortion or an abnormal pregnancy. Unless there is a luteal phase defect, progesterone should not be used.

Outlook (Prognosis)

The outcome is good when the pregnancy continues to progress and all the symptoms disappear.

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Possible Complications

- Anemia
- Dead fetus syndrome
- Infection
- Moderate-to-heavy blood loss
- Spontaneous abortion

When to Contact a Medical Professional

If you know you are (or are likely to be) pregnant and you have any symptoms of threatened abortion, contact your prenatal health care provider immediately.

Prevention

Some studies show that women who get prenatal care have better pregnancy outcomes, for themselves and their babies. Early and complete prenatal care reduces the risk of miscarriage.

It is better to find and treat health problems before you get pregnant than to wait until you're already pregnant. Avoiding environmental hazards such as x-rays and infectious diseases also decreases the risk of miscarriage in early pregnancy.

Spontaneous abortion is not preventable if the fetus dies. In fact, it is important for the uterus to expel all of its contents in such cases. A missed abortion occurs when a dead fetus is not expelled from the uterus. When only part of the dead fetus is expelled, it is called an incomplete abortion.