

## Spontaneous Abortion and Ectopic Pregnancy

### Spontaneous Abortion (miscarriage)

Most pregnancies failing in the first eight weeks are likely to **completely** abort.  
After eight weeks an **incomplete** abortion is more likely.

Whether a case can be managed in the community or needs hospital care is a clinical judgement.

Factors such as the presence of cardiovascular shock, degree of pain, amount of bleeding, and social circumstances must all be assessed.

A vaginal examination is mandatory :

- if the cervical os is **open** there is no need for ultrasound scanning;
- if the os is **closed**, a scan is indicated to distinguish - threatened abortion (ongoing pregnancy)
  - missed abortion
  - incomplete abortion
  - ectopic pregnancy

When clinical assessment suggests a simple, uncomplicated miscarriage, and when social circumstances permit, events can be allowed to run their course.

Reassessment is required for any worsening of symptoms or signs, or persistence of bleeding beyond 36 hours.

If indicated, non-acute ERPC should be arranged on the next available operating list via the O&G house surgeon.

**NB.** Remember anti-D (within 72 hours) for any bleeding in pregnancy if mother is Rh -ve.

### Ectopic Pregnancy

In contrast to miscarriage, the diagnosis of ectopic pregnancy relies heavily on radiological and biochemical evidence.

For the non-acute patient a **quantitative serum HCG** and **ultrasound** should be requested (warn the patient that she may need a trans-vaginal scan).

An intrauterine pregnancy should be visible on trans-vaginal scan if the HCG is >1300.

If not, and the patient is >6 weeks pregnant, there is a 95% chance of an ectopic - D/W obstetrician on-call.

If <6 weeks, and no intrauterine or ectopic pregnancy is seen, the HCG should be repeated in 2 days (provided the patient's condition is stable).

HCG should increase by at least 80% every 2 days in established pregnancy.

If the repeat HCG has increased >80% : re-scan in 10 days.

If the repeat HCG has fallen, or increased by <80% : D/W obstetrician on-call.

If clinical symptoms or signs worsen at any stage : admit.