



INCOMPLETE ABORTION: A CASE STUDY

Nursing

Jaya Prabha M J Assistant Professor, Bethlahem College Of Nursing, Karungal, Kanniyakumari District

ABSTRACT

An incomplete abortion or incomplete miscarriage is when some products are held back in the uterus after a miscarriage. This paper presents a case study focusing on the clinical manifestation, Diagnosis, management and nursing care of a 35 years G5P1L1 I Trimester with Incomplete Abortion. Several factors for incomplete abortion are Abnormalities of uterus, Exposure to teratogens such as radiation, toxins, drug, alcohol, or excessive caffeine, Overweight or underweight. Diagnosis often involves ultrasound imaging. Management option ranges from medical intervention. Nursing care focus on hemodynamic stabilization, and emotional support

KEYWORDS

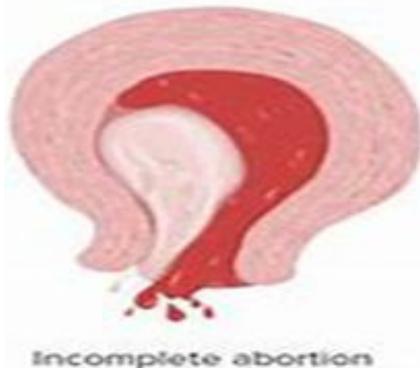
Incomplete abortion, Miscarriage, abnormalities in uterus, teratogens.

INTRODUCTION

It is also referred to as spontaneous abortion. The products of conception retained in the uterus do not have viable foetuses. This implies that there is no possibility to continue the pregnancy after an incomplete abortion. It is essential to recognize the signs early for timely medical intervention and to prevent complications. The right diagnosis helps ensure complete expulsion of the tissue remains left in the womb after an abortion.

There is no global statistical data on incomplete abortion since abortion is legalized in some countries and may go unreported in a few countries.

A comprehensive study on medical abortions divulged a significant surge in complications at less than 12 weeks. The rate of complications shot up from 4.2% to 8.2% between 2008 and 2015. An incomplete abortion, marked as the most common complication, was observed in 57% of all medical abortions.



Definition

When the entire products of conception are not expelled, instead a part of it is left inside the uterine cavity, it is called incomplete abortion. This is the commonest type met amongst women, hospitalized for abortion complication.

Risk Factors And Causes Of Incomplete Abortion

- Approximately 50% of incomplete abortions can be due to chromosomal anomalies in the fetus, and they are not preventable.
- Maternal diseases such as diabetes, renal diseases, thyroid problems, lupus, hypertension, thrombophilia, and polycystic ovarian syndrome
- Abnormalities of uterus
- Exposure to teratogens such as radiation, toxins, drug, alcohol, or excessive caffeine
- Infections such as sexually transmitted infections (STIs), listeriosis (caused by bacteria *Listeria monocytogenes*), and human immunodeficiency virus infection
- Overweight or underweight

Signs And Symptoms

- Moderate to severe vaginal bleeding and pelvic or lower abdominal pain are common symptoms of incomplete abortion.

The Other Symptoms You May Notice After A Few Days Of Abortion Are:

- Pain lasting more than a few days
- Excessive bleeding lasting for a few days
- Severe pain or cramps
- Discomfort or pain while pressing on the abdomen (belly)
- High fever lasting more than a day or two
- Symptoms of low blood pressure such as dizziness
- Persistent foul odor from vaginal discharge

Diagnosis

- Human chorionic gonadotropin (hCG) levels in the blood. Usually, hCG levels are low after a few days of an abortion.
- Transabdominal or transvaginal ultrasound helps visualize retained products of conception in the uterus.
- Blood analysis, including complete blood count, blood type, and coagulation profile, can detect Rh factor, risk of bleeding, etc.

1. Case study of Mrs. X :

Mrs. X, a 35 years old woman was admitted in Samuel hospital with complaints of spotting per vagina, abdominal cramping. Her Last Menstrual Period is 19.09.2023 following a detailed investigation and ultrasound scan she was diagnosed as incomplete abortion. She was found to be conscious and oriented. Her vital signs were as follow:

Temperature: 98.6 F

Pulse: 80 beats/ min

Respiration: 24 breath/ min

Blood pressure: 110/70 mmHg

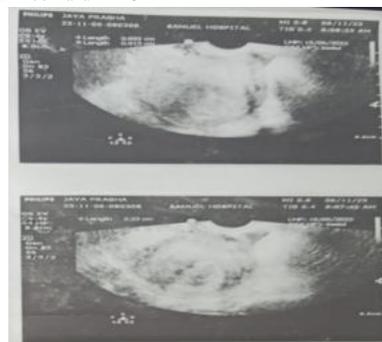
SpO2: 99%

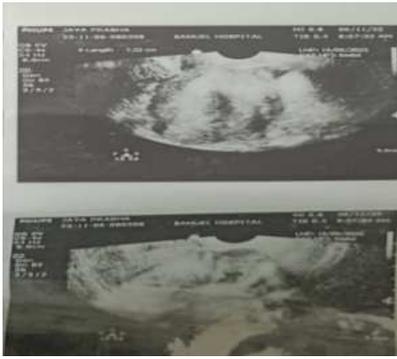
The ultrasound report showed that uterus bulky in size and normal in shape. A small intramural fibroid measuring 6×9mm in anterior wall. Incomplete abortion with retained products of conception.

1.1 Investigation :

The Ultrasound scan report was received. The result are as follows:

- Uterus anteverted, bulky in size
- Endometrial cavity shows heterogenous contents measuring 22mm with minimal internal vascularity.
- A small intramural fibroid measuring 6×9mm seen in anterior wall
- Cervix normal. Internal os closed
- Ovaries normal
- Minimal free fluid in POD





1.2 Lab Reports:

Haemoglobin 13.3 gm/dL
 Platelet count 2.43 Lakhs/cumm
 Blood group A
 Rh factor Positive

1.3 Signs And Symptoms:

Book picture	Mother picture
Vaginal bleeding or spotting	Present
Abdominal pain	Absent
Abdominal cramping	Present
Pelvic discomfort	Absent

Management

- Administered misoprostol
- Advised Bed rest
- Ultrasound scan (Transvaginal)
- Surgical evacuation
- Vacuum aspiration or curettage procedures

1.5 Complication:

- Increased risk of infection
- Severe bleeding and haemorrhagic shock

1.6. Nursing Management :

- Advised the mother to avoid sexual intercourse
- Advised the mother to take adequate bed rest
- Instruct the mother to avoid heavy lifting and straining
- Advised the mother to take plenty of oral fluids

Nursing Process For Mother With Subchorionic Hemorrhage :

Assessment:

Assess for Vaginal bleeding, spotting
 Assess for low abdominal cramping
 Assess for Maternal apprehension caused by the bleeding episode
 Mother may verbalize fear, disappointment or feeling of guilt

Nursing Diagnosis:

- Fluid volume deficit related to vaginal bleeding
- Acute pain related to abdominal cramping as evidenced by verbal report of pain
- Anxiety related to uncertainty and fear of next pregnancy as evidenced by expressed worry
- Disturbed sleep pattern related to emotional distress
- Knowledge deficit related to the treatment option and potential outcome

Planning :

Monitor for bleeding or spotting episodes
 Monitor maternal health status
 Monitor intake and output chart
 Provide information regarding treatment plan
 Provide support and reassurance regarding nursing care
 Promote maternal physical wellbeing
 Provide opportunities for counseling and support
 Provide teaching related to self care

Implementation:

Observe for vaginal bleeding and cramping
 Maintain mother on absolute bed rest
 Support mother and family, and encourage them to verbalize feelings

Evaluation:

Ensure That The Women:

- Is free from Vaginal bleeding or spotting
- Maintains normal vital signs, hematocrit and hemoglobin
- Verbalizes her apprehension and feelings
- Understands self care measures

CONCLUSION:

Vaginal Bleeding during first trimester of pregnancy is common and many conditions can cause bleeding while pregnant. Incomplete abortion may be seen in mother who have vaginal bleeding during the first half of pregnancy. This case study highlights the clinical manifestation, diagnosis, Investigation, management, complication and Nursing care of a 35 years old women with incomplete abortion.

REFERENCES:

- [1]. Tania, G.(2015). Clinics in Obstetrics. Jaypee publishers.
- [2]. Jacob, A.(2019). A comprehensive textbook of Midwifery and Gynecological Nursing. Jaypee brothers publishers.
- [3]. Bondick, C., Das, M., Fertil, H., (2024). Subchorionic Hemorrhage, Pubmed.
- [4]. Gunay,T ., Oguz, D.,(2019). How does subchorionic hematoma in the first trimester affect pregnancy outcomes , 639-646.
- [5]. Mackenzie, N., (2019). Association between first trimester subchorionic hematomas and pregnancy loss in singleton pregnancies, Obstetrics and Gynaecology 1.
- [6]. Pedersen, J F., Mantoni , M., (1990) . Prevalence and significance of subchorionic hemorrhage in Threatened abortion, AJR , 535- 537