

The Atlantic Provinces Medical Peer Review



MANAGEMENT OF SPECIFIC DISEASE ENTITIES

Obstetrics & Gynaecology #1 - SPONTANEOUS ABORTION

It is important to note that these guidelines are meant to be of assistance to assessors in making observations. They should not be taken as standards of any of the Atlantic Provinces Licensing Authorities.

Abortion can be defined as the separation of a fetus from the uterus prior to the ability for survival outside the uterus. Expulsion of the entire fetus constitutes a "complete" abortion; part of the fetus is an "incomplete" abortion. When vaginal bleeding occurs early in pregnancy, with or without uterine contractions, but without cervical dilation, membranes rupture, or expulsion of the fetus, an abortion is "threatened". Cervical dilation, membranes rupture or expulsion of the fetus in the presence of vaginal bleeding result in an "inevitable" abortion.

Prevalence: 10 - 15% of clinically recognized pregnancies are spontaneously aborted; when both clinical and biochemical pregnancies are considered 50% are spontaneously aborted

Risk factors: chromosomal abnormalities; luteal phase defect; incompetent cervix; infection; antifetal antibodies; autoimmune or alloimmune disease; drugs, X-irradiation; IUD

Signs & Symptoms:

- ✓ women of child-bearing age with abnormal vaginal bleeding
- ✓ in a previously diagnosed intrauterine pregnancy: vaginal bleeding, uterine cramping, cervical dilation, ruptured membranes, passage of non-viable fetus

Diagnosis:

- ✓ history & physical
- ✓ tests: cultures (gonorrhea & chlamydia); CBC, Rh type; urine HCG; serial serum HCG; imaging: ultrasound
- ✓ diagnostic procedures: fetal heart tones with Doppler
- ✓ differential diagnosis: ectopic pregnancy; cervical polyps or neoplasms; hydatidiform mole pregnancy; membranous dysmenorrhea; HCG-secreting ovarian tumor

Therapies:

- ✓ RhoD immune globulin if mother is Rh negative
- ✓ surgery: D & C for inevitable or incomplete abortion
- ✓ complications of D & C include: uterine perforation; infection, bleeding, retention of fetus; depression and guilt (patient may require counselling and reassurance that she did not cause miscarriage)

	N/A	E	S	D
Clinical history and physical exam are documented.				
It is evident that appropriate tests have been ordered and completed.				
Appropriate therapies are used and regularly reviewed.				

COMMENTS: _____

