

Complications and Prevention of Anemia during Pregnancy

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Abstract: Bleeding during pregnancy is an obstetric complication in which bloody fistulas of varying amounts (from small to massive) are released from the vagina.

Female genitals - vagina, cervix;

emerging or already formed utero-placental and feto-placental complex.

Bleeding during early pregnancy is often associated with the threat of termination. Under the influence of the influencing factor, the contractile activity of the uterus increases, which leads to the separation of part of the chorion (placenta) tissue. This process is accompanied by the rupture of blood vessels that naturally bleed and release.

Key words: initiated spontaneous abortion; damage to the genitals; ectopic pregnancy; rupture of vaginal varicose veins.

Bloody discharge in the late period of pregnancy is often associated with 2 main pathologies.

Incorrect placement of the placenta, when it occupies the area of the lower segment that is anatomically and functionally not adapted to feed the fetus. Therefore, usually in the third trimester, damage to the vessels passing through this area occurs, which is manifested by bleeding.

Bleeding in the second half of pregnancy can also be caused by early placental abruption. Despite the correct location in the body or bottom of the uterus, the uterine-placental connection begins to break down prematurely under the influence of the causative factor affecting the vascular connection in the placenta. The myometrium (muscular layer of the uterus) affects these events with spasm, so severe pain and hypertonicity of the uterus appear.

Types of bleeding during pregnancy

In obstetrics, it is important to distinguish 3 types of bleeding:

outwardly visible (bleeding);

internal, when a hematoma appears (accumulation of blood between the uterine wall and placental tissue);

when combined, bleeding and retroplacental hematoma are formed.

Symptoms

Bleeding during pregnancy in the first trimester is often associated with spontaneous abortion. This condition is manifested by the following symptoms:

painful sensations in the lower part of the abdominal cavity (pain is often spastic in nature and is caused by myometrial spasm);

bloody discharge from the vaginal tract of different intensity and color - in some cases the blood is new (bright red), in others it is old (dark, purple);

weakness and ill health.

Half of bleeding in late pregnancy is due to placenta previa or placental abruption. Clinically, these 2 conditions differ from each other in the following aspects:

in the anterior position of the placenta tissue, there is usually no pain syndrome, myometrial tone is normal;

with early separation, blood becomes irritating and flows between myocytes, which causes severe pain and increased myometrial tone.

Causes of bleeding during pregnancy

- a) The causes of bleeding in the early stages of pregnancy can be as follows.
- b) initiated spontaneous abortion;
- c) damage to the genitals;
- d) ectopic pregnancy;
- e) rupture of vaginal varicose veins;
- f) infections and inflammatory processes of the vagina and cervix;
- g) polyp of the cervical canal;
- h) ectopy of the cervix, if its vaginal part is not covered with stratified squamous, but with single-row cylindrical epithelium, for example, it can be easily damaged during intercourse;
- i) frozen pregnancy (bloody discharge appears some time after the development of the fertilized egg has stopped);
- j) isthmic-cervical insufficiency - a condition in which the obturator function of the cervix is disturbed (bloody discharge is usually scanty and associated with micro-rupture of blood vessels);
- k) inconsistency of the postoperative scar in the uterus.

In the later stages of pregnancy, bloody discharge from the genital tract, in addition to the listed pathologies, may be associated with the following processes:

the anterior position of the placental tissue is the position in which the placenta is attached to the lower segment of the uterus (usually it should be 7-8 cm higher than the internal opening of the cervical canal);

premature separation of the normally located placenta - separation of part or all of the placental tissue from the uterine wall that occurred before the 3rd stage of labor, including. during pregnancy;

rupture of the umbilical cord, if the latter is not attached to the placenta, but to the membranes outside the fetus.

In some cases, the source of bleeding that a woman feels in her underwear can be proctological diseases - hemorrhoidal disease and anal fissure. Gynecological examination allows differential diagnosis of obstetric and rectal problems.

Diagnostics

The appearance of blood from the genital tract during pregnancy is an indication for careful examination in the chair. At the beginning, the gynecologist evaluates the condition of the vulva, vagina and cervix, because these organs can be a source of bleeding. After that, according to the instructions, a bimanual examination is performed in the first half of pregnancy, which allows assessing the condition of the uterus and appendages. In the second half of pregnancy, bimanual examination is performed only when the operating room is ready, because palpation can worsen bleeding and require immediate surgical intervention.

The diagnostic program for a patient who complains of bleeding from the genital system during pregnancy may also include the following examination methods:

ultrasound examination;

general clinical blood test with determination of platelet level;

assessment of blood clotting activity (coagulogram);

Microscopy of vaginal discharge (to rule out the inflammatory process).

Treatment

Therapeutic tactics are determined by the nature of the pathology that caused the bleeding. In some cases, conservative therapy that preserves pregnancy is carried out, in other cases, surgical intervention is indicated.

Conservative treatment

If, according to ultrasound examination, the fetus has a heartbeat and the condition of the mother is satisfactory, hemostatic and antispasmodic therapy aimed at continuing the pregnancy is prescribed.

Surgical treatment

Finding a frozen pregnancy in the first trimester is an indication for emptying the uterine cavity. This manipulation can be performed medically or surgically, depending on the clinical situation.

In the second half of pregnancy, severe bleeding that threatens the life of the mother and the fetus is an indication for an emergency cesarean section.

Prevention

To reduce the risk of bleeding during pregnancy, the following are recommended:

covering chronic pathologies before conception;

monitor your blood pressure and if it rises, take the medicine prescribed by the doctor;

monitor your reproductive health (to avoid abortion, protect yourself from unplanned conception, undergo regular examinations by a gynecologist, have sex with a reliable partner).

Rehabilitation

After emptying the uterine cavity, it is recommended to create favorable conditions for the restoration of the mucous membrane:

- a) sexual rest (within 10-15 days);
- b) refusal to visit saunas, baths, swimming pools (10-15 days);
- c) Restriction of lifting heavy loads;
- d) continue to take medications recommended by the doctor;
- e) control check at the appointed time.

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