



## Effects of Pregnancy Complications in Women

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### DESCRIPTION

Even though majority of pregnancies are undisturbed, complications may occur. There are some of the most common pregnancy complications.

#### Amniotic fluid complications

Too much or too little amniotic fluid in the amniotic membrane surrounding the fetus can be a sign of pregnancy problems. Too much water can put excessive pressure on the mother's uterus and cause premature birth. It can also put pressure on the mother's diaphragm. This can cause respiratory distress. Moisture tends to accumulate in uncontrolled diabetes, multiple pregnancies, blood group incompatibility, or birth defects. Too little fluid can be a sign of birth defects, stunted growth, or stillbirth.

#### Bleeding

Bleeding in late pregnancy can be a sign of placental complications, vaginal or cervical infections, or preterm birth. Women who bleed late in pregnancy may lose their unborn baby and be at increased risk of excessive bleeding. Bleeding at any point during pregnancy should be reported to the doctor immediately.

#### Ectopic pregnancy

Ectopic pregnancy is the development of the fetus outside the womb. It can occur in the fallopian tubes, cervix, or pelvis or abdomen. The cause of an ectopic pregnancy is usually the scar tissue of the fallopian tubes due to infection or illness. The risk of ectopic pregnancy is increased in women who have undergone tubular sterilization procedure, especially those who were under the age of 30 at the time of sterility. Ectopic pregnancies occur in 1 in 50 pregnancies and can be very dangerous to the mother.

Symptoms include abnormal bleeding and convulsions. The longer the ectopic pregnancy, the more likely it is that the fallopian tubes will rupture. You can confirm the diagnosis by

ultrasonography and blood test. Treatment of ectopic pregnancy may include medication or surgical resection of the fetus.

#### Miscarriage or loss of fetus

A miscarriage is a miscarriage that occurs by the 20th week of pregnancy. Most miscarriages occur within 12 weeks of pregnancy. Miscarriage occurs in about 15% of all pregnancies and is usually due to genetic or chromosomal abnormalities. Miscarriage is usually preceded by spotting and severe seizures. Ultrasonography and blood tests may be done to confirm the miscarriage.

The contents of the fetus and uterus are often expelled naturally. Otherwise, a procedure called Dilation and Curettage (D&C) may be required. This procedure uses special equipment to get rid of abnormal pregnancies.

#### Placental complications

Under normal circumstances, the placenta is attached to the uterine wall. However, two types of placental complications can occur:

**Placental abruption:** The placenta may move away from the uterine wall too soon. This is called placental abruption and results in fetal bleeding and a decrease in oxygen and nutrients. Separation is complete or partial. The cause of placental abruption is often unknown. Placental abruption occurs in 1 in 100 births.

Placental abruption is common in women who smoke, have hypertension, and multiple pregnancies. It also occurs in women who have previously had children or have a history of placental abruption.

**Placenta previa:** The placenta is usually located in the upper part of the uterus. Placenta Previa is a condition in which the placenta is attached near the cervix (the opening to the uterus) or covers the cervix. This type of placental complication occurs in 1 in 200 births and is common in women with scars in the uterus from previous pregnancies. It also occurs in women who

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have uterine fibroids or other problems with the uterus, or who had previous uterine surgery. Symptoms may include tenderness in the abdomen or red vaginal bleeding that is not related to pain. Diagnosis is confirmed by physical examination and ultrasonography. Depending on the severity of the problem and the stage of pregnancy, changes in activities or bed rest may be ordered.

### Pre-eclampsia or eclampsia

Pre-eclampsia, formerly known as toxemia, is characterized by pregnancy-related hypertension. It is accompanied by protein in the urine. There may also be swelling due to fluid retention.

Eclampsia is a more serious form of this problem. This can lead to seizures, coma and even death. The cause of pre-eclampsia is unknown, but it is more common in the first pregnancy. It affects about 5% to 8% of all pregnant women.

Other risk factors for pre-eclampsia are:

- Women who are pregnant with multiple fetuses
- Teen mother
- Women over 40
- Women with high blood pressure, diabetes, and / or kidney disease before pregnancy
- Obese women with a BMI greater than 30