

Complications  
in pregnancy

Most pregnancies go smoothly. But get to know the warning signs of complications so you can act quickly – just in case. Contact your doctor, midwife or hospital immediately if you have any of the following symptoms:

- significant vaginal bleeding (more than spotting)
- very severe nausea or vomiting several times during a short period
- severe abdominal pain
- constant clear 'watery' vaginal discharge
- a severe headache that won't go away (especially in the second half of pregnancy)
- sudden swelling of the ankles, fingers and face
- sudden blurring of vision
- a temperature of more than 37.8°C
- the baby stops moving or has a marked decrease in movement for any 24-hour period from the 30th week of pregnancy onwards
- regular painful contractions any time before the 37th week.

### **Bleeding and miscarriage**

Bleeding in early pregnancy (before 20 weeks) is called a threatened miscarriage. Usually, the bleeding stops and the pregnancy continues. But if there's bleeding and pain or discomfort in the lower back or abdomen (perhaps like period pains), it's more likely to be a miscarriage.

Miscarriages are common. One in five pregnancies that have been confirmed end in miscarriage, usually in the first 14 weeks. After a miscarriage, some women may need a procedure called a dilation and curettage (D&C). It's usually done under a general anaesthetic, and involves gently removing all the remaining pregnancy tissue from inside the uterus. This prevents any heavy bleeding and infection. But if an ultrasound scan shows the uterus is empty, a D&C isn't necessary.

Most parents grieve the loss of the pregnancy. One of the hardest things is that other people don't always understand how much grief you can feel when you lose a baby through miscarriage. Although you might get a lot of support from family and friends if a baby is stillborn, or dies soon after birth, many people don't realise you can experience terrible grief for the loss of a baby through miscarriage.

For more information about coping with the grief of a miscarriage, see *When a baby dies* on page 148.

NSW hospitals have two services available for women experiencing bleeding or lower abdominal pain in early pregnancy.

Early Pregnancy Units (EPU) have been established in selected high volume Emergency Departments where trained and skilled nurses provide rapid assessment and advice to mothers who may have miscarried or are at risk of miscarriage.

Another service is the Early Pregnancy Assessment Service (EPAS) which provides an alternative to Emergency Departments for women experiencing mild lower abdominal pain and or slight bleeding in the first 20 weeks of pregnancy. Early Pregnancy Assessment Services are established in most major metropolitan and major rural hospitals throughout NSW.

## Ectopic pregnancy

An ectopic pregnancy is when the embryo implants inside a fallopian tube or other areas outside the uterus. Symptoms you may experience with an ectopic pregnancy include severe pain in your lower abdomen, vaginal bleeding, feeling faint, vomiting or pain in the tip of one shoulder. If you experience these symptoms, it's important to seek urgent medical attention.

Miscarriages are a common outcome of ectopic pregnancies and are generally not preventable.

## Bleeding after week 20

Bleeding after week 20 is called an antepartum haemorrhage. It's uncommon, but needs immediate treatment. Always contact your doctor, midwife or hospital at the first sign of bleeding at any stage in pregnancy.

The cause may be a problem with the placenta called 'placenta praevia'. This means that instead of being attached to the top part of the uterus, some or all of the placenta is attached to the lower part of the uterus. When the uterus stretches in late pregnancy, it can dislodge part of the placenta, causing bleeding.

Sometimes, the placenta can separate slightly from the uterus, even though it's in the correct place. This can cause slight or heavy bleeding and, occasionally, abdominal pain. If a lot of the placenta comes away, there's a major risk to you and the baby. Prompt treatment usually saves the baby, although she or he may be born by caesarean section operation and/or be pre-term.

Sometimes a cause for the bleeding cannot be found.

## Diabetes

When someone has diabetes, their body can't control the levels of glucose (sugar) in their blood. Uncontrolled blood sugar levels can cause serious health problems. There are two kinds of diabetes:

In people with type 1 (or insulin-dependent) diabetes, the body doesn't produce enough insulin to control blood sugar. They need to inject insulin to keep blood sugar levels under control.

In people with type 2 diabetes, the problem is a little different. They have enough insulin, but the body doesn't use it properly so blood sugar levels can become too high. Type 2 diabetes is usually controlled by diet and exercise, and sometimes medication.

It is important to see your doctor or diabetes specialist early in pregnancy or even before you get pregnant, so that you get good care and control of sugar levels. With good care and treatment for their condition, most women with diabetes will have successful pregnancies. They will need to take extra care with diet, and self-test their blood glucose levels more often. Pregnant women with diabetes will need to see their doctor/specialist frequently for care and for adjustments to their medication.

## Gestational diabetes

Gestational diabetes can occur in the second half of a pregnancy. Women with gestational diabetes have abnormally raised blood sugar levels. All women diagnosed with gestational diabetes need to follow a strict diet and exercise program. In some cases, women may require medication including insulin injection.

About 30 out of a 100 women with gestational diabetes will have larger than average babies. They are more likely to have some form of intervention in labour such as a caesarean section operation.

Studies have suggested that women who develop gestational diabetes have an increased risk of developing type 2 diabetes later in life.

It's common for pregnant women to be offered a glucose test at least once during pregnancy.

For more information on diabetes, contact Australian Diabetes Council on 1300 342 238 or visit [www.australiandiabetescouncil.com](http://www.australiandiabetescouncil.com)

### **High blood pressure**

The reason why doctors and midwives carefully check blood pressure in pregnancy is because untreated high blood pressure (called hypertension) can:

- reduce the blood supply to the baby causing growth problems
- have serious effects on the mother's kidneys, liver and brain.

With regular checking, high blood pressure can be found early and treated – another good reason for seeing a doctor or midwife as soon as you think you're pregnant, and for having regular antenatal care.

Raised blood pressure in later pregnancy can be an early sign of a condition called pre-eclampsia. Other signs of pre-eclampsia are protein in the urine and problems with the liver or clotting levels in the blood. Pre-eclampsia needs prompt treatment because it can develop into a more serious (but rare) condition called eclampsia which causes fits.

A very small number of women with high blood pressure who don't respond to anti-hypertensive medication may need to spend time in hospital during the pregnancy so that their blood pressure can be monitored and stabilised. This stay may be days, weeks or months, depending on how severe the problem is. Some large hospitals now have special day assessment units where you can stay during the day and go home at night.

### **Asthma**

You will still need to take your asthma medication when pregnant. See your doctor regularly during pregnancy, as well-managed asthma is less likely to cause problems during the pregnancy. Uncontrolled asthma has been linked with premature births and low birth weight babies. Asthma may improve or worsen during the pregnancy. You can improve your asthma if you don't smoke. It is also important that women with asthma have the influenza vaccine. If you experience breathing difficulties, it is important that you consult your doctor.

### **Epilepsy**

If you have epilepsy it is important that you check with your doctor before getting pregnant as the medication and dose that you take to control epilepsy may change. Do not change the dose without discussing options with your doctor.

### **Depression**

If you are planning a pregnancy and are on medications for depression, check with your doctor to make sure the medication is safe for pregnancy. Being pregnant may make your depression worse so it is important that you tell your midwife, doctor, or counsellor how you are feeling so they can provide or organise extra support for you. If you don't normally feel depressed and depression and/or anxiety develops during the pregnancy, please let your midwife or doctor know so they can provide or organise appropriate support for you.