

## **PROBLEMS DURING PREGNANCY**

### **EARLY PREGNANCY BLEEDING.**

There are many possible causes of bleeding during pregnancy. Bleeding is never normal but in most cases it may not be serious. Two serious reasons for bleeding are miscarriage and ectopic pregnancy. If you bleed, please contact Dr. Garcia as soon as possible.

#### **Miscarriage**

Miscarriage is the loss of a pregnancy, most often early on. About 15-20% of women who know they are pregnant will have a miscarriage. Common signs of miscarriage are vaginal bleeding and cramps. Pain often comes and goes. Sometimes tissue passes through the vagina. Most miscarriages cannot be prevented. It is the body's way of dealing with a pregnancy that was not normal. It doesn't mean that a woman cannot become pregnant again. Nor does it mean that anything is wrong with her health.

#### **Ectopic pregnancy**

An ectopic pregnancy occurs when the fertilized egg implants abnormally outside the uterus, usually in the fallopian tube. Ectopic pregnancies occur in less than one percent of all pregnancies and need to be treated with medicine or surgery. Pain and bleeding are usually present and the pain can be severe. Most of the bleeding can be internal and this can be a life threatening condition.

### **LATE PREGNANCY BLEEDING**

Bleeding late in pregnancy can be serious, but the most common cause is "bloody show", one of the first signs of labor. This is caused by thinning of the cervix and is usually associated with thick mucus.

The most serious late pregnancy bleeding is caused by either placenta previa or placental abruption. Bleeding can occur when the placenta begins to pull away early from the wall of the uterus. This condition is called placental abruption. If this happens, you may feel constant, severe abdominal pain. The baby needs to be delivered immediately. Placenta previa occurs when the placenta partly or completely covers the cervix. This blocks the baby's exit from the uterus. Bleeding usually occurs when the cervix starts to open. Delivery is by c-section.

### **ANEMIA**

When you are anemic (have a low red blood cell count), you often feel tired. The most common cause of anemia during pregnancy is not getting enough iron in your diet. Women who are anemic in pregnancy are less able to cope with bleeding, infections, and other problems that may occur at the time of delivery. A change in diet or taking iron pills may be needed. Red meat, dried beans and peas, enriched cereals and prune juice are some foods rich in iron.

### **HIGH BLOOD PRESSURE IN PREGNANCY**

Fewer than ten percent of pregnant women develop high blood pressure for the first time during pregnancy. This condition is called preeclampsia or pregnancy induced hypertension. The cause is unknown. Treatment usually involves delivery of the baby. If untreated, however, high blood pressures can cause permanent damage to the mother's eyes, kidneys, brain and/or liver. The fetus can suffer lack of oxygen and nutrients which can lead to growth problems, mental retardation and even death. Certain women are at higher risk of developing preeclampsia and Dr. Garcia will inform you of your risks if you fall into a high risk category. Some of the signs and symptoms of preeclampsia are as follows:

- Headaches (persistent)
- Swelling of hands and face or extreme swelling of feet
- Dizziness
- Blurred vision or spots in front of the eyes
- Sudden weight gain
- Stomach pain
- Elevated blood pressure
- Protein in urine

Depending on the severity of the condition, treatment may range from continued bedrest to immediate delivery.

### **GESTATIONAL DIABETES**

Gestational diabetes occurs when there is a problem with the way the body makes or uses insulin. Women with diabetes have too much sugar in their blood. Gestational diabetes is a kind of

diabetes that only occurs in pregnant women and usually subsides after pregnancy. Women who have gestational diabetes are more likely to develop permanent diabetes later in life. Gestational diabetes is treated with a strict diabetic diet and glucose monitoring. Some women require insulin to control their sugar levels. Gestational diabetes is a serious condition because it can cause the birth of a large baby, which may mean a difficult vaginal birth or a cesarean delivery. Babies born to women with gestational diabetes are also prone to having low blood sugar levels and jaundice after delivery which can lead to permanent neurological problems. If you are diagnosed with gestational diabetes, please follow the diet and instructions given to you by Dr. Garcia and the dietician.

### **PRETERM LABOR**

Labor that starts before 37 weeks of pregnancy is considered preterm. It is not known why some women go into labor early. If the fetus is not fully grown, its best chance for doing well is for the fetus to stay inside the uterus. Treatment for preterm labor will consist of bed rest, intravenous fluids and special medications to help relax the uterine muscle. This treatment is usually initiated in the hospital. However, treatment does not always work. It is more successful if it is started early in labor. Some of the signs/symptoms of preterm labor are as follows:

- Vaginal discharge— a change in type (watery, mucous or bloody) or increase in amount
- Pelvic or lower abdominal pressure
- Low, dull backache
- Abdominal cramps, with or without diarrhea
- Regular contractions or uterine tightening

Call Dr Garcia right away if you have any of these signs/symptoms

### **RH DISEASE AND ITS PREVENTION**

A routine blood test will determine your blood type and Rh factor. The most common Rh type is positive. When your blood type is Rh Negative and the father's is Rh positive, the baby could inherit the father's positive blood type, which could cause a problem during pregnancy.

If your blood type is Rh negative, your body's immune system can recognize the baby's Rh positive blood cells that escape into your circulation. Your body can form antibodies against these Rh positive cells. These antibodies can cause severe anemia in your baby usually in the next pregnancy. To prevent these antibodies from forming, you can be given a special injection of gamma globulin—RhoGAM— that prevents your immune system from reacting to your baby's red blood cells. This injection is given routinely at 26-28 weeks of pregnancy and within 72 hours following delivery.

## **INFECTIONS/ DISEASES**

### **GROUP B STREPTOCOCCUS (GBS)**

Group B strep is a common bacteria that can be found in up to 25-30% of pregnant women. A woman who is a carrier for GBS can pass it to her baby during delivery. Most babies who get GBS from their mothers do not have any problems but a few, however, will become very sick. A test, called a culture, is performed at around 35 weeks gestation during a routine ob visit. The test uses a swab that is placed in the woman's vagina and rectum. The test does not hurt. If you test positive, you will be given intravenous antibiotics during labor to reduce the risk of GBS infection occurring in your baby. Babies of women who are carriers of GBS and do not get treatment have more than 20 times the risk of getting infected than those who do receive treatment. In women who have planned a cesarean birth, it is not necessary for them to be given antibiotics during delivery, whether or not they are GBS carriers. Testing still needs to be performed in case of preterm labor or rupture of membranes.

### **GENITAL HERPES**

Genital herpes is a viral disease that affects the sexual organs of both men and women. It plays an extremely important role in pregnancy since a newborn can experience serious permanent neurological damage and even death if infected during delivery. Dr. Garcia absolutely must know if you or your husband have ever had herpes so that he can take proper precautions at the time of delivery. You need to let Dr Garcia know every time you experience a flare up of the herpetic lesions. If you have active herpes at the time of delivery, a cesarean delivery will need to be performed.

### **GERMAN MEASLES (RUBELLA)**

German measles is a viral disease that can infect and affect your baby especially during the first 3 months of your pregnancy. It can cause many birth defects involving your baby's eyes, ears, heart and brain. You will be tested for immunity during your first round of blood tests. If you are not immune, then you will be offered to become vaccinated after delivery. Symptoms usually include a skin rash and fever. Call if you suspect you have been exposed to German measles.

### **TOXOPLASMOSIS**

Toxoplasmosis is an infection that you can get from eating raw or undercooked meat or by transfer from cats. Cats generally get the parasites from mice or rats, then excrete the organism in their stool. If you get infected during your pregnancy, you will experience mild flu-like symptoms. Your baby can suffer permanent eye and neurological damage. Precaution is the key to avoiding this disorder. Allow someone else to empty your cat's litter box while you are pregnant. Wash your hands carefully after you handle your cat. Tell Dr Garcia if you want to check labs.

### **HEPATITIS B IN PREGNANCY**

Hepatitis B is a viral infection that infects the liver. A certain number of people who contract hepatitis B develop chronic hepatitis. A mother who tests positive for Hepatitis B will have a high probability of infecting their newborn baby without treatment. Treatment involves treating the newborn baby at birth which will prevent infection and thus, the 25% risk of dying. We will routinely test for this infection early in pregnancy.

### **CHICKENPOX (VARICELLA)**

Varicella is an infection that is usually acquired early in childhood. If you've had this infection, then you will not become infected again and have nothing to worry about if you are exposed. You have life-long immunity. If you have not had chickenpox, then development of this infection during pregnancy can be dangerous to you or your baby. If you develop chickenpox pneumonia the infection can be very serious and life threatening. Your baby has less than 2% risk of congenital malformations. If you are infected and deliver, then your baby is at risk of acquiring the infection which can be dangerous. If you think that you have never had chickenpox and are exposed to someone with chickenpox, please tell Dr. Garcia as soon as possible.