

WARNING SIGNS DURING PREGNANCY

VAGINAL BLEEDING- Bleeding in early pregnancy is a common occurrence. Approximately 20-25% of all pregnant women will be affected by some bleeding in the first trimester. There are a variety of normal reasons for bleeding to occur such as implantation bleeding and placental growth. In addition, anything that makes contact with the cervix can cause bleeding such as intercourse, Pap smears, etc. Some women will have vaginal bleeding every month when they would normally have menstrual flow during the first two or three months of pregnancy.

Vaginal bleeding as heavy as the heaviest day of a menstrual period associated with cramping may signal a miscarriage. The majority of miscarriages occur during the second or third month of pregnancy.

Another cause of bleeding in early pregnancy is ectopic pregnancy in which the fertilized egg implants and begins to grow in one of the fallopian tubes. Symptoms of an ectopic pregnancy include bleeding (but not always) and is accompanied by sharp lower abdominal pain-not cramping. Ectopic pregnancies occur in less than 1% of the population.

Bleeding in the second or third trimester usually points to a problem with the placenta. The placenta may be in the wrong place, lying close to or covering the cervix. This is called placenta previa and is diagnosed with ultrasound.

Bleeding in the last trimester accompanied by sharp abdominal pain may signal a placental abruption, which is the separation of the placenta from the uterine lining.

CALL THE DOCTOR IF:

- A) YOU ARE BLEEDING HEAVILY (LIKE A PERIOD)
- B) YOU HAVE CRAMPING ALONG WITH THE BLEEDING
- C) YOU PASS ANY TISSUE
- D) PAIN ACCOMPANIED BY RIGID ABDOMEN, NAUSEA, VOMITING OR DIZZINESS.

SEVERE VOMITING- If vomiting becomes severe and continuous, you may become dehydrated. If you cannot keep food or liquids down at all, you may need to receive fluids intravenously (through a tube in your veins).

CALL THE DOCTOR IF:

- A) VOMITING IS CONTINUOUS FOR MORE THAN ONE DAY.
- B) YOU CANNOT KEEP ANYTHING DOWN AT ALL.

URINARY TRACT INFECTION- Bladder infections (cystitis) are fairly common during pregnancy. The most common symptoms are frequent urination, and burning with urination. Kidney infections, which are much less common, may cause the following symptoms: fever, chills, back pain, feeling sick and uncomfortable. Both bladder infections and kidney infections need to be treated with antibiotics.

CALL THE DOCTOR IF YOU HAVE:

- A) A FEVER OVER 100 DEGREES
- B) "BURNING" WHILE URINATING.
- C) FLANK PAIN.
- D) VERY FREQUENT URINATION
- E) BLOOD IN URINE.

PREMATURE RUPTURE OF MEMBRANES- Usually the “bag of water” surrounding the baby remains unbroken until labor. If you notice a sudden gush of water from the vagina or a constant trickle, call your doctor. Infection can result if you are not properly treated.

CALL THE DOCTOR IF YOU HAVE:

- A) A SUDDEN GUSH OF FLUID FROM THE VAGINA
- B) A CONSTANT TRICKLE OF FLUID.

PRE-ECLAMPSIA-This condition is associated with high blood pressure, and protein in the urine. You may have heard this condition referred to as toxemia. The cause is not known. It usually develops in late pregnancy. About 7% of all pregnant women develop pre-eclampsia, and it is most common in first pregnancies.

Uncontrolled high blood pressure can cause blood vessels to constrict reducing blood flow to the mother and the baby. Treatment includes bed rest, preferably on the left side. If it is severe, hospitalization and medications may be necessary.

CALL THE DOCTOR IF YOU HAVE:

- A) SUDDEN OR EXCESSIVE WEIGHT GAIN.
- B) PERSISTENT HEADACHES.
- C) VISUAL DISTURBANCES
- D) SEVERE ABDOMINAL PAIN.

PRETERM LABOR-Your due date is 40 weeks after your last period, but delivery after 37 weeks is considered full term. Preterm birth is delivery which occurs between 20 to 36 weeks. Babies who are born preterm may have various problems due to incomplete growth and development.

Since at present there is no means to prevent preterm labor we can only identify it early and treat it promptly so pregnancy can be prolonged.

The uterus alternately contracts and relaxes. During a contraction the uterus becomes tight and hardens to the touch. When it stops the uterus becomes soft again, which is the normal state. These contractions are painless and often described by pregnant women as “the baby balling up”. It is normal for the uterus to contract at various times throughout the pregnancy. It is NOT normal to have frequent, regular contractions before the baby is due. Regular contractions that occur as often as every 15 minutes should be reported to your doctor.

CALL THE DOCTOR IF YOU HAVE WARNING SIGNS OF PRETERM LABOR SUCH AS:

- A) REGULAR UTERINE TIGHTENING OCCURRING EVERY 15 MINUTES.
- B) RHYTHMIC MENSTRUAL LIKE CRAMPS.
- C) A LOW, DULL BACKACHE THAT FEELS DIFFERENT THAN THE BACKACHE NORMALLY EXPERIENCED.
- D) RHYTHMIC PUBIC OR PELVIC PRESSURE OR PRESSURE IN THE LEGS
- E) VAGINAL DISCHARGE- A CHANGE IN COLOR OR INCREASE IN AMOUNT.

FETAL MOVEMENT- Fetal movement will vary depending on the size of the baby, the size of the mother and the time in pregnancy. Fetal movement is first felt by the mother at approximately 20 weeks. Women who have had children before feel them somewhat earlier. The first movements are described as “fluttering” or “bubbling” and are easily confused with intestinal rumblings. A significant decrease in fetal movement should be reported to your doctor.

CALL THE DOCTOR IF YOU HAVE:

- A) A SIGNIFICANT DECREASE IN FETAL MOVEMENT.