بسم الله الرحمن الرحيم

اللهم يا معلم آدم وإبراهيم علمني ويا مفهم سليمان فهمني.

تبييض راوند الدكتور عبد الفتاح

صب أ٢

**Placenta previa :**

placenta implanted partially or completely over the lower uterine segment (cover the cervix ) which can cause bleeding.

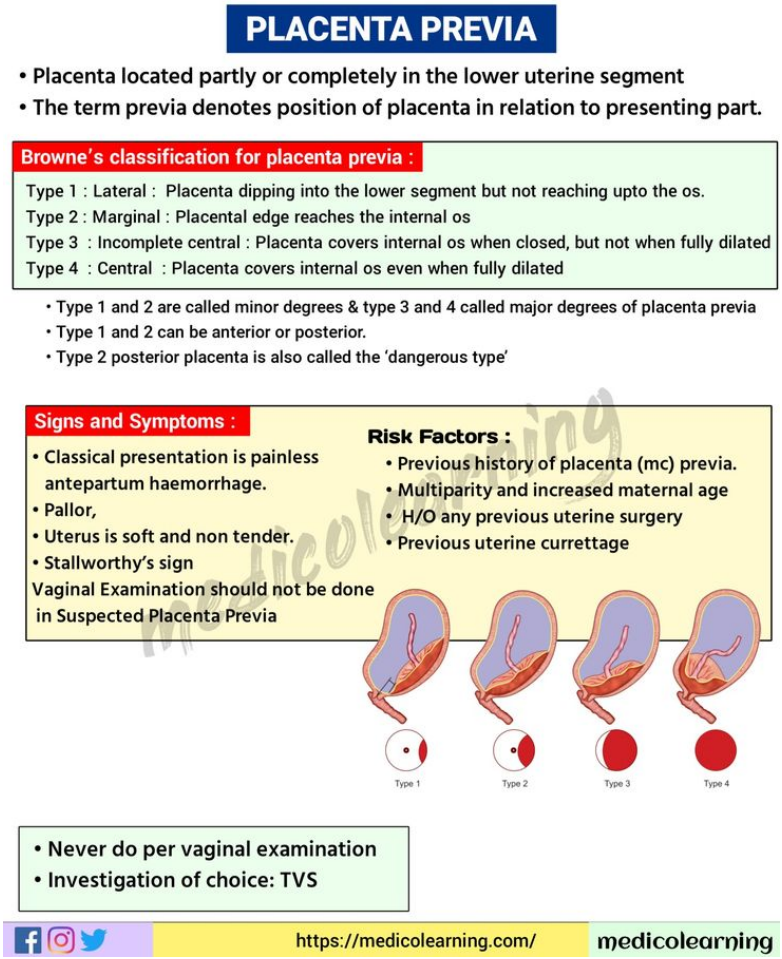
**Risk factors** : multiparous women ,smoking,previous scar in uterus , previous curettage .

**Types** : -low lying -marginal -partial /internal -central

**Signs an d symptoms** : bright red painless vaginal bleeding (sudden), abdominal is soft and Lax

**Management** :

Prevention and minimise risk factors and the patient should be admitted

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# Amniotic fluid source :

قبل ال٢٤ أسبوع بجي من البول تاع الجنين وبرضو السائل إلي بترشح من جسم الجنين ( لإنه لسا الجلد تبعه مش keratinised ) والحبل السري والمشيمة.

بعد ال٢٤ أسبوع بجي من البول تاع الطفل فقط

**If the patient came to the hospital complaining from fluid gush from the vagina there will be three possibilities of this fluid :**

Vaginal discharge >> acidic

Liquor ( amniotic fluid ) >> alkaline ph :7.2

Urine >> acidic

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**PROM (premature rupture of membranes ):**

The most common cause of premature rupture of membranes is infection.

**Risk factors** : infection , smoking ,multiple gestations , cervical incompetence , previous preterm.

**How to know that the membrane has ruptured :**

1. From the history
2. We should pass sterile speculum
3. We ask the patient to cough if the fluid comes from the cervix then it is mostly amniotic fluid
4. If the fluid is in the posterior fornix of the vagina then in this case we take a specimen to examine it and we can use some test :

- **-nitrazine test for PROM** : if the test colour is blue then it is positive (alkaline amniotic fluid )

And if the test result is red then it is negative ( vaginal discharge ).

- -if we don't have the nitrazine test we take a specimen , we put it on a slide and we allow it to dry if it amniotic fluid راح تعمل زي الشجرة this called arborisation (تفرع ) and the test is called **ferning test** . The liquid takes this pattern on slide because it high of content of sodium chloride.
- **-fetal fibronectine test**

**Complications of premature rupture of membranes are** : infection (chorioamnionitis ), preterm labour.

**Management of premature rupture of membranes** :
**Before the age of viability <24** weeks

*possible complications are* :
infection (chorioamnionitis ) ,lung hypoplasia , limb deformities because fetal movement is restricted due to decreased amount of fluid around the baby.

The recommended management in this case is termination of pregnancy.

## If rupture of membranes occurred after 37 weeks

*possible complication*
infection

the proper management is induction of labour and in most cases (80-90%) spontaneous delivery will occur within nearly week from the rupture of membranes.

## If the rupture of membranes has occurred between the 24-37 weeks of gestation

The preferred management is to admit the patient because the patient may deliver at any time and then we can manage the preterm baby in the NICU.

**Then after admission :**

-vital signs( high temperature >> pyrexia >> infection) , abdominal examination ,CTG , US ,amniotic fluid colour (if became turbid with bad odour >> infection ) , we can do CBC to see WBCs count to exclude infection.
-we should give antibiotic and the preferred one is erythromycin in this case

And we give steroid to enhance the function of the lung.
-when to deliver ? Early if there is infection and elective delivery according to the case.
-it is unwise to give **tocolytics** (drugs that relax the uterus ) in case of ruptured membranes
And bleeding.

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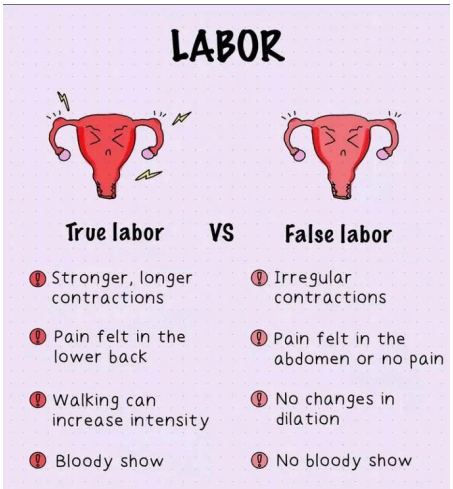
## Vaginal discharge types and causes :

-candidal infection : **white cheesy like vaginal discharge** (in immunocompromised patient , DM patient , patients on steroid therapy , antibiotic for long period of time etc) and it is associated with itching ,if we examine it under microscope we can see -hyphe(yeast).

-bacterial vaginosis: **frothy like bad** odour (fish like odour and will be more obvious if we add a drop of saline to the slide ) without itching under microscope we can see bacilli (bacteria )

-trichomonous infection : itching but without bad odour under microscope we can see flagellated Protozoa

# The difference between the false  and true labour pains :

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## Preterm labour

Risk factors :
-infection
-genetic cause
-multiple pregnancy
-preterm rupture
-Medical disorder
-age
-stress ,anxiety
-smoking whether active or passive
-past obstetric history

-alcohols

Markers to predict preterm labour :
-fetal fibronectine level
-US

Management : PG inhibitors , beta agonist , CCB (nifedipine ),steroids.

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Cause of antipartum haemorrhage:

1-placenta previa
2- rupture in placenta
3-cervical polype /cancer
3-fetal causes

## The difference between placenta previa and abrupta

| manifestation | Placenta previa | Placenta abruption |
|---|---|---|
| ***Onset*** | insdious | Sudden |
| ***Type of bleeding*** | Always visible ,slight, then more profuse | Can be concealed or visible |
| ***Blood description*** | Bright red | dark |
| ***Discomfort / pain*** | None (painless) | Constant, uterine tenderness on palpation |
| ***Uterine tone*** | Soft and relaxed | Firm to rigid |
| ***Fetal heart rate*** | Usually in normal rang | Fetal distress or absent |

## Smoking complications on pregnancy:

Increase the risk of Preterm labour / miscarriage / ectopic pregnancy / IUGR/placenta previa ,cervical cancer etc ..

But decreases the risk of :
preeclampsia ,Endometrial cancer.

**Notes :**

-Normally the WBC count will rise in the pregnancy up to to 8,000 but not up to
-CS is relative contraindication for induction of labour.
-any women in the child bearing age should have vaginal discharge.
-Potter syndrome : renal agenesis , no amniotic fluid formation
-normally male babies weigh 100 gm more than female babies
-baby rapid weight gain begins in the 8th month of gestation

Approximate Gestational age according to fetal weight :
2kg >> 32 weeks
1 kg >> 28 weeks
1,5 kg >> 30 weeks
0.5 kg >> 24 weeks

Thank you

قال ابن القيم رحمه الله :

ما ذكر الله على صعب إلا هان، ولا على عسير إلا تيسر، ولا مشقة إلا خفت، ولا شدة إلا زالت، ولا كربة إلا انفرجت. 🌱🤍

لا إله إلا الله

بالتوفيق 🌱📎