

Problem / Complications in Pregnancies

ECTOPIC PREGNANCY (Tubal Pregnancy):

The egg attaches to the wall of the fallopian tube instead of the uterine wall.

MULTIPLE BIRTHS

The problem that might occur and does cause problems is simply the space. The uterus can only hold so much and multiple births (because of the lack of space) usually cause the mother to deliver before the babies are fully matured. Twins occur about 1 in 87, triplets 1 in 7000 births, quadruplets 1 in 550,000 births, and quadruplets 1 in 57,000,000 births. (Fertility drugs may alter these statistics.)

Rh FACTOR

The Rh factor is a substance found in the Red Blood cells of most people. Such people are said to be “Rh positive”. There are some people, however, who lack the Rh factor (“Rh negative”). Both conditions are inherited and both are considered normal. Rh factor is only a problem among mothers who have Rh negative blood. If the baby she is carrying has Rh positive blood, then the mother’s body will develop antibodies that destroy the red blood cells of the baby. These antibodies can cause complications from the baby having jaundice to stillbirth. However, early detection of problems can dramatically reduce complications. The development of antibodies becomes a problem with the second baby the mother gives birth to because the mother’s body does not develop many antibodies in the first pregnancy. When a physician treats a mother who is Rh-, he/she will give her a shot to neutralize any Rh+ blood cells that may have passed into the mother’s bloodstream to prevent the antibodies from being formed. After the birth of each positive baby, the shot, Roghamm, must be given.

GENETIC DEFECTS

This term refers to defects or abnormalities that are truly hereditary. They are passed from parents to their offspring by the reproductive cells (sperm and egg). These traits are carried by the genes. If either of the prospective parents know that their families have genetic abnormalities, they should consult their family physician, who in turn may refer them to a genetic counselor. The following page contains a list of some of the more common defects that are inherited or genetically determined:

DOWN SYNDROME (Mongolism):

Caused by three instead of two of the 21st chromosomes. Characterized by slanting eyes, broad hands, with short fingers and a short broad skull.

PHENYLKETNURIA (PKU):

A deficiency of the enzyme necessary to convert protein. May cause severe retardation in late childhood.

SICKLE CELL ANEMIA:

Found mainly among children of Black families. Creates defective red blood cells and affects 8-10% of the American Black population.

DIABETES:

The pancreas doesn’t function properly and the body doesn’t carry on a normal metabolism of sugar.

TAY-SACHS DISEASE:

The person has defective eyes and gradual blindness with a severe loss of weight. Found mainly among children of Jewish-Eastern European origin. This defect affects the central nervous system and finally causes death.

HEMOPHILIA

The blood does not clot normally. It is found only among males. Females may transmit the disease but do not suffer from it.

SPONTANEOUS ABORTION/MISCARRIAGES

When the baby is involuntarily expelled from the body of the woman before it is viable (capable of surviving on its own), it is clinically termed a "spontaneous abortion". You may be more familiar with the household term "miscarriage". A spontaneous abortion should not be confused with a voluntary abortion, which is terminating the pregnancy by mechanical means.

Usually a spontaneous abortion (miscarriage) is nature's way of eliminating an abnormal pregnancy. About 15% of all pregnancies end in spontaneous abortions (about 1 out of every 6 pregnancies). Experts suggest that approximately 25-50% of spontaneous abortions are a result of chromosomal problems.

Some common causes of spontaneous abortions are:

INFECTIONS: any type of acute infection carried in the body may be dangerous to the fetus.

OLD OR AGED OVUM: fertilized just before it dies.

DEFECTIVE IMPLANTATION: the placenta breaks loose due to a lack of hormones.

ECTOPIC OR TUBAL PREGNANCY: 1 in 300 pregnancies are ectopic.

CORD ACCIDENTS: the cord may be torn off or twisted.

PLACENTA PREVIA: the placenta is low in the uterus or may even cover the cervix and precedes the baby.

PLACENTA ABRUPTION: premature separation from uterine wall

TOXEMIA: near the 24th week, the mother gets swelling, puffy fingers, and feet. The body doesn't use the protein correctly, which results in albumin (protein in the urine). This can cause convulsions, stillbirths, or maternal death.

HEMORRHAGE: usually caused by a placenta abruption or placenta praevia.

Most spontaneous abortions occur in the first trimester (the first 12 weeks). The baby usually dies two to four weeks before it is expelled.

If all of the products of conception are not completely expelled, it may be necessary for the doctor to perform a "D and C" (dilation and curettage). The walls of the uterus are scraped gently with surgical instruments to remove the remaining tissue.

DRUGS

No drugs should be taken by a pregnant woman, unless it is prescribed by a competent physician. (90% of over-the-counter drugs available have never been tested for their effects on the unborn. A tranquilizing drug called "Thalidomide" was developed in Europe. Many babies born to mothers who had taken the drug had crippling defects, including stunted and misshapen limbs.

"Heroin", "Cocaine", and "Morphine" are "Hard drugs" and are highly destructive. A pregnant woman who takes them is poisoning her unborn child, as well as herself. The baby will be born addicted to the drug.

There is much controversy over the use of Marijuana, Hashish, LSD, Barbiturates and Amphetamine pills. The best advice is that NO pregnant woman should take any of these drugs because of the high rate of birth defects attributed to them.

PROBABLE EFFECTS ON CHILDREN WHOSE MOTHERS USE CHEMICALS DURING PREGNANCY

EFFECTS OF DRINKING ALCOHOL:

Fetal Alcohol Syndrome (FAS), is the name given to a combination of mental and physical defects first evident at a baby's birth and are a direct result of a woman drinking alcohol while she is pregnant. These defects continue throughout the rest of the child's life. 1 in every 500 births will be diagnosed with FAS. While full blown FAS is believed to occur at 60 grams of alcohol a day, significant neurological impairment in the infant can occur with the ingestion of only one ounce of alcohol per day by the pregnant woman. FAS includes: brain injury, growth impairment, facial deformity, and congenital heart defects. The growth impairment is reflected in decreased length, weight, and head circumference. The small head seen in many of these infants is associated with severe to moderate developmental disabilities, since the circumference of the head is a reflection of brain growth. The failure to thrive is not eradicated with increased feeding; these children are born small and remain small.

Fetal Alcohol Effect shares some of the same characteristics as FAS, but is not as evident. FAE is seen in the offspring of mothers who drink moderately. However, babies with FAE have an equal amount of brain damage as babies with FAS. The effects include: hyperactivity, low birth weight for gestational age, and other aspects of the FAS. FAS represents the tip of the iceberg, while FAE represents a greater number of infants who are affected by their mothers' alcohol use during pregnancy, but whose disabilities may go undiagnosed. 1 in every 300 babies will be diagnosed with FAE.

Alcohol passes through the placenta quickly, so a fetus is affected by a drink almost as quickly as the woman. Alcohol can damage unborn babies severely, even infrequent drinking can have devastating effects on the developing infant. Fetal Alcohol Syndrome, identified in 1976, is one effect of maternal drinking.

The effects of Fetal alcohol Syndrome include:

1. Growth deficiencies before birth.
2. Facial irregularities (narrow eyes and short upturned noses), small heads, and hearts, joint and limb defects.
3. Mental retardation.
4. Jittery and poorly coordinated.
5. Short attention spans and mental problems
6. Behavioral problems

EFFECTS OF DRUGS:

Any drug that a woman takes passes through the placenta into the bloodstream of the fetus. Even drugs which have been prescribed by a doctor could be harmful to a developing baby. No medication or drugs of any kind should be taken without physician approval. They can cause malformations, convulsions, tremors, breathing difficulties, incomplete growth, retardation, spine and bone deformities, and chromosome damage. Babies must experience the effects of withdrawal shortly after birth.

COCAINE AND CRACK:

Fetal effects of maternal use of cocaine include: pre-maturity, neonatal intoxication and withdrawal and withdrawal, cerebrovascular accidents, decreased blood supply to the gastrointestinal tract, decreased alertness, and an increase in Sudden Infant Death Syndrome (SIDS). Symptoms of maternal use of cocaine in babies include: jitteriness, excessive crying, increased appetite extreme irritability and/or decreased consolability. Long term effects may include learning disabilities, behavioral problems, and Attention Deficit Disorder.

TRANQUILIZERS: Diazepam (Valium) and other Benzodiazepines: Diazepam accumulates in fetal tissues even after low to moderate chronic treatment (10-15 mg. per day). At birth, the baby may appear intoxicated from the effect of the drug. The pharmacological action may affect the baby for 8-10 days. When the drug is eliminated from the baby's body, withdrawal will occur. Effects of maternal use of these drugs seen in babies include: lethargy, respiratory difficulties, apneic spells (breathing problems), disturbances in thermoregulation (temperature), hypotonia (muscles), and failure to suck effectively.

BARBITURATES: a syndrome similar to the Fetal Alcohol Syndrome has been seen in babies of women who took barbiturates and dilantin during pregnancy. The baby may first appear to be acutely intoxicated with the barbiturate. But as the barbiturate is cleared from the body, the infant will move from a state of intoxication to withdrawal. This is dependent on the chronicity of use, the amount used, the last dose, and whether the mother was taking shorter or longer acting barbiturates. Symptoms of barbiturate withdrawal may not occur until 4-7 days after birth. These symptoms include: tremulousness, restlessness, persistent, high-pitched cry, sleeplessness, and hyperreflexia (highly reactive). They can lead to convulsion, if not properly managed.

PHENCYCLIDINE (PCP, Angeldust): the fetal effects of maternal PCP use include: intrauterine growth retardation, delayed neonatal drug withdrawal, which may not be apparent until 5-7 days postpartum, and developmental delays. Follow-up studies reveal significant long-term developmental disabilities from infants displaying symptomatic addiction at birth. Withdrawal occurs later since this drug is lipid soluble, is found in the fatty tissues, and tends to re-circulate.

NARCOTICS: heroin and methadone are both narcotics, but have properties which effect the pregnant woman and the fetus differently. Heroin is an appetite suppressant, and pregnant women on heroin often have babies who are small for gestational age. Babies born of mothers who conceived on methadone or who were maintained on methadone soon after conception tend to be larger than those of heroin-using mothers. Heroin is a shorter acting drug than methadone, and this difference affects the onset, duration, and intensity of withdrawal. Heroin addicted babies will begin to experience withdrawal with 4-24 hours after delivery. Methadone dependent babies may show symptoms of withdrawal anywhere from the end of the first day to two weeks postpartum; the average time for onset of methadone withdrawal is 72 hours after delivery. Many infants born to mothers who are maintained at 20 mg of methadone or less and who are not using other drugs may not, in fact, demonstrate visible signs of narcotic withdrawal. Methadone withdrawal tends to be less intense than heroin withdrawal, but may last longer. In addition, while heroin withdrawal typically escalates and then abates in a stepwise fashion, methadone withdrawal can be biphasic, appearing subdued at times and then becoming more intense.

Neonatal Narcotic Abstinence Syndrome includes the following characteristics: central nervous system (CNS), hyperirritability, gastrointestinal dysfunction, including regurgitation and diarrhea, respiratory distress, and vague autonomic symptoms of yawning, mottling, sneezing, and fever. The hallmarks of the CNS irritability are: tremors, hypertonicity, hyperreflexia, restlessness, insomnia, increased sucking reflex but difficulty in coordinating sucking and swallowing, and a high pitched cry. While narcotic withdrawal in adults is typically not life threatening, narcotic withdrawal in infants can be.

MARIJUANA: Marijuana crosses the placenta and is also found in breast milk. It is associated with small birth weight, decreased psychomotor performance, decreased ability to perform skilled tests, and decreased learning ability. The ingestion of marijuana together with alcohol potentiates the alcohol. The Fetal Alcohol Syndrome is found five times more frequently in the offspring of mothers who use both alcohol and marijuana than in the offspring of mothers who use alcohol alone. Recent studies have indicated that marijuana use by pregnant women may also cause extremely deformities.

SMOKING: Smoking is harmful to the person doing it, but it also causes small babies or low birth weight in infants which is a major problem of survival. Children living in homes where one or both parents smoke have twice as many infections. It is rare to find a woman addicted to alcohol and other drugs who does not also smoke cigarettes. It has been known since 1957 that maternal cigarette smoking during pregnancy reduces the birth weight of the baby. Infants born to women who smoke, weigh on the average 200 grams (7 ounces) less than babies born to non-smoking women. The Surgeon General has reported that 20-40% of low birth weight incidence in the United States is related to maternal smoking. Furthermore, the decrease in weight is directly correlate with the amount a woman smokes during pregnancy; that is, the more a woman smokes, the smaller her baby will be. This decrease in weight has been directly attributed to the deleterious effects of the carbon monoxide found in cigarette smoke. Low birth weight is a reflection of intrauterine growth retardation and as such poses a significant risk to the newborn. Babies who are born full term but are small for their gestational age have increased mortality and morbidity and are at increased risk for cerebral palsy, malformation, and developmental disabilities. Researchers have described a Fetal Tobacco syndrome, which includes adverse effects on the child's growth, intellectual development, and behavior. The Fetal Tobacco Syndrome is attributed to the effects of nicotine and cyanide in cigarette smoke. Maternal smoking also increases the risk of Sudden Infant Death Syndrome and has been clearly lined with such obstetrical complications as spontaneous abortion, fetal death, low implantation of the placenta, premature separation of the placenta, bleeding, and pre-term delivery.

BIRTH DEFECTS

Factors that contribute to Birth Defects:

1. Over 35 years of age.
2. Overweight
3. Underweight
4. Jewish decent
5. African American
6. Smoker
7. Drinks alcohol
8. Has personal habits that are different from most people
9. Uses prescription drugs
10. Has used street drugs
11. Takes vitamins
12. Drinks caffeine
13. Has had exposure to chemicals
14. Live in a home built before 1955
15. Constant exposure to cats
16. Has had x-rays during pregnancy
17. Aliments that run in families:

High blood pressure	Thalassemia
Diabetes	Birth defects
Hemophilia	Mental retardation
Sickle cell anemia	Cystic Fibrosis
18. Health problems:

Genital herpes	Diabetes
Gonorrhea	High blood pressure
Syphilis	Heart disease
Epilepsy	Anemia
19. No immunizations against rubella
20. Rh factor
21. Miscarriage
22. DES to stop pregnancy
23. Last birth was less than 12 month ago
24. Has had a baby that weighed less than d ½ pounds
25. Has had 3 or more miscarriages
26. Has had more than 5 pregnancies
27. Has had a still born baby

PREVENTABLE BIRTH DEFECTS

NUTRITION:

The nutrition of the pregnant mother is of utmost importance to the fetus. Many nutrients are needed in increased amounts during pregnancy: iron, protein, calcium, folic acid, vitamin D, and magnesium. These nutrients are found in dark leafy greens, meats, eggs, and milk. It is also important that the expectant mother avoid salt, caffeine, and nutri-sweet during the pregnancy.

ALCOHOL:

Do not drink alcohol when you are pregnant. The effects of drinking are: FAS, smaller baby at birth, facial deformation, retardation, smaller brain, miscarriages, or still birth.

SMOKING:

Smoking during pregnancy results in miscarriage, smaller birthrate, decreased oxygen to the fetus.

DRUGS:

Over-the-counter drugs, including aspirin, can cause hemorrhaging. Avoid large doses of vitamins. Prescription drugs – avoid accutaine
Street drugs – these include cocaine, PCP, and crack. They create addictions, mental and emotional damage.

STDs:

Gonorrhea, Chlamydia – causes ear and eye infections, pneumonia, blindness. They must be treated with antibodies.

Syphilis – damaged bones, liver, blood vessels, may cause death. Must be treated with antibodies.

Herpes – may necessitate a C-section, if active.

AIDS – causes death

RUBELLA (MEASLES):

May cause loss of hearing, vision, damaged heart, mental retardation, death.

Woman should be vaccinated before pregnancy occurs.

PARASITES:

Causes toxoplasmosis. Avoid cat feces and undercooked food.

RADIATION (X-RAYS, NUCLEAR ACCIDENTS):

Causes a break-down of the bones, and stops growth. Avoid X-rays as much as possible.