Chapter 22
Helping a woman after a pregnancy ends early

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Sometimes a pregnancy ends early. With miscarriage the woman simply starts bleeding or having contractions until the pregnancy comes out. When a pregnancy is ended on purpose, it is called an abortion.

Most miscarriages do not cause problems, but some do. Most abortions done by people who are experienced and skilled, and with tools that have been sterilized or the correct medicines, are not dangerous. But many abortions are not done safely. For more information about miscarriage, see page 91. For more information about abortion, see page 92.

**Problems from a pregnancy that ends early**

A woman can have serious health problems when a pregnancy ends early. Part of the pregnancy may be left in the womb. She may have heavy bleeding or infection. Without treatment, she could die. This chapter will explain how to:

- watch for warning signs.
- give emergency care to a woman who has a problem from a pregnancy that ended early.

**Finding care after a pregnancy ends**

Women who have bleeding or infection after miscarriages or abortions need medical help fast. But often they do not get this help. There may be no money to pay for care if something has gone wrong. For women in isolated villages, a trip to the hospital in the city can be too far, too frightening, or too expensive. Many women, especially unmarried women, feel they must hide their condition because of attitudes against sex, family planning, or abortion. Fear, lack of money, and distance from medical care should not be reasons for women to suffer — but they often are.
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Midwives can help save many women’s lives, because midwives are usually the closest and most trusted health workers in their communities. When a woman who is sick or injured knows there is someone kind and skilled nearby who does not charge a lot of money for services, she is more likely to get the care she needs to prevent her death.

Unsafe abortion

Women everywhere find ways to end unwanted pregnancies. But for many women, safe abortion is not available. It is not legal or is too expensive, so women who have unwanted pregnancies try to end them in other ways. They get abortions from people who do not know how to or do not choose to do abortions safely. These people might put soap, chemicals, dung, sharp sticks, or other dangerous objects into women’s wombs. Women also try to use these methods on themselves.

These methods almost never work and they are very dangerous. Tens of thousands of women die every year because of unsafe abortion. Hundreds of thousands of women are made infertile or ill.

Decide to help

Do not be afraid to care for women who have had unsafe abortions. Even in places where abortion is not legal, it is legal to save the life of a woman who is suffering after unsafe abortion.
Some midwives do not want to care for women after unsafe abortions because they believe that abortion is wrong. But caring for a woman who is in danger after an unsafe abortion is not the same as doing an abortion. After an unsafe abortion, a woman may die if she does not get help. When women are sick, for any reason, midwives must help them.

Emotional support after a pregnancy ends

Women who have had miscarriages or abortions may feel afraid, sad, or upset — especially if they have health problems that are caused by the miscarriage or abortion. This emotional pain is just as important as the pain women have in their bodies. You can help a woman with her emotional pain before, during, and after caring for her medical problems.

When a woman has a miscarriage, she may be very disappointed that her pregnancy ended. She may feel guilty — and wrongly think that the miscarriage was her own fault. See pages 91 and 243 for more information on what can cause miscarriages and how to care for and support a woman after a miscarriage.

Usually, a woman who is having serious health problems because of an abortion did not get good care. An abortion provider who did not do a safe abortion may have also been disrespectful or unkind. The abortion may have been very painful or frightening for the woman. When abortion is illegal, a woman may be afraid of being punished. Be sure to give these women extra care.

Midwives can help a woman with emotional pain

Share information

- Explain what is causing the illness or bleeding.
- Explain what you are doing to help.
- If she does not want to become pregnant again, help her choose a family planning method that is right for her (see Chapter 17).

Listen and give support

- Ask her if she wants to talk about how she feels. She may not tell you unless you ask.
- Listen to her if she wants to talk or cry.
- Reassure her the way you would reassure a loved one or friend.
It does not help to blame a woman for her illness or injury

If abortion is illegal or not a choice you would ever make, and you think women are wrong to use it to end a pregnancy, you may think any illness that follows is the woman’s fault or simply a fitting punishment. But no matter how a woman is injured or becomes ill, your first goal should be to save her life or her health. Shaming, threatening, and mistreating women weakens them when they most need strength to fight for their health.

Blaming women for their own sickness does not help them become healthy.

Physical care after a pregnancy ends

Check the woman’s physical signs — like her temperature, pulse, and the amount she is bleeding. This will tell you what kinds of medical help she needs.

HEALTHY SIGNS

- Mild pains or cramps in the lower belly for a few days.
- Light bleeding (up to the same amount as normal monthly bleeding) for a few days or very light spotting for up to 2 weeks.

WARNING SIGNS

- Strong cramping in the lower belly.
- Swollen or hard lower belly.
- Heavy bleeding, large clots of blood, or bleeding for more than 2 weeks.
- Bad smell from the vagina.
- High temperature, 38°C (100.4°F) or above.
- Fast pulse, over 100 beats a minute.
- Feeling very nauseated.
- Feeling faint or dizzy.

You should also ask her about this pregnancy

Find out how long she was pregnant. A woman whose miscarriage or abortion happened early in her pregnancy is easier to help than a woman whose miscarriage or abortion happened later. If a woman was pregnant for more than 3 months and is now having problems, get medical help.
**Problems from a pregnancy that ends early**

**Ask how the pregnancy ended.** If the woman had a miscarriage or if her abortion was provided by a trained health worker who used sterile tools, she is less likely to have serious infection or injury than a woman whose abortion was done by someone who used unsafe tools. For example, if the woman tells you that someone used a sharp wire to give her an abortion, you will know to look for signs of injury inside the body (page 417).

The rest of this chapter describes how to help a woman who is having problems after a miscarriage or abortion.

**Tell women how to care for themselves**

A woman should take good care of herself for a few days after any miscarriage or abortion. This can prevent her from getting an infection, and will help her body heal faster. Women should:

- drink plenty of liquids and eat nutritious food (see pages 33 to 42).
- rest often.
- avoid heavy work for a week.
- bathe regularly, but should not douche or sit in a bath or tub of water until a few days after the bleeding stops.
- use clean cloths or pads to catch any blood, and change the pads often.

Also, the woman should not put anything inside her vagina, and should not have sexual intercourse for at least 2 weeks, and not until a few days after she stops bleeding.

Remember, women may not talk easily about what happened after a miscarriage or abortion. Ask questions respectfully. And be sure she knows you will not share what she tells you with anyone except other health workers.
Emergency care for problems after miscarriage or abortion

The 2 most dangerous problems that women can have after miscarriage or abortion are bleeding too much and infection.

**Infection** can happen when:
- tissue from the pregnancy is still inside the woman’s womb after the miscarriage or abortion (see the next page).
- germs get into the womb during an abortion, when something that was not sterilized is used in the womb.

See pages 413 to 415 for more about infection.

**Bleeding too much** can happen when:
- tissue from the pregnancy is still inside the woman’s womb after the miscarriage or abortion.
- the womb or vagina has been cut with a tool during an abortion (see page 417).
- the womb becomes infected.

**WARNING!** If a woman has heavy bleeding or a serious infection, she can go into shock (see page 418) or even die. Get medical help fast.

If you have been trained to help a woman after an unsafe abortion or miscarriage, you can help her yourself.
Incomplete abortion (tissue left inside the womb)

Incomplete abortion is a common cause of bleeding or infection. The bleeding or infection will not stop until all the tissue has been removed from the womb.

**WARNING SIGNS**

- **Tissue coming out of the womb.** If you do a pelvic exam you might see pieces of tissue coming out of the cervix or you might feel that the womb is still enlarged because of tissue inside it.
- **Infection.** The woman might have a fever, a bad smell coming from her vagina, or pain in her belly. (See pages 413 to 415.)
- **Heavy bleeding from the vagina.** (See page 416.)

**Treating incomplete abortion**

There are several ways to empty the womb after an incomplete abortion. In this book, we explain how to use:

- **MVA**
- **medicines**
- **forceps or other ways to remove tissue from the cervix, if you cannot use the first 2 methods.**

**MVA**

The best treatment for incomplete abortion is to empty the womb using manual vacuum aspiration (see Chapter 23). Even though MVA is usually only safe in the first 3 months of pregnancy, it is worth trying after 3 months for a woman who has an incomplete abortion.
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Treating incomplete abortion with medicines
Two medicines can help empty the womb after an incomplete abortion — misoprostol and ergometrine. Misoprostol can be given by mouth or inserted in the rectum — it makes the womb contract and pushes out any tissue. It is best to use this medicine when you have access to emergency care, including MVA, because it can cause heavy bleeding and does not always empty the womb completely. Ergometrine is another medicine that causes contractions and can be given by mouth or injection.

To empty the womb after an incomplete abortion

For a pregnancy less than 13 weeks
• give 600 mcg misoprostol ...............by mouth, 1 time only
  or
• give 400 mcg misoprostol ...............to dissolve slowly under the tongue or in the vagina, 1 time only

For a retained miscarriage less than 13 weeks
• give 600 mcg misoprostol ...............to dissolve slowly under the tongue or in the vagina, every 3 hours until the abortion is complete

For a pregnancy 13 weeks or more
• give 400 mcg misoprostol ...............to dissolve under the tongue or in the vagina, every 3 hours until the abortion is complete

For a retained miscarriage of 13 weeks or more
• give 400 mcg misoprostol ...............to dissolve under the tongue or in the vagina, every 4 to 6 hours until the abortion is complete

When misoprostol is used to end a pregnancy

Misoprostol can be used, usually with another medicine called mifepristone, to end a pregnancy (see pages 488 and 489). Because misoprostol is available at pharmacies and is not expensive, it is one of the most accessible and safest ways to end a pregnancy.

It is important to have access to emergency care when using misoprostol to end a pregnancy. While it is very safe, on rare occasions it causes too much bleeding or an incomplete abortion. Emptying the womb using misoprostol alone may take many hours. If the womb does not empty completely, it must be emptied another way, such as with MVA (see Chapter 23).

Removing tissue from the cervix
If you cannot do MVA, cannot give medicines, and you cannot find someone else to empty the womb, do a speculum exam (see page 377) and look for tissue or clots of blood coming out of the cervix. Use a sterilized forceps or long tweezers to remove the tissue or clots. This does not always work, but it is better than doing nothing.
If you do not have a speculum but you do know how to do a bimanual exam (see page 387), wash your hands well and put on sterile plastic gloves. Put 2 fingers into the woman's vagina to feel her womb. Move your fingers across the opening of the cervix. If you feel tissue coming from inside the cervix, gently try to remove it. If it is too slippery to hold, wrap two fingers with sterile gauze or a thin piece of sterilized cloth and try again to remove the tissue. This might be painful for the woman, so be very gentle. This method is rarely helpful, but it is better than doing nothing.

**WARNING!** If you are not able to remove the tissue from an incomplete abortion, you must get medical help immediately so the tissue can be removed. On the way to the medical center, treat the woman for infection with the medicines listed on page 414, and watch for shock (page 418).

**After you remove the tissue:**
- Feel the womb from the outside to see if it is soft. Rub the womb every few hours to keep it hard (see page 224).
- Watch for signs of infection.

**Infection**

A woman with an infection in the womb is in serious danger. The infection can cause injury to the womb, and can spread into the blood (sepsis). Sepsis is very dangerous and can quickly cause shock or death. Women mainly get infections after abortions when unsterile tools were used, or after miscarriages and abortions that were not complete, but even an abortion that was done safely can sometimes cause an infection.

**WARNING SIGNS**
- High temperature, above 38°C (100.4°F).
- Fast pulse, over 100 beats a minute.
- Feeling chills and shivering.
- Swollen, hard, or painful belly.
- Bad-smelling fluid coming from the vagina.
- Feeling ill or weak.
To help a woman with an infection

- If she still has tissue in her womb, the infection will not get better until the tissue is removed. Use one of the methods on pages 411 and 412 to empty the womb.

- Give antibiotics (see below).

- Read page 415 for how to prevent tetanus infection.

- Help the woman drink lots of fluids. This will help the body fight infection. If she has a hard time drinking, give her rehydration drink (page 160), rectal fluids (page 342), or an IV (page 350).

- Help the woman eat nutritious food. Some fresh fruits like oranges, guava, papaya, mangos, and breadfruit have vitamin C, which helps fight infections.

- If you know how to use plant medicines to stop infections, the woman can take them, but do not put any plant medicines into the womb. (See page 19 for ideas about how to decide if plant medicines are useful or harmful.)

To treat infection

Get medical help. On the way, give these medicines. For complete information on these medicines, see the green medicine pages starting on page 467.

- inject 2 g ampicillin

  in the muscle, then reduce the dose to 1g, 4 times a day

  and

- inject 80 mg gentamicin

  in the muscle, 3 times a day

  and

- give 500 mg metronidazole

  by mouth, 3 times a day

Stop giving these antibiotics when the signs of infection have been gone for 48 hours. Then start giving doxycycline and metronidazole tablets.

When signs have been gone for 48 hours

- give 100 mg doxycycline

  by mouth, 2 times a day for 10 days

  and

- give 500 mg metronidazole

  by mouth, 3 times a day for 10 days
Tetanus (lockjaw)

Tetanus is a type of infection that can be caused by unsafe abortion.

Women who have not been vaccinated against tetanus face a high risk of becoming sick or even dying from tetanus if anything that was not sterilized was put into their womb during an abortion.

If a woman had an unsafe abortion and she may not have been vaccinated against tetanus in the last 10 years, give her tetanus antitoxin immediately.

### Signs of tetanus

- headache
- difficulty swallowing
- stiff neck
- jaw spasms
- tense or rigid body
- painful muscle contractions or spasms
- convulsions

Signs of a tetanus infection might start weeks after the infection happened.

**If a woman is sick with tetanus, get medical help right away.** On the way, help her lie down on her side, keep her calm, and protect her from light.

All women should receive vaccinations to prevent them from getting tetanus. See page 102 for information on tetanus vaccinations.
Bleeding

It is normal to bleed about the same amount as regular monthly bleeding for a few days after a miscarriage or abortion. Some women keep bleeding a small amount for up to 2 weeks. After a couple of days, the blood should be dark, not bright red. More bleeding than this is not normal and could be dangerous. If a woman is bleeding a lot after an abortion, especially if the blood is bright red and has few clots, it means the blood is fresh and flowing. She is in danger and the bleeding must be stopped. If she keeps bleeding she could go into shock (page 418) or even die.

Women bleed too much after an abortion or miscarriage when:

- the womb does not contract normally.
- tissue is left inside the womb.
- there is an injury inside the body (see page 417).

A woman can help herself if she is bleeding heavily

If a woman is bleeding and she is by herself with no one to help her, she can try to stop the bleeding herself. This method is probably not enough to stop the bleeding, but it may slow it down.

Help the womb contract by rubbing the lower belly very hard while lying down or squatting. If there is tissue in the womb, a woman may be able to push it out by bearing down as if she is having a bowel movement or pushing a baby out.

To help a woman who is bleeding

1. Help stop the bleeding by emptying the womb (see page 411).
2. Rub her womb every few hours until it is hard (see page 224) to help it push out the blood and tissue inside of it.
3. Check the woman for infection.
4. Watch the woman for signs of shock (see page 418).

**Internal injury (injury inside the body)**

An internal injury from an abortion is most often caused by a sharp tool making a hole in the womb. The object may also cause harm to other organs inside the body such as the ovaries, intestines, or bladder.

When a woman has internal injuries she may have bleeding inside her belly that you cannot see. Or she may have bleeding from her vagina that you can see.

**WARNING SIGNS**

- Belly feels stiff and hard with no sounds or gurgles inside.
- Very bad pain or cramps in the belly.
- Fever with chills or shivering.
- Nausea and vomiting.
- Pain in one or both shoulders.
- Shock.

**WARNING!** Immediately take any woman with an internal injury to a hospital or medical center to have surgery. Without surgery she could die.

On the way to a medical center, treat the woman as you would for shock (see the next page), but do not give her any food or drink by mouth. (It is OK to give medicines by mouth and a little water so the woman can swallow the medicine.)
Shock

If a woman has a serious infection or bleeds heavily, she may go into shock.

**WARNING SIGNS**

- She feels faint, dizzy, weak, or confused.
- She is pale and has a cold sweat.
- Fast pulse, over 100 beats a minute.
- Fast breathing.
- Dropping blood pressure.
- Sometimes loss of consciousness.

Get medical help fast. You must treat the shock first to save her life. Then follow the directions earlier in this chapter to stop her bleeding or infection.

On the way to a medical center:

- Have the woman lie with her feet higher than her head, and her head turned to one side.
- Give her fluids. If she is conscious, she can drink water or rehydration drink (see page 160). If she is not conscious, you can give her rectal fluids (see page 342) or an IV if you know how (see page 350).

- If she is unconscious, do not give her anything by mouth — no medicines, drink, or food.

**Note:** See page 506 for information about how to get and use an Anti-Shock Garment which helps you treat and save the life of a woman with shock.
Work with the community to prevent unsafe abortions

Much of the information in this chapter is about how to save a woman’s life after an unsafe or incomplete abortion. You can do more to protect women’s health by working to understand and prevent the causes of unsafe abortion in your community.

Think about how things can change so that women will not need to have unsafe abortions. Then work to prevent these unsafe practices in your community. Some midwives have helped teach women about family planning. Others have worked to change community ideas about abortion. Others have worked to change laws. For more ideas, see Hesperian’s Health Actions for Women.

Help women and others in the community discuss the shame and fear women feel if they are sick after an unsafe abortion. Work to find community solutions to help more women get the care they need.