Spontaneous Termination

This plan of care applies to the client whose pregnancy is being, or has been involuntarily, terminated.

(To be used in conjunction with CP: Perinatal Loss.)

CLIENT ASSESSMENT DATA BASE

(Refer to "Client Assessment Data Base" section in CP: Prenatal Hemorrhage.)

Circulation

History of essential hypertension, vascular disease, ABO incompatibility

Ego Integrity

Pregnancy may/may not have been planned.
May be very anxious/fearful.

Elimination

Chronic nephritis

Food/Fluid

Poor maternal nutritional status

Pain/Discomfort

Pelvic cramping, backache

Safety

Exposure to toxic/teratogenic agents
History of pelvic inflammatory disease, STDs, or exposure to contagious diseases such as rubella, CMV, or active herpes

Sexuality

Vaginal bleeding, ranging from dark spotting to frank bleeding.
Examination may reveal premature dilation of cervix, bicornate or septate uterus, uterine fibroid tumors (leiomyoma), or other abnormalities of the maternal reproductive organs.
Note EDB (80% of spontaneous abortions occur in first trimester).

Teaching/Learning

Family history of genetic conditions

DIAGNOSTIC STUDIES

(Refer to CP: Prenatal Hemorrhage.)

NURSING PRIORITIES

1. Evaluate client status.
2. Prevent complications.
3. Support the grief process.
4. Provide appropriate instruction/information.

DISCHARGE GOALS

1. Free of complications following procedure

2. Support resources identified/contacted
3. Specific therapeutic needs and concerns understood

NURSING DIAGNOSIS:	**Injury, risk for maternal**
Risk Factors May Include:	Abnormal blood profile (decreased hemoglobin, altered clotting factors)
Possibly Evidenced By:	[Not applicable; presence of signs/symptoms establishes an *actual* diagnosis]
DESIRED OUTCOMES/EVALUATION CRITERIA—CLIENT WILL:	Report any bleeding. Be free of negative side effects from termination.

ACTIONS/INTERVENTIONS	RATIONALE
Independent	
Assess vital signs and urine output. Note skin color/temperature. Estimate blood loss; conduct pad count/weight.	Early recognition of developing problems is important for prompt treatment.
Assess for and review signs/symptoms of DIC: abnormal clotting factors, elevated fibrin degradation products levels.	Fetal autolysis of the products of conception, which release thromboplastin, can cause DIC.
Collaborative	
Prepare client for hospitalization.	For client with missed abortion, hospitalization is necessary if products of conception are not expelled spontaneously within 1–6 wk after fetal death.
Provide IV/oral fluids as appropriate. Administer volume expanders/blood products as indicated.	Prevents complications associated with blood loss. Note: Religious beliefs may limit therapeutic options.
Assist with necessary therapeutic procedures, (e.g, D & C, labor induction with oxytocin or prostaglandin).	The client with incomplete or missed abortion may need D & C to stop bleeding and to remove products of conception. If labor does not spontaneously follow fetal death, induction may be required in the second trimester.

NURSING DIAGNOSIS:	**Spiritual Distress (distress of the human spirit), risk for**
Risk Factors May Include:	Need to adhere to personal religious beliefs/practices; blame for loss directed at self or God
Possibly Evidenced By:	[Not applicable; presence of signs/symptoms establishes an *actual* diagnosis]

DESIRED OUTCOMES/EVALUATION CRITERIA—CLIENT/COUPLE WILL:	
	Discuss values/beliefs.
	Express feelings of self-worth/belief in self.
	Acknowledge responsibility without self-blame.

ACTIONS/INTERVENTIONS	RATIONALE
Independent	
Determine client's/couple's religious preferences.	Establishes base for creating plan of care.
Ascertain client's specific needs; i.e., baptizing products of conception and/or formal burial.	If the individual preferences for/or refusal of religious rites is not honored or if desired support is not offered, the client/couple may suffer additional distress. Note: Some religions (e.g., Catholic) require baptism. In the Islamic religion, a fetus aborted before 130 days' gestation is discarded like any other tissue. In addition, individual state laws may affect disposition of the fetus.
Provide information in nonjudgmental manner.	Because of emotional state or lack of knowledge, client may not realize that baptism may be performed.
Be aware of own biases and beliefs about events that are occurring.	Nurses must be aware of their own beliefs and prejudices about religious practices and not impose them on the client.
Provide opportunity for expressions of anger or concern.	Allows detection of self-blame or of alienation from God and/or previously held religious beliefs and values.
Note expression of hopelessness and/or helplessness.	These feelings may be normal initially. However, they may indicate a need for further evaluation and possible intervention to prevent or treat depression.
Encourage client's participation in development of treatment plan.	Can provide client with sense of control over difficult situation.
Collaborative	
Offer clerical support and notify clergy/spiritual advisor, as desired.	Client may not recognize/verbalize own need for spiritual support.

NURSING DIAGNOSIS:	Knowledge deficit [Learning Need], regarding cause of abortion, self-care, contraception/future pregnancy
May Be Related To:	Lack of exposure to, or misinterpretation of, information
Possibly Evidenced By:	Request for information, statement of misconception, development of preventable complication

DESIRED OUTCOMES/EVALUATION CRITERIA—CLIENT WILL:	Verbalize the implications of the loss for future pregnancies.
	Explain proper use of desired contraceptive methods.
	Demonstrate appropriate follow-through with treatment and aftercare.
	Receive Rh_O(D) immune globulin within 72 hr of termination, when appropriate.

ACTIONS/INTERVENTIONS	RATIONALE
Independent	
Provide/review information about the cause of the spontaneous abortion when known, e.g., genetic anomalies, infection, Rh incompatibility.	May enhance understanding and promote positive self-care. Helps client prepare for future pregnancies.
Discuss alternative methods of contraception. Provide written information.	Client needs information to be able to choose a method that will meet her needs. Ovulation may occur before menses resume, so contraception needs to be considered at this time. Because of the anxiety and stress associated with the termination, verbal information may not be retained.
Identify signs/symptoms to be reported to healthcare providers.	Prompt evaluation/intervention may prevent or limit complications.
Review need for RhIgG dependent on client's Rh status.	For the Rh_O(D)-negative client, RhIgG prevents formation of anti–Rh-positive antibody so that adverse effects on future pregnancies are avoided.
Identify local support group or couple who have experienced a similar occurrence.	Provides opportunity to share experience with peers; may promote acceptance of loss/hope for the future.
Discuss option of genetic counseling, as appropriate.	May be necessary if the possibility of genetic involvement exists.

NURSING DIAGNOSIS:	**Sexuality Patterns, risk for altered**
Risk Factors May Include:	Increasing fear of pregnancy and/or repeat loss, impaired relationship with significant others, self-doubt regarding own femininity
Possibly Evidenced By:	[Not applicable; presence of signs/symptoms establishes an *actual* diagnosis]
DESIRED OUTCOMES/EVALUATION CRITERIA—CLIENT/COUPLE WILL:	Discuss sexual issues/concerns openly.
	Resume sexual activity at a pace agreeable to couple.
	Use contraception appropriately, if needed/desired.

ACTIONS/INTERVENTIONS	RATIONALE
Independent	
Provide open discussion about sexual activities and future pregnancies.	Client may be reluctant to initiate discussion.
Discuss concerns/expectations about future plans, including pregnancies and feelings about self in this situation.	Because of the client's inability to maintain the pregnancy, one or both partners may have doubts regarding the client's femininity and may fear trying to maintain a pregnancy again.
Let client/couple know it is all right to feel what they are feeling and be where they are.	Physiological healing and grieving need to take place at some point in time.
Discuss resuming sexual activity, including alternative means of gratification, as indicated.	Safety of resuming sexual activity may depend on the medical regimen. Although the client/couple may find it difficult to talk about this topic, they usually appreciate this information.
Determine past methods of contraception.	Previously used methods of contraception may need to be replaced; client may need new information about contraception in the current situation.
Provide information about contraceptive alternatives, if needed.	May need additional information to make informed decision. Some physicians advise avoiding pregnancy for 2–3 mo following an abortion.
Provide specific information about contraceptive method chosen.	Client needs to know how to use the method and what the possible side effects are.
Collaborative	
Refer for further counseling, as indicated.	May need additional help to resolve deep-seated conflicts.