

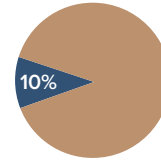
# PERINATAL LOSS



## Terminology

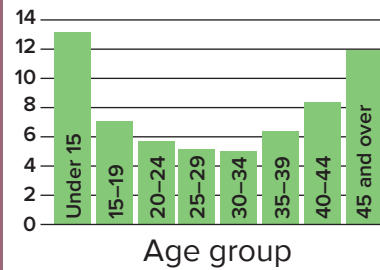
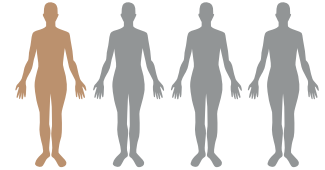
- Anembryonic pregnancy: nonviable pregnancy with a gestational sac, but no yolk sac or embryo
- Early pregnancy loss/embryonic demise: loss < 13 weeks
- Abortion: pregnancy loss up to 20 weeks or pregnancy termination at any gestational age
- Fetal demise/intrauterine fetal demise: loss > 20 weeks
- Recurrent pregnancy loss: ≥ 2 spontaneous losses at any gestational age
- Neonatal death: death between birth and 28 days of age

## Epidemiology



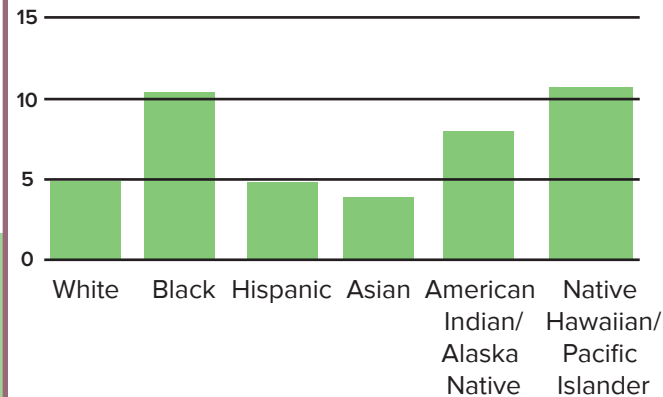
10% of all pregnancies end in early pregnancy loss.

1 in 4 clients have terminated a pregnancy.

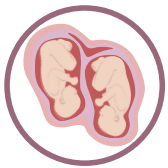


Perinatal loss varies by age, with clients < 15 and > 45 years of age at highest risk.

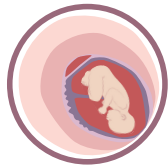
Perinatal loss varies by racial/ethnic group due to health disparities and discrimination.



## RISK FACTORS



Multiple gestation



Placenta, cord, or membrane complications



Race and ethnicity



Maternal health conditions (e.g.: HTN, DM, infections)



Medication or substance abuse



Maternal age > 35 years

### Additional risk factors

- Exposure to toxins/pollutants
- Maternal stress
- Prior pregnancy loss
- Inherited blood disorders
- Trauma
- Conception w/ IUD in place

## NURSING CARE



Avoid medical terminology when speaking to the family about a loss.

Assess client's psychological distress and available support system.

Ask the client how they are feeling, do not assume. A range of feelings is normal.

Offer appropriate ancillary support and connect client to resources.

## NOTES

