

# Subchorionic Hemorrhage: A Case Study

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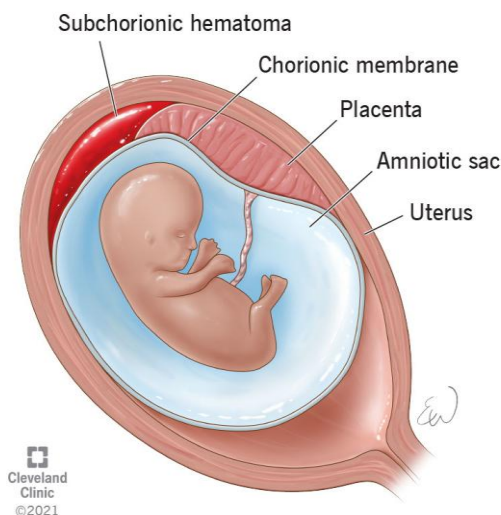
**Abstract:** A Subchorionic hemorrhage is also called subchorionic hematoma or subchorionic bleeding. When blood comes from between the wall of the uterus and the chorionic membrane during pregnancy. This paper presents a case study focusing on the clinical manifestation, Diagnosis, management and nursing care of a 31 years G2P1L1, 1 Trimester with Threatened Abortion. Subchorionic hemorrhage are most common in women between 10 to 20 weeks pregnant. 10% of all women will have vaginal bleeding. Several factors for subchorionic hemorrhage are history of uterine infection, uterine trauma, Miscarriages and IVF pregnancy. Diagnosis often involves ultrasound imaging. Management option ranges from medical intervention. Nursing care focus on hemodynamic stabilization, maternal and fetal monitoring and emotional support.

**Keywords:** Subchorionic hemorrhage, Chorion, Miscarriage, Uterine infection, premature delivery

## 1. Introduction

A Subchorionic hemorrhage is also known as a subchorionic hematoma or subchorionic bleeding is the presence of blood between the uterine lining and the chorion. It can cause light to heavy spotting or bleeding, and sometimes no bleeding at all. Most subchorionic hematomas resolve on their own, and women go on to have healthy pregnancies. **Hannah silverman 2023**

The clinical incidence rate of SCH is 0.48 - 39.5%. The incidence of SCH is considered to range from 1.7% to 3.1% in the general obstetric population, **T Gunay • 2020**. Most of the time the hematoma is evaluate during a routine ultrasound. Fetal outcome is dependent on the size of the hematoma, maternal age, and gestational age. In most cases, the hematoma gradually decreases in size and can resolve over 1 - 2 weeks.



### Classification:

- Small subchorionic hemorrhage is < 20% of gestational sac
- Moderate subchorionic hemorrhage is 20 - 50% of gestational sac
- Large subchorionic hemorrhage > 50% of gestational sac

### Causes and Risk factors:

- Uterine trauma or injury
- Multiple gestation
- Previous cesarean section
- History of Abortion
- Abnormal placental implantation
- Uterine abnormalities
- Pelvic infections

### Diagnosis:

- Ultrasound to confirm bleeding
- Transvaginal ultrasound
- Blood test (Complete blood count)

## 2. Case study of Mrs. X:

Mrs. X, a 31 years old woman was admitted in Rathna Memorial hospital with complaints of Brownish vaginal discharge per vagina, Nausea and vomiting and abdominal cramping. Her Last Menstrual Period is 12.06.2024 following a detailed investigation and ultrasound scan she was diagnosed as Subchorionic hemorrhage. she was found to be conscious and oriented. Her vital signs were as follow:

Temperature: 98.6 F

Pulse: 80 beats/ min

Respiration: 24 breath/ min

Blood pressure: 110/70 mmHg

Spo2: 99%

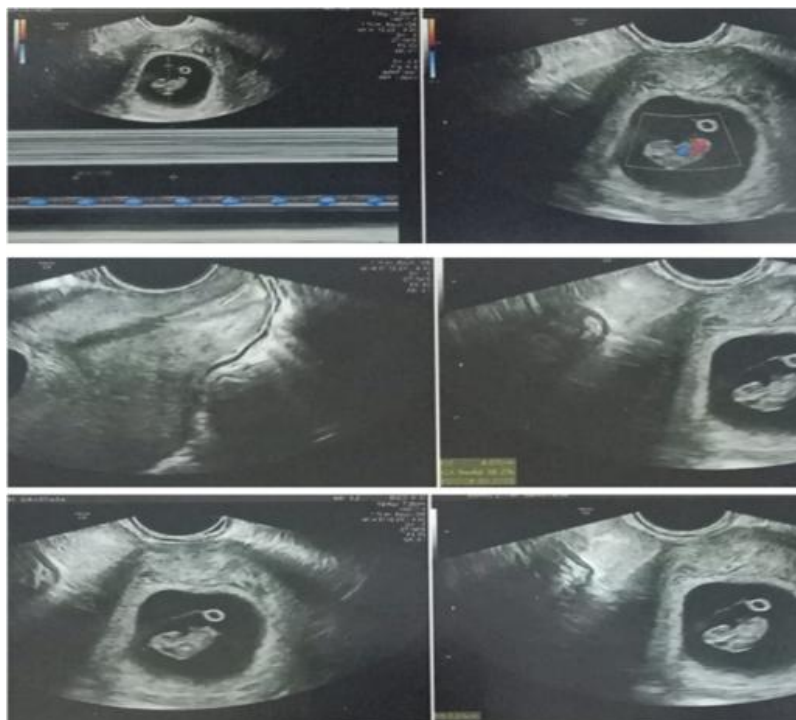
The ultrasound report showed single live intra uterine gestation 7 weeks 5 days. Cardiac activity present. 0.97 x 0.36 cm sized subchorionic bleed noted in lower pole.

### 2.1 Investigation:

The Ultrasound scan report was received. The result are as follows:

- Cervix measured 3.30cms in length
- Gestational sac measured 40.7 mm
- Yolk sac measured 5.1mm
- Cardiac activity present
- Fetal heart rate 166bpm
- CRL - 17.9 mm (8 weeks 2 days)
- Intrauterine gestation corresponding to a gestational age of 7 weeks 5 days

- 0.97 x 0.36cm sized subchorionic bleed noted in lower pole



## 2.2 Lab reports

Haemoglobin 13.3 gm/dL  
Platelet count 2.43 Lakhs/cumm  
Blood group B  
Rh factor Positive

## 2.3 Signs and symptoms

Book picture	Mother picture
Vaginal bleeding or spotting	Present
Abdominal pain	Absent
Abdominal cramping	Present
Pelvic discomfort	Absent

## 2.4. Management of Subchorionic Hemorrhage

- Administered progesterone Injection
- Advised Bed rest
- Ultrasound scan (Transvaginal)
- Monitored fetal well being

## 2.5 Complication

- Increased risk of spontaneous abortion
- Placental abruption
- Premature delivery
- Fetal growth restriction
- Premature rupture of membrane

## 2.6. Nursing Management

- Advised the mother to avoid sexual intercourse
- Advised the mother to take adequate bed rest
- Instruct the mother to avoid heavy lifting and straining
- Advised the mother to take plenty of oral fluids

## 3. Nursing Process for mother with Subchorionic Hemorrhage:

### Assessment:

Assess for Vaginal bleeding, spotting  
Assess for low abdominal cramping  
Assess for Maternal apprehension caused by the bleeding episode  
Mother may verbalize fear, disappointment or feeling of guilt

### Nursing Diagnosis:

Fluid volume deficit related to vaginal bleeding  
Acute pain related to abdominal cramping as evidenced by verbal report of pain  
Anxiety related to uncertainty and fear of pregnancy loss as evidenced by expressed worry  
Disturbed sleep pattern related to emotional distress  
Knowledge deficit related to the treatment option and potential outcome

### Planning:

Monitor for bleeding or spotting episodes  
Monitor maternal and fetal status  
Monitor intake and output chart  
Provide information regarding treatment plan  
Provide support and reassurance regarding nursing care  
Promote maternal physical wellbeing  
Provide opportunities for counseling and support  
Provide teaching related to self care

### Implementation:

Observe for vaginal bleeding and cramping  
Maintain mother on absolute bed rest  
Monitor fetal heart rate and prepare mother for ultrasound

Support mother and family, and encourage them to verbalize feelings

**Evaluation:**

Ensure that the women:

Is free from Vaginal bleeding or spotting

Maintains normal vital signs, hematocrit and hemoglobin

Verbalizes her apprehension and feelings

Demonstrates fetal heart rate

Understands self care measures

**4. Conclusion**

Vaginal Bleeding during first trimester of pregnancy is common and many conditions can cause bleeding while pregnant. Subchorionic haemorrhage may be seen in mother who have vaginal bleeding during the first half of pregnancy. One of the most reported adverse associations with subchorionic hematoma is pregnancy loss. Though small Subchorionic Hemorrhage can be found in quite a few pregnant women and is usually harmless, large hematoma can result in adverse pregnancy outcomes. This case study highlights the clinical manifestation, diagnosis, Investigation, management, complication and Nursing care of a 31 years old women with subchorionic haemorrhage.

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