

Clinical Insights into Subchorionic Hematoma and Nursing Management in Early Pregnancy

Regitha Jales S.¹, Tintu S. R.²

Assistant Professor, Bethlahem College of Nursing, Kanniyakumari District

Abstract: The article examines a subchorionic hematoma as a condition in which blood collects between the uterine wall and chorionic membrane, a complication that often emerges during early pregnancy and is closely tied to threatened miscarriage. In my view, the case study of a 36 year old gravida three patient brings the discussion into clearer focus, since her clinical picture reflects the varied ways this condition can unfold. It is evident that the size and position of the hematoma play a meaningful role in shaping fetal outcomes, and this raises another point about how maternal age, early gestational status, and assisted reproductive technologies may influence vulnerability. Taking this further, the narrative underscores how diagnosis relies heavily on ultrasound, supported by laboratory findings, while management tends to revolve around progesterone therapy, activity modification, and close maternal and fetal monitoring. The clinical details, including vital signs, imaging findings, and symptom profile, offer a practical window into real world healthcare settings, and in my view, they illustrate how uncertainty often accompanies early pregnancy complications. Although many hematomas resolve over time, the potential for miscarriage, growth restriction, or placental complications continues to shape clinical decision making, which is why nursing care is framed around stabilization, education, and emotional reassurance. Overall, the discussion provides a grounded perspective on both the physiological and caregiving dimensions of subchorionic hematoma in the first trimester.

Keywords: subchorionic hematoma, early pregnancy bleeding, threatened miscarriage, fetal monitoring, nursing management

1. Introduction

A subchorionic hemorrhage—also known as a subchorionic hematoma or subchorionic bleeding—is the presence of blood between the uterine lining and the chorion. In a normal pregnancy, the amniotic sac (where the baby grows and develops) is securely attached to the wall of the uterus. However, sometimes the sac partially detaches, and a pocket of blood forms in the resulting gap. This is defined as a subchorionic hematoma.

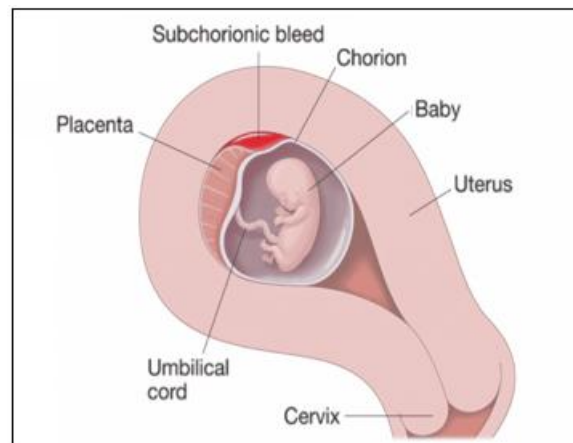
Hematomas are typically classified by size relative to the gestational sac:

Small: Less than 20% of the sac size

Medium: 20% to 50% of the sac size

Large: Over 50% of the sac size

The incidence of subchorionic hematoma (SCH) varies widely, from 1.7% to over 40%, but is most common in symptomatic pregnancies, appearing in 18% to 22% of those with vaginal bleeding. It is particularly prevalent in pregnancies conceived via In Vitro Fertilization (IVF), sometimes reaching over 27% in certain IVF groups. Most of the time, the hematoma is evaluated 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 one to two weeks



Classification

primarily by size relative to the gestational sac, often as

- Small (<20%)
- Medium (20-50%)
- Large (>50%)

Causes and Risk Factors

Causes	Risk Factors
Abnormal attachment of the placenta	Multiple pregnancy
Implantation	High blood pressure
Trauma	Vaginal bleeding
IVF treatment	Uterine fibroids
Miscarriage	Uterine infection

Diagnosis

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

Case study of Mrs. X

Mrs. X, a 36 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 28.09.2025 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:

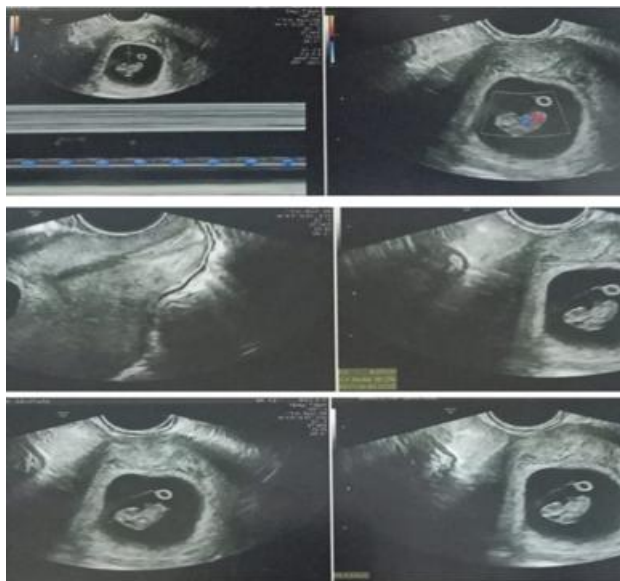
- Temperature: 98.6 F
- Pulse: 86 beats/ min
- Respiration: 28 breath/ min
- Blood pressure: 110/70 mmHg
- Spo2: 99%

The ultrasound report showed single live intra uterine gestation 8 weeks 5 days. Cardiac activity present. 0.98 x 0.38 cm sized subchorionic bleed noted in lower pole.

1.1 Investigation

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

- Cervix measured 3.40cms in length
- Gestational sac measured 38.7 mm
- Yolk sac measured 5.3mm
- Cardiac activity present
- Fetal heart rate 159bpm
- CRL - 17.9 mm (8 weeks 5 days)
- Intrauterine gestation corresponding to a gestational age of 8 weeks 5 days
- 0.98 x 0.38cm sized subchorionic bleed noted in lower pole



1.2 Lab Reports

Haemoglobin: 12.3 gm/dL
Platelet count: 2.46 Lakhs/cumm
Blood group: B
Rh factor: Positive

1.3 Signs and Symptoms

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

1.4 Management of Subchorionic Hematoma

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

1.5 Complication

- Miscarriage
- Placental abruption
- Preterm labor/birth
- Premature rupture of membranes (PPROM)
- Intrauterine growth restriction (IUGR)

1.6 Nursing Management

- Maternal and fetal monitoring
- patient education
- Providing emotional support

1.7 Nursing Diagnosis

- Risk for Bleeding related to the presence of a hematoma and partial separation of the chorionic membrane from the uterine wall.
- Anxiety/Fear related to the threat to maternal and fetal well-being, unclear prognosis, and potential for pregnancy loss.
- Deficient Knowledge regarding the condition, treatment plan, self-care measures, and signs of complications.
- Activity Intolerance related to prescribed activity restrictions (e.g., rest, reduced activity).

2. Conclusion

Vaginal bleeding is common during the first trimester of pregnancy and can be caused by many conditions; a subchorionic hemorrhage is often observed in mothers who experience such bleeding. While small hemorrhages are found in many pregnant women and are usually harmless, large hematomas represent a significant risk factor, as pregnancy loss is one of the most reported adverse associations. This case study highlights the clinical manifestation, diagnosis, investigation, management, complications, and nursing care of a 36-year-old woman with a subchorionic hemorrhage.

References

- [1] Gunal, T., & Oguz, D. (2022). How does subchorionic hematoma in the first trimester affect pregnancy outcomes? *Journal of Maternal-Fetal & Neonatal Medicine*, 38(3Part-I), 511-516
- [2] Jacob, A (2019). *A comprehensive textbook of Midwifery and Gynecological Nursing*. Jaypee brothers publishers.
- [3] Tuuli, M. G., Norman, S. M., Odibo, A. O., Macones, G. A., & Cahill, A. G. (2011). Perinatal outcomes in women with subchorionic hematoma: a systematic review and meta-analysis. *Obstetrics & Gynecology*, 117(5), 1205-1212.

- [4] Gunay,T ., Oguz, D., (2019). How does subchorionic hematoma in the first trimester affect pregnancy outcomes, 639-646.
- [5] Pedersen, J F., Mantoni, M., (1990). Prevalence and significance of subchorionic hemorrhage in Threatened abortion, AJR, 535- 537.

Author Profile

Regitha Jales. S is currently working as an assistant professor of Bethlahem College of Nursing, Karungal, Tamilnadu. She completed her Master's Degree in Obstetrics and Gynecological nursing from Christian College of Nursing, Kanayakumari district.

Tintu S.R is currently working as an Assistant Professor of Bethlahem College of Nursing, Karungal, Tamilnadu. She completed her Master's Degree in Obstetrics and Gynecological nursing from Thasiah College of Nursing, Kanayakumari District.