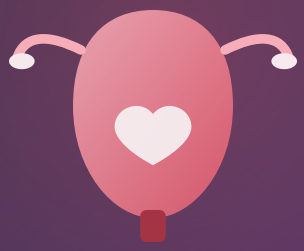
NCLEX 2026 · MATERNITY / OB

Types of *Abortion*



A complete clinical-judgment breakdown of spontaneous pregnancy loss — threatened, inevitable, incomplete, complete & missed. Recognize patterns, prioritize care, and avoid high-yield NCLEX traps.

System: Reproductive | Before 20 weeks | High-yield topic 🎯

DEFINITION · OVERVIEW

1 What is spontaneous abortion?

- **Loss of pregnancy before 20 weeks** gestation OR fetal weight < 500 g. Commonly called a miscarriage.
- Occurs in **~15–20% of known pregnancies** — the most common complication of early pregnancy.
- Classified by **bleeding, cramping, cervical status, and passage of products of conception (POC)** — this is the NCLEX key.

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PATHOPHYSIOLOGY

How it happens — simplified

1 • Trigger

Chromosomal abnormality (≥50%), infection, endocrine (thyroid/DM), uterine anomaly, trauma, or age >35.

→

2 • Nonviable

Embryo/fetus can no longer develop; placental hormones (hCG, progesterone) begin to drop.

→

3 • Contractions

Uterus begins contracting; cervix may soften/dilate; bleeding starts.

→

4 • Outcome

POC may be fully expelled, partially retained, or remain in a closed uterus (missed).

Clinical pearl: The cervix status + amount of tissue passed defines the TYPE of abortion — memorize this and the NCLEX questions unlock.

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SIGNS & SYMPTOMS

The 5 types — recognize the pattern

TYPE	BLEEDING	CRAMPING	CERVIX	POC PASSED	PREGNANCY
Threatened	Mild / spotting	Mild or none	Closed	None	May continue ✓
Inevitable	Moderate	Moderate–severe	Open / dilated	None yet · ROM likely	Cannot be saved
Incomplete	HEAVY 🚨	Severe	Open	Partial — retained	Lost
Complete	Decreasing	Decreasing	Closed (after)	All POC expelled	Lost
Missed	None / brown discharge	None	Closed	None — fetus retained	Lost · no FHT

Cervix = The Key 🔑

If the cervix is **CLOSED** → Threatened, Complete, or Missed.
If the cervix is **OPEN** → Inevitable or Incomplete.
This one pattern answers half of the NCLEX questions on this topic.

🚨 RED-FLAG FINDINGS — act now

- Soaking > 1 pad/hour (hemorrhage)
- Temp > 100.4°F / 38°C (septic abortion)
- Severe abdominal or shoulder pain
- Signs of shock: ↓BP, ↑HR, pale, cool
- Foul-smelling vaginal discharge
- Passage of tissue or clots

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PRIORITY NURSING INTERVENTIONS

ABCs • Safety • NCLEX prioritization

★ PRIORITY 1 · CIRCULATION

Assess bleeding & VS: pad count, saturation, clots. Monitor BP, HR, RR, O_2 sat q15 min if unstable — watch for hypovolemic shock.

★ PRIORITY 2 · ACCESS

Establish 2 large-bore IVs; infuse isotonic fluids (LR or NS). Type & crossmatch for possible transfusion.

ASSESSMENT

Labs: CBC, quantitative β-hCG (trend), **Rh status**, coags, blood type.

ASSESSMENT

Fetal heart tones by Doppler — especially for threatened abortion to assess viability.

SAFETY

SAVE any passed tissue in a clean container for pathology. Do not flush or discard.

SAFETY

Bed rest / pelvic rest. Prepare for **D&C** or D&E if incomplete/missed.

★ MUST-DO · RH-NEGATIVE PT

Administer RhoGAM within 72 hr to any Rh-negative woman to prevent isoimmunization.

PSYCHOSOCIAL

Therapeutic presence, grief support, chaplain/social work, acknowledge loss — never say "you can have another."

PHARMACOLOGY

5 Meds you must know cold

Misoprostol (Cytotec)

PROSTAGLANDIN E1 ANALOG

ACTION	Softens cervix & stimulates uterine contractions → expels retained POC.
SIDE FX	Cramping, N/V, diarrhea, fever/chills, headache.
NURSING	PO or vaginal. Monitor bleeding, pain. **Contraindicated if pregnancy is still viable or desired.**

Methylergonovine (Methergine)

ERGOT ALKALOID

ACTION	Sustained uterine contraction → controls post-evacuation / postpartum bleeding.
SIDE FX	HTN , headache, N/V, chest pain.
NURSING	**CHECK BP FIRST** — contraindicated in HTN, preeclampsia, or cardiac disease. IM route typical.

Oxytocin (Pitocin)

SYNTHETIC POSTERIOR PITUITARY HORMONE

ACTION	Uterine contractions → decreases bleeding after evacuation.
SIDE FX	Water intoxication, hyponatremia, hypotension, tachy/hypertonic contractions.
NURSING	IV infusion on pump. Monitor VS, I&O, fundal tone, bleeding.

Rh_0(D) Immune Globulin (RhoGAM)

IMMUNOGLOBULIN · HIGH-YIELD

ACTION	Prevents Rh-negative mother from forming antibodies against Rh-positive fetal blood — protects future pregnancies.
SIDE FX	Injection-site pain, mild fever, rare allergic reaction.
NURSING	**Give IM within 72 hr** of pregnancy loss to any **Rh-negative** patient. Confirm Rh status & document.

NCLEX TEST TRAPS

6 Where students lose points ⚠️

🚫 **Confusing threatened vs inevitable** — both have bleeding. Difference = cervix status. Closed = threatened (may continue). Open = inevitable (cannot be saved).

💉 **Forgetting RhoGAM** in Rh-negative patients after any pregnancy loss — including threatened. This is a test-writer favorite.

💊 **Mixing up Misoprostol vs Methergine.** Miso = soften & expel (prostaglandin). Methergine = contract after (ergot) — and always check BP first.

🩸 **Choosing emotional support over hemorrhage management** on a priority question. ABCs ALWAYS come first. Stabilize, then grieve.

🗑️ **Discarding passed tissue.** Always save POC for pathology — it guides treatment and genetic analysis.

💬 **Therapeutic-communication traps:** don't say "at least you can try again," "it's for the best," or "it wasn't meant to be." Acknowledge, don't minimize.

📅 **Viability mix-up:** spontaneous abortion = before 20 weeks. After 20 weeks = **fetal demise / stillbirth** — different management.

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PATIENT EDUCATION

Before discharge — teach this

🚫 **Pelvic rest** for ~2 weeks: no intercourse, tampons, or douching until provider clears — reduces infection risk.

🌡️ **Call immediately if:** fever > 100.4°F, soaked pad/hr, foul discharge, severe pain, or dizziness/fainting.

🩸 **Expect light bleeding** up to 2 weeks; period typically returns in 4–6 weeks.

🧪 **Return for labs:** serial β-hCG until zero to confirm complete resolution.

🫂 **Grief is normal.** Connect with support groups, counselors, or spiritual care. Partners grieve too — include them.

🤍 **You did NOT cause this.** Miscarriage is not caused by exercise, stress, sex, or minor falls — relieve guilt.

👶 **Future pregnancy:** usually safe to try again after 1–3 normal cycles; most women go on to have healthy pregnancies.

💊 **Prenatal vitamins with folic acid** before next conception — reduces neural-tube defect risk.

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MEMORY BOOSTERS 🧠

Mnemonics that stick

TIICM

THE 5 TYPES, IN ORDER

Threatened · **I**nevitable · **I**ncomplete · **C**omplete · **M**issed. Memorize this order — it progresses from "maybe OK" → "definitely lost."

Cervix = Key

CLOSED VS OPEN SHORTCUT

Closed → Could continue, Complete, or Missed. **Open** → Inevitable or Incomplete. Settles most questions in seconds.

Rh = Right-away

WITHIN 72 HOURS

Any Rh-negative patient + any pregnancy loss = **RhoGAM IM within 72 hr**. Always. Every time.

"M" = Maxed BP = NO

METHERGINE SAFETY

Methergine → check BP first. If BP is **M**axed-out (HTN / preeclampsia) → do not give. Hold & notify HCP.

Miso Softens, Ergot Squeezes

DON'T MIX THEM UP

Misoprostol **s**oftens cervix and expels POC (prostaglandin). **Erg**ot (Methergine) = **e**xtreme clamp-down for post-evac bleeding.

SAVE the Tissue

SEND IT TO PATH

Any passed tissue → clean container → lab. Never flush. Guides karyotyping, infection eval, and future counseling.

NCLEX 2026 Infographic Series

Elite NGN · Maternity / OB · Types of Abortion