

Are there features of SCH associated with an increased risk of miscarriage?

Primary author: F Nicol

Secondary authors: S Jeyapala and S Jindal

Chelsea and Westminster hospital, Fulham Road, London, SW10 9NH

Introduction

Subchorionic haematomas (SCH) are defined as a collection of blood between the chorion and endometrium¹. They are common (reported incidence between 0.46 and 39.5% of pregnancies) and are associated with an increased rate of miscarriage². There has also been some debate around the link between SCH and adverse pregnancy outcomes such as abruption and preterm labour³.

Objective

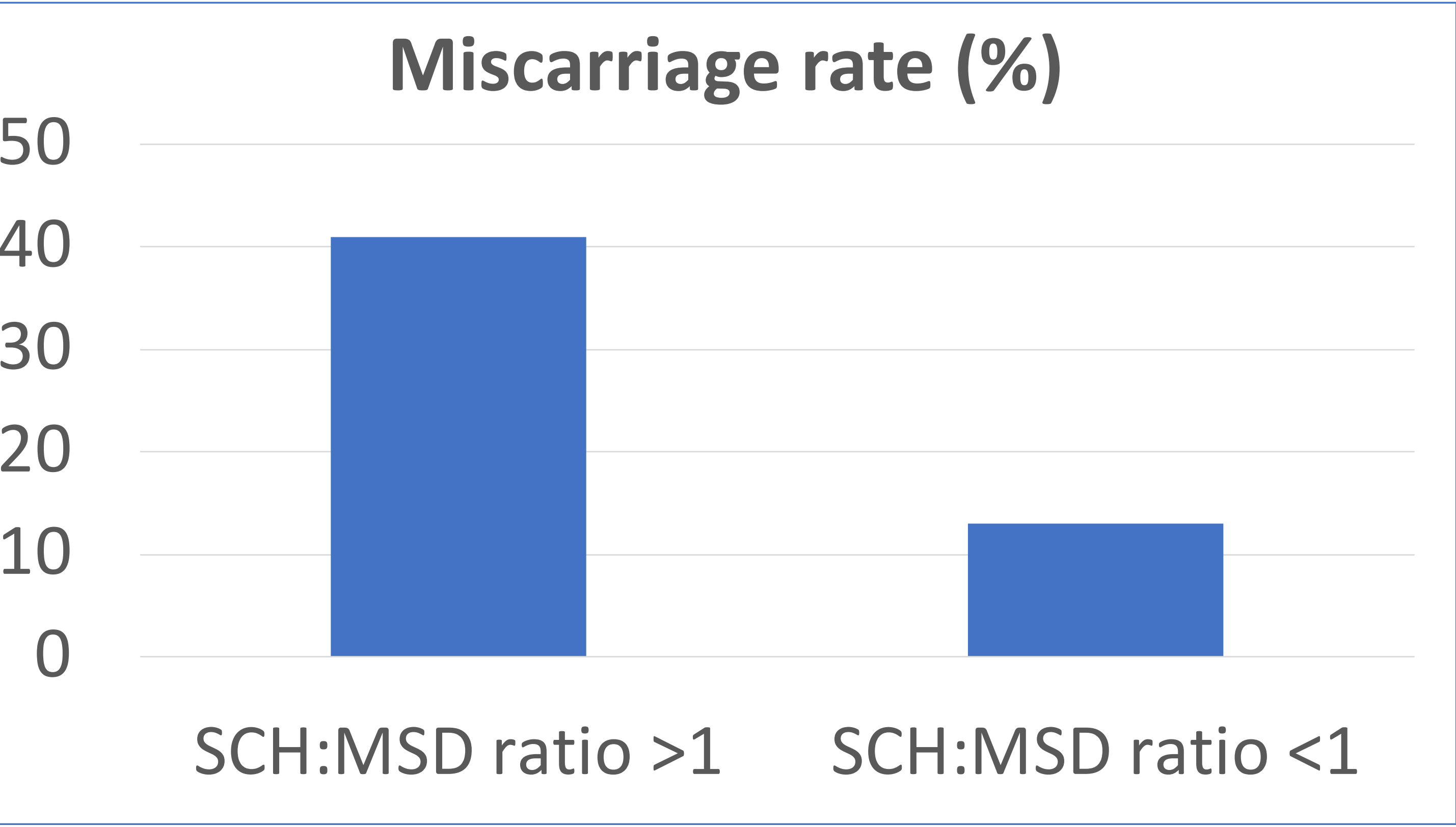
To identify any features of SCH or demographics (e.g age of patient) and assess whether there was any impact on the pregnancy outcomes. The ultimate aim was to improve counselling of patients with SCH.

Method

Over the course of a year (October 2022 - October 2023) any patient scanned and identified with an SCH was added to a data list. Patient demographics and presentation features were recorded (patient age, gestation, presenting complaint). Any SCH identified was measured along with the gestational sac to create a relative size of the SCH in comparison to the MSD. The location of the SCH in relation to the sac was described (i.e distal or proximal). Using the patient record, the outcome of the pregnancy was followed up including; early pregnancy loss, gestation at delivery, estimated blood loss and birthweight.

Results

A total of 151 patients were initially identified in this study, with 31 lost to follow up resulting in 120 patients being used for the data analysis. 81% of women with an SCH went on to have a live birth, the overall rate of miscarriage was 19% or roughly 1 in 5. Women over the age of 40 with an SCH were more likely to have a miscarriage than those under the age of 40. 6% had a preterm delivery, 7% had an SGA baby and 12% had an MOH (classed as EBL >1000mls). These did not appear to differ greatly from the incidence in the general population. Of those identified with an SCH:MSD of >1, 41% had a miscarriage, whilst only 13% of those with an SCH:MSD of <1 were diagnosed with an early pregnancy loss. With regards to location of the SCH there was increased likelihood of miscarriage in those where the sac was lateral (21%) or distal (22%) to the sac in comparison to those with a proximal SCH (13%).



Conclusions

In contrast to previous studies this data suggests the larger the SCH; specifically where the SCH:MSD ratio is >1, the increased risk of miscarriage. This information is particularly important to help improve patient counselling and future expectations with regards to pregnancy outcome.

References

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