Case Report: A Case of Midtrimester Pregnancy Loss in a Primigravida Woman.

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Background

Midtrimester pregnancy loss is a devastating experience for patients and their families. Understanding the underlying causes, particularly modifiable factors, is essential to guide future management and improve outcomes.

Aims

This case explores potential causes of midtrimester pregnancy loss and whether modifiable factors, such as cervical surveillance, could have altered the clinical course.

Case

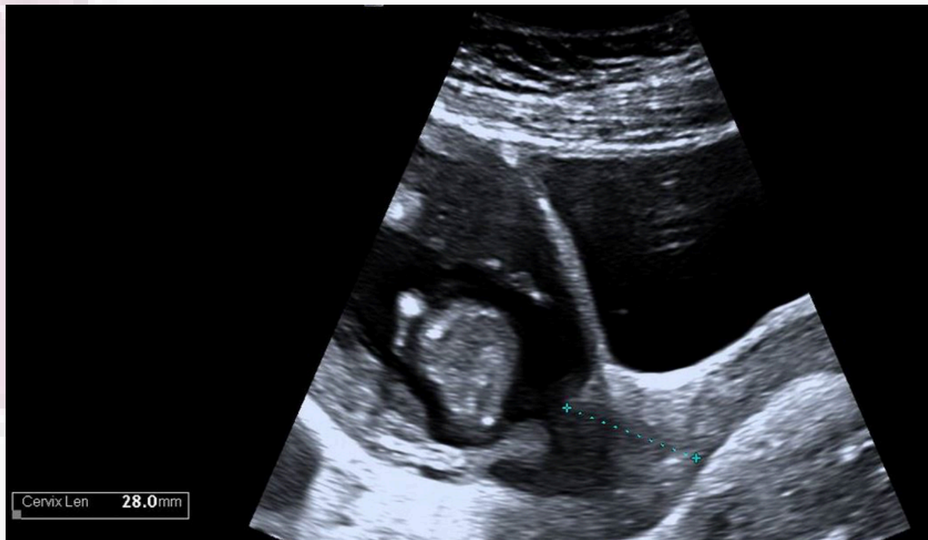
A 23-year-old Aboriginal and Torres Strait Islander, G1P0, woman presented at 20+2 weeks gestation for review of a recurrent skin abscess, for which she was on flucloxacillin. She reported abdominal cramping without vaginal loss. She had no past surgical history or cervical procedures. Social history included smoking. Her first ultrasound at 13+0 weeks showed a foetal heart rate of 154 bpm, normal early anatomy, and a transabdominal cervical length of 28mm; but she was yet to have her morphology scan. On examination, she was afebrile, had a small amount of new vaginal bleeding and an open cervix with prolapsing membranes. A bedside ultrasound confirmed foetal viability but revealed a prolapsing gestational sac. She subsequently delivered an extremely preterm, non-viable foetus.

Results

Laboratory investigations revealed Escherichia coli on placental swabs, Candida Albicans on a high vaginal swab; and downtrending CRP from 20, three days prior with investigations regarding the abscess, to 8. Negative results included foetal ear, nose, and throat swabs, STI screening, FBC, Kleihaur, TORCH screen, UEC, LFTs, HbA1c, bile acids, antiphospholipid screening and blood cultures.

Discussion

This case raises uncertainty regarding the primary cause of loss— cervical insufficiency leading to ascending infection or chorioamnionitis leading to cervical dilatation. The patient had risk factors for preterm birth, but lacked strong indicators for cervical insufficiency or surveillance. Current guidelines do not support universal early cervical length screening; however, her 13-week transabdominal measurement was well below reported means, which brings into question the utility of surveillance or management for this case.



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