



## The following information is for DES daughters who are pregnant or considering pregnancy.

Some DES exposed women will experience problems with maintaining a pregnancy. The following information aims to help you to recognise issues and in some cases to prevent problems. It is a good idea for DES daughters to have a thorough examination in early pregnancy.

### Ectopic pregnancy

Recent studies of DES daughters have shown higher rates of ectopic pregnancy. An ectopic pregnancy occurs when the fertilised ovum is implanted outside the uterus, usually in a Fallopian tube.

Without early diagnosis and prompt treatment an ectopic pregnancy can rupture the tube. This situation is life-threatening and it can also threaten your future fertility. Thus for DES daughters, early confirmation of pregnancy becomes critically important. A blood test provides an accurate early indication of pregnancy. Do not rely on home pregnancy tests.

Most doctors believe that DES daughters should have an ultrasound scan at 6-8 weeks gestation to help rule out early complications such as ectopic pregnancy. Seek medical care without delay if you experience any unusual symptoms, particularly abnormal abdominal pain or vaginal bleeding.

### Miscarriage

Miscarriages are fairly common in the general population, particularly early miscarriage. However the incidence of miscarriage (both first and mid trimester) in DES daughters is slightly greater than that in other women.

Mid trimester miscarriage can occur because there is a weakening of the cervix and it often presents with little warning. Occasionally you will feel heaviness in the pelvic area or there might be an increase in vaginal discharge. These might be the only warning signs.

An obstetrician can detect early cervical incompetence by a series of ultrasound examinations that will measure the cervical length. Frequent visits (every two weeks) between the 14 and 28-week mark, will provide the opportunity for the cervix to be assessed digitally (by vaginal examination). This will also help in the early detection of cervical incompetence.

### Signs & symptoms of a threatened miscarriage

- Vaginal bleeding or spotting: Some bleeding may occur during the course of a normal pregnancy. However, any bleeding or spotting should be investigated by your doctor.
- Abdominal cramping: Pain will usually accompany the bleeding and will grow more severe as the miscarriage progresses.

### Intervention

Unfortunately little can be done to prevent most miscarriages. Bed rest may be recommended in cases where there is bleeding in early pregnancy.

There are no drugs currently recommended for prevention of miscarriage. In some situations, a stitch can be placed in the cervix to prevent premature dilation, which may prevent a miscarriage. This procedure is usually done if the woman has had a previous miscarriage due to a weakness of the cervix. The procedure is not done routinely. This is controversial, but most experts do not feel this guideline should be changed for DES exposed women.

### When a pregnancy is lost

When a woman has a miscarriage, bleeding and cramping will become more severe until finally the foetus and contents of the uterus are expelled. If you are not in hospital when this happens, call your doctor or maternity unit for instructions. Usually an ultrasound scan will be arranged to see if the pregnancy is viable or not. As a rule it is wise to try and save any tissue you pass and bring it with you to hospital for possible examination. Bleeding will continue for several days after the miscarriage and diminish gradually.

If bleeding continues or if your doctor feels that not all the contents of the uterus have been expelled (i.e. an "incomplete" miscarriage), curettage will be necessary. See also the fact sheets under Miscarriage

### Emotional impact

Miscarriage frequently comes at a time when you are just beginning to adjust to being pregnant.

If you have previously struggled with infertility, your loss and disappointment may be even more intense. It is quite valid for you to grieve this loss regardless of any future or previously conceived children. It is useful for some women or couples to seek professional support from a grief counsellor.

## Premature labour

DES daughters have a higher risk of mid-trimester miscarriage and premature labour. It is important that your doctor or midwife understands your increased risk so that you can prepare for any difficulties when they arise. You can both develop strategies to cope with any situation so that you feel assured that they will be on hand. You should also talk to your doctor or midwife about how they can be contacted in an emergency.

### Warning signs of premature labour

The following symptoms may occur during preterm labour:

- menstrual-like cramps
- pelvic pressure
- back pain
- increased vaginal discharge
- slight vaginal bleeding.

However, these symptoms can also be a very normal part of a healthy pregnancy.

### Premature rupture of membranes

This results in a leakage of clear or pink stained fluid from the vagina. You should contact your doctor or hospital immediately if this happens.

## In summary

- With proper care most DES daughters have successful pregnancies.
- Have your pregnancy confirmed early and rule out complications eg. ectopic pregnancy.
- Tell your medical practitioner that you are DES exposed and make sure they are aware of the associated risks.
- Minimise physical and other stress right from the beginning and get as much rest as possible.
- Report vaginal spotting, pain, pressure, increase in vaginal discharge or any unusual symptoms immediately and stay off your feet as much as possible until examined.
- Currently cervical cerclage (the insertion of a stitch around the cervix) is not recommended unless there are specific indications for it.
- There are no drugs currently recommended for prevention of miscarriage. Medications may be used to stop premature labour later in pregnancy.

## Where to get more information

### The DES Follow Up Clinic

Suite C, Frances Perry Consulting Suites  
2nd Floor, Royal Women's Hospital  
Cnr Grattan St & Flemington Rd  
Parkville VIC 3052

Tel: (03) 9344 5077 for an appointment.

All patients of the DES Clinic require a medical referral from a general practitioner and their Medicare card.

### Women's Health Information Centre (Victoria only)

The Royal Women's Hospital  
Tel: (03) 8345 3045 or 1800 442 007 (rural callers)  
Email: whic@thewomens.org.au

### DES Action, Australia

P.O. Box 282, Camberwell VIC 3124

Web: <http://www.desaction.org.au>

DES Action is a non-profit, voluntary organisation which operates as a self-help group for DES mothers and daughters. DES Action offers information, support and lobbying for health issues that affect women.

### Related fact sheets

- DES exposure
- DES daughters, sons and mothers
- Gynaecological changes in DES exposed daughters
- Pre-baby years for women exposed to DES
- The later years – for women exposed to DES

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