

## WOMEN'S REPRODUCTIVE HEALTH

Women with Endometrial Trauma may have trouble getting pregnant, issues during pregnancy, and/or harmful pregnancy outcomes<sup>1,2</sup>

*Are You One? Key Questions to Get The Answers You Need!*



**ENDOMETRIAL TRAUMA** means damage to the lining of the uterus (known as the endometrium).<sup>3</sup>

If you have surgery on your uterus, there is a chance of it causing permanent damage to your endometrium. If procedures like dilation and curettage (done to stop bleeding after pregnancy) or myomectomy, (done to remove fibroid tumors) can cause scar tissue inside the uterus if they do not heal properly. This scar tissue is called intrauterine adhesions (IUA's).

What are Intrauterine adhesions (IUA's)?

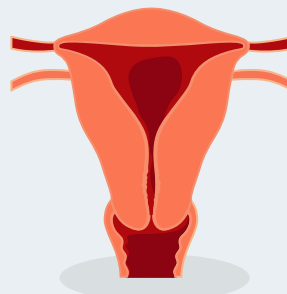
Intrauterine adhesions, also known as Asherman syndrome, are an acquired condition where scar tissue (adhesions) form inside the uterus following medical procedures that involve and traumatize the inner lining called the endometrium.<sup>1</sup>

### POTENTIAL COMPLICATIONS

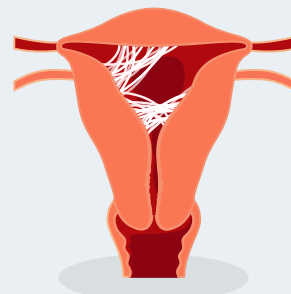
- If you have IUAs or endometrial trauma it may make it hard to get pregnant or stay pregnant, even with surgery and treatment.<sup>4</sup>
- If you have IUAs or endometrial trauma it can cause problems during pregnancy, including: having the baby too early, the baby being smaller than usual, and serious **bleeding after birth**. These can happen because the placenta, the part that connects the baby to you, may have issues like not coming out after the baby is born or staying attached to the uterus (known as placenta accreta).<sup>5</sup>



Healthy Uterus



Asherman Syndrome



If you have had uterine trauma or IUAs and are thinking about having a baby, **ask your doctor about how to help prevent potential problems.**



If you have to have surgery on your uterus, **ask your doctor about how they will handle the risk of endometrial trauma and potential formation of IUAs.**

### BY THE NUMBERS

IN WOMEN WHO PREVIOUSLY HAD SURGERY TO ADDRESS IUAs,

The chance of getting pregnant was

**79%**

The chance of a live birth was only

**~64%**

Of the women able to give birth,

**~18%**

had abnormal placentation

(placenta does not separate properly)

**~5%**

had postpartum hysterectomies

and just under

**30%**

had premature births.<sup>6</sup>

**References:** 1. Smikle C, Yarrarapu SNS, Khetarpal S. Asherman Syndrome. StatPearls Publishing; 2024 Jan. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK448088/> 2. Wang L, Guo C, Cao H. Effect of hysteroscopic adhesiolysis on recurrence, menstruation and pregnancy outcomes in patients with different degrees of intrauterine adhesions. Am J Transl Res. 2022 Jan 15;14(1):484-490. PMID: 35173868; PMCID: PMC8829641. 3. Hooker AB, de Leeuw RA, Emanuel MH, Mijatovic V, Brolmann HAM, Huirne JAF. The link between intrauterine adhesions and impaired reproductive performance: a systematic review of the literature. BMC Pregnancy Childbirth. 2022 Nov 14;22(1):837. doi: 10.1186/s12884-022-05164-2. PMID: 36376829; PMCID: PMC9664654. 4. Al-Inany H. Intrauterine adhesions. An update. Acta Obstet Gynecol Scand. 2001 Nov;80(11):986-93. 5. Dreisler E, Kjer JJ. Asherman's syndrome: current perspectives on diagnosis and management. Int J Womens Health. 2019;11:191-198. 6. Deans R, Vancaille T, Ledger W, Liu J, Abbott JA. Live birth rate and obstetric complications following the hysteroscopic management of intrauterine adhesions including Asherman syndrome. Hum Reprod. 2018 Oct 1;33(10):1847-1853. doi: 10.1093/humrep/dey237. PMID: 30239778.