

PLACENTA PRAEVIA

Caesar Mensah
**Communicable Disease &
Infection Control Specialist**
Ghana Lecture, June 2011

What is it?

- **Placenta praevia** is an obstetric complication in which the placenta is attached to the uterine wall close to or covering the cervix.
- It occurs in about one in 200 pregnancies. There are 3 types of praevia:
 - **Complete or total praevia**: the placenta completely covers the cervical os, the mouth of the uterus
 - **Partial praevia**: a part of the cervix is covered by the placenta.
 - **Marginal praevia**: the placenta extends just to the edge of the cervix.

Complications for Placenta Praeviae

Problems for the baby, secondary to acute blood loss include:

- Intrauterine growth restriction (IUGR) due to poor placental perfusion
- Increased incidence of congenital anomalies
- Possibility of death

Complications fo Placenta Praeviae

Risks for the mother include:

- **Life-threatening hemorrhage
Increased risk of postpartum
haemorrhage**
- **Increased risk placenta accreta
(Placenta accreta is where the
placenta attaches directly to the
uterine muscle.)**

Predisposing factors

- **Advanced maternal age**
- **Increased parity (number of previous pregnancies)**
- **Procedures that can result in scarring of the upper uterine lining such as:**
 - **delivery by Caesarean section (regardless of incision type)**
 - **D&C procedures**
 - **Curretage for miscarriages or induced abortions**
 - **Any type of surgery involving the uterus**
- **Placenta praevia can be a very scary diagnosis for all involved and can be a great worry and fear.**
- **Previous placenta praevia in one pregnancy also has a greater risk for having placenta praevia in subsequent pregnancies**

Signs and symptoms

- **Vaginal bleeding is the primary symptom of placenta praevia occurring in the majority of cases (70%-80%).**
- **Vaginal bleeding after week 20 of gestation is characteristic of placenta praevia.**
- **Bleeding is usually painless, and can be associated with uterine contractions and abdominal pains.**
- **Bleeding may range in severity from light to severe**

Diagnosis of placenta praevia

- Clinical presentations as discussed above
- An ultrasound examination to establish the diagnosis of placenta praevia.

Note:

- It is important to do ultrasound examination before a physical examination of the pelvis in women with suspected placenta praevia, since the pelvic physical examination may lead to further bleeding.

Management of placenta praevia

It depends on the risk assessment of the situation, ie:

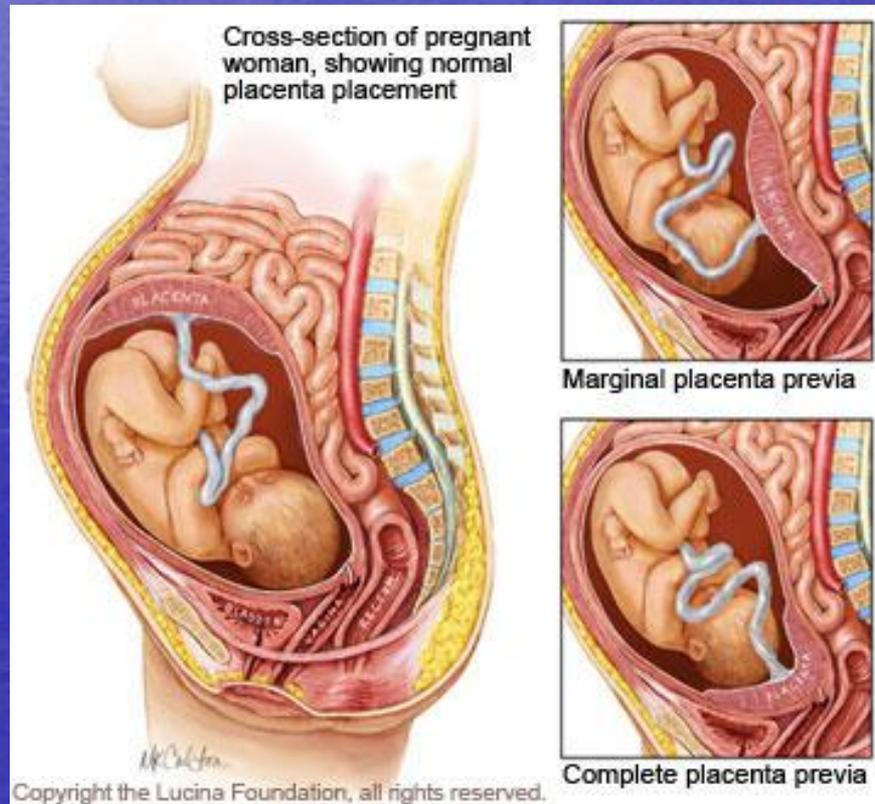
- Extent and severity of bleeding
- Gestational age
- Condition of the foetus,
- Position of the placenta
- Position of the foetus
- State of the bleeding-whether it has stopped or not.

- Caesarean delivery or C-Section is required for complete placenta praevia and may be necessary for other types of placenta praevia.

- A Caesarean delivery is usually planned for women with placenta previa as soon as the baby can be safely delivered (typically after 36 weeks' gestation), although an emergency Caesarean delivery at any earlier gestational age may be necessary for heavy bleeding that cannot be stopped after treatment in the hospital.

- If actively bleeding or bleeding cannot be stopped, patient should be admitted to the hospital for further care.
- If bleeding is minimal or no bleeding or the bleeding has stopped, bed rest at home. She must be able to access medical care immediately should bleeding resume.
- Sexual intercourse in women with placenta praevia in the 3rd trimester of pregnancy is not advisable.
- Exercise and activity level must be reduced to the lowest level.
- Blood transfusion and intravenous fluids may be required when severe bleeding is experienced.
- In some cases, tocolytic drugs (medications that slow down or inhibit labor), such as magnesium sulfate or terbutaline (Brethine) are necessary.
- Corticosteroids may be given to enhance lung development in the foetus prior to Caesarean delivery.

- Placenta Previae





Normal
Placenta



Marginal
Placenta Previa



Complete
Placenta Previa

Prognosis (outlook) for placenta previa?

- The majority of women with placenta previa in developed countries will deliver healthy babies, and the maternal mortality rate is less than 1%.
- In developing countries where medical resources may be lacking, the risks for mother and foetus may be higher.

Placenta Praevia At A Glance

- **Placenta previa is the attachment of the placenta to the wall of the uterus in a location that completely or partially covers the uterine outlet (opening of the cervix).**
- **Bleeding after the 20th week of gestation is the main symptom of placenta praevia.**
- **An ultrasound examination is used to establish the diagnosis of placenta praevia.**

Placenta Praevia At A Glance

- **Treatment of placenta praevia involves bed rest and limitation of activity.**
- **Tocolytic medications, intravenous fluids, and blood transfusions may be required depending upon the severity of the condition.**
- **A Caesarean delivery is required for complete placenta previa.**

Other complications of pregnancy can be associated with placenta praevia, but the majority of women deliver healthy babies

Thank You

