

ABRUPTIO PLACENTAE

(Placental Abruption)



BASIC INFORMATION

DESCRIPTION

Separation of the placenta (also called the after-birth) from the uterine wall, generally occurring in the latter half of pregnancy. The placenta carries all nourishment and oxygen to the fetus. If the placenta partially separates prematurely, the child's life may be endangered. Treatment depends on the severity of the separation, the condition of the fetus, and the duration of the pregnancy.

FREQUENT SIGNS AND SYMPTOMS

Small separation of the placenta:

- Vaginal bleeding (spotting and/or staining).
- Mild pain or discomfort.
- Unborn child remains healthy.

Large separation:

- Heavy vaginal bleeding.
- Severe pain in the lower abdomen or back.
- Hard, tender abdomen.
- Uterine contractions that don't stop.
- Shock (rapid heartbeat, rapid breathing and dizziness).
- Fetal distress; heartbeat of the unborn child may be inaudible.
- Coagulopathy (disseminated intravascular coagulopathy [DIC])—certain elements of the placenta are released into the mother's circulation causing blood clotting defects. Symptoms can include nosebleed, blood in the urine, oozing from puncture sites, bleeding into the skin, round red spots on the skin.

CAUSES

Unknown.

RISK INCREASES WITH

- High blood pressure (hypertension).
- Smoking.
- Women over age 35.
- Women who have had more than 4 or 5 pregnancies.
- A previous pregnancy with placental separation.
- Pregnancy with twins or triplets.
- A direct blow to the uterus.
- Chronic disease, such as diabetes mellitus.
- Abuse of illicit drugs (particularly cocaine).

PREVENTIVE MEASURES

- If pregnant, don't engage in activity more vigorous than what you were accustomed to before pregnancy.
- Avoid risk factors (listed above) when possible.
- Since the cause is unknown, there is no assured way to prevent the problem.

EXPECTED OUTCOME

When the separation is less severe and with immediate medical care, the outlook for mother and fetus is good.

POSSIBLE COMPLICATIONS

- Premature delivery of the child.
- Shock or life-threatening bleeding in the mother.
- The newborn may have low blood pressure or a low blood count.
- Death of unborn child and/or mother.
- Brain damage to the unborn child.
- If preterm placental separation is slight, and early delivery of unborn child is not deemed necessary, intrauterine growth restriction (IUGR) may occur, possibly due to decreased blood and nourishment from the placenta.
- 10 to 17% of patients have abruption placenta in a future pregnancy.



TREATMENT

GENERAL MEASURES

- Abruption placenta is an emergency, but there is usually time to obtain advice by telephone and arrange safe transportation to the hospital. Panic is not helpful. If the placenta separation is slight, you may be able to return home for bed rest and close observation after examination.
- Hospitalization required (except for mild cases).
- Surgery to deliver the unborn child by cesarean section, or vaginal delivery (sometimes).

MEDICATION

- Oxytocin (Pitocin), a drug to induce labor, may be used if immediate delivery is necessary.
- Intravenous fluids may be necessary.
- Blood transfusion may be necessary to replace the amount of blood lost.

ACTIVITY

If you are able to remain at home, rest in bed until bleeding and other symptoms cease. Do not resume normal activities until specific instructions to do so are given to you.

DIET

- If you are resting at home, continue with your regular diet.
- If hospitalized, a liquid-only diet may be prescribed until it is determined that surgery is not likely. Solid food may cause risk if emergency surgery becomes necessary.



NOTIFY OUR OFFICE IF

- You have bleeding (anything more than slight spotting) during pregnancy. This is an emergency!
- You have any other new, unexplained symptoms.