



BASIC INFORMATION

DESCRIPTION

Normally, the placenta attaches high on the uterus wall, away from the cervix. In placenta previa, the placenta is covering or near the cervical opening (os) and obstructs the cervical opening to the vagina (birth canal). Placenta previa carries a risk of hemorrhage (excessive bleeding), which can threaten the well being of the mother and the baby. There are 3 variations of placenta previa:

- Total placenta previa is when the placenta completely covers the opening of the cervix. This type presents the most serious maternal risk, as it is associated with greater blood loss.
- Partial placenta previa is when the placenta partially covers the opening of the cervix.
- Marginal placenta previa is when the placenta edge just reaches the cervix.
- When placenta previa is diagnosed early in pregnancy (by ultrasound test), it often resolves. As the uterus enlarges, the placenta is displaced from the cervical opening.

FREQUENT SIGNS AND SYMPTOMS

- Sudden, painless bleeding during the second or third trimester of pregnancy is the primary symptom. Bleeding may begin moderately and become severe. Bleeding may not occur until after labor starts in some cases.
- Cramping may occur in some patients.

CAUSES

The exact cause of placenta previa is unknown. There may be a number of factors involved. It frequently occurs when there has been prior injury to the endometrium (lining of the uterus), an abnormal uterus, or abnormal formation of the placenta.

RISK INCREASES IN/WITH

- Previous uterine surgery involving the lining of the uterus (e.g., dilation and curettage [D & C] and cesarean section).
- Smoking.
- Prior induced abortion.
- Multiple previous pregnancies and deliveries.
- Pregnancy with twins or other multiples.
- Mothers over age 35.
- Previous placenta previa.

PREVENTIVE MEASURES

Placenta previa cannot be prevented. Getting good prenatal care during pregnancy can help identify it early.

EXPECTED OUTCOME

With prompt care, mothers and infants survive without complications. Delivery is by cesarean section.

POSSIBLE COMPLICATIONS

- Any change in the cervix, such as the softening and dilating that occurs prior to delivery, can cause the placenta to bleed as it separates from the uterus.

- Premature delivery, or possibly fetal death, if extensive placenta previa develops before the expected delivery date.
- Hazardous blood loss that could lead to shock, and death.
- Blood transfusions for the mother prior to delivery or following delivery.
- Poor fetal growth due to an abnormal placenta providing a decreased blood flow and oxygen delivery.
- Congenital anomalies or fetal anemia.



TREATMENT

GENERAL MEASURES

- When placenta previa is diagnosed before the 24th week of pregnancy, a repeat ultrasound will be done to confirm the diagnosis.
- If bleeding occurs, diagnostic tests may include laboratory blood studies to determine the amount of blood loss and other blood studies, amniocentesis, and ultrasonography to determine the exact location of the placenta.
- Treatment decisions will depend on the gestational age, amount of bleeding, fetal condition, fetal presentation, and the presence or absence of labor.
- Blood transfusions, intravenous fluids, and oxygen may be necessary with severe bleeding.
- If the bleeding is heavy or the pregnancy is at term, a cesarean delivery is usually performed.
- If the pregnancy is between 34 and 37 weeks and the mother and fetus are stabilized, amniocentesis may be done to assess the fetal lung maturity. With mature lungs, the newborn will not need supplemental breathing support.
- If the baby's lungs are immature or the pregnancy is less than 34 weeks, the treatment may involve medical observation for a period of time to decrease the risks of preterm delivery. You may be placed on bed rest at home. Follow your obstetric provider's instructions carefully.
- For more information, check the library or the internet.

MEDICATION

- Steroids may be prescribed to hasten fetal lung maturity.
- Medications to delay labor may be used in some cases.

ACTIVITY

Rest in bed until bleeding stops or you deliver your child. Avoid sexual intercourse. Stimulation of the cervix can cause bleeding.

DIET

No special diet.



NOTIFY OUR OFFICE IF

You or a family member has symptoms of placenta previa. Report any bleeding immediately. This is an emergency!