

SEMEY STATE MEDICAL UNIVERSITY  
OBSTETRICS AND GYNECOLOGICAL DEPARTMENT

**SIW**

THE THEME: PLACENTA PREVIA

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# GENERAL CONSIDERATIONS

## □ Definition

**In placenta previa, the placenta is implanted in the lower uterine segment and located over the internal os. It constitutes an obstruction of descent of the presenting part.**

## □ Main cause of obstetrical hemorrhage

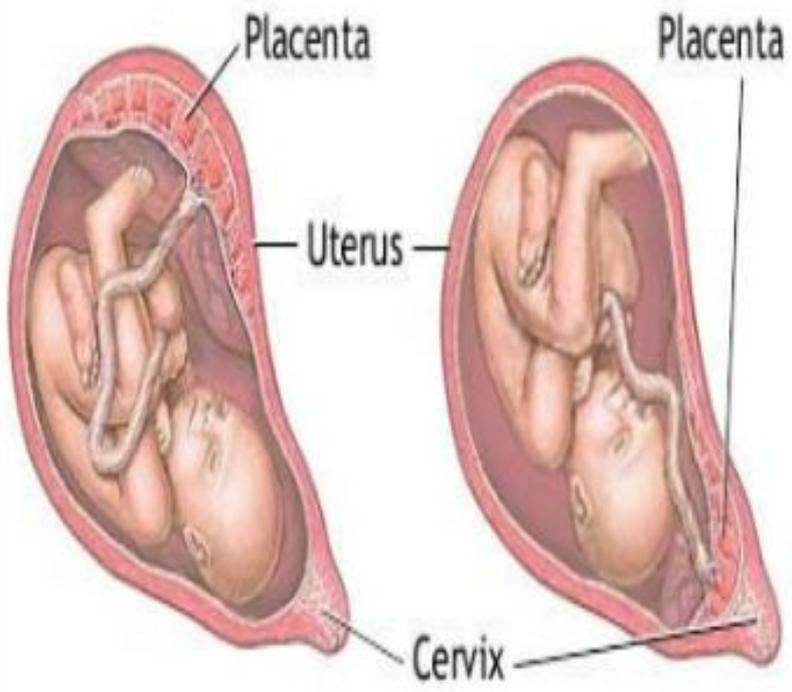
## □ Incidence

**0.24%-1.57% (our country).**



Normal placental attachment

Placenta previa (complete)



Normal placenta

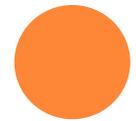
Umbilical cord

Uterine wall

Cervix

Placenta previa

This block contains two diagrams. The left diagram shows a normal placenta attached to the upper uterine wall, with the umbilical cord connecting it to the fetus. The right diagram shows placenta previa, where the placenta is attached to the lower uterine wall, over the cervix. Labels include 'Normal placenta', 'Umbilical cord', 'Uterine wall', 'Cervix', and 'Placenta previa'.



# ETIOLOGY

- **Uncertain**
- **High risk factors**
  1. **maternal age: >35 years**
  2. **multiparity: 85% - 90%**
  3. **prior cesarean delivery: 5 times**
  4. **smoking**



# ETIOLOGY

## □ Causes

1. **Endometrial abnormality**
  - 1) **Scared or poorly vascularized endometrium in the corpus.**
  - 2) **Curettage, Delivery, CS and infection of endometrium**
2. **Placental abnormality**

**Large placenta (multiple pregnancy), succenturiate lobe (副胎盘)**
3. **Delayed development of trophoblast**



## CLASSIFICATION

- **Total placenta previa**

**The internal cervical os is covered completely by placenta**

- **Partial placenta previa**

**The internal os is partially covered by placenta**

- **Marginal placenta previa**

**The edge of the placenta is at the margin of the internal os.**



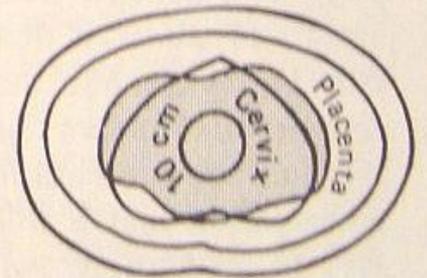
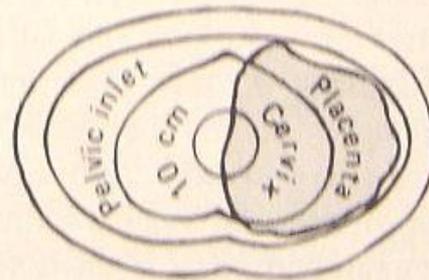
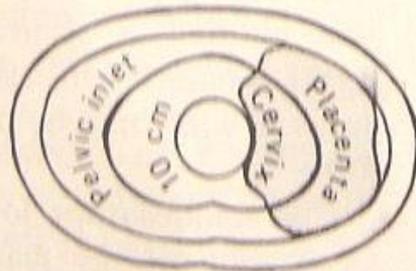
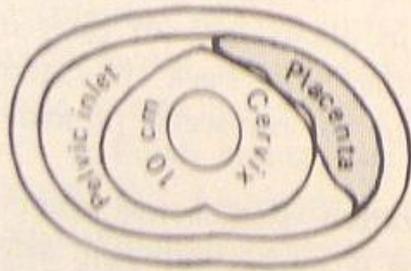
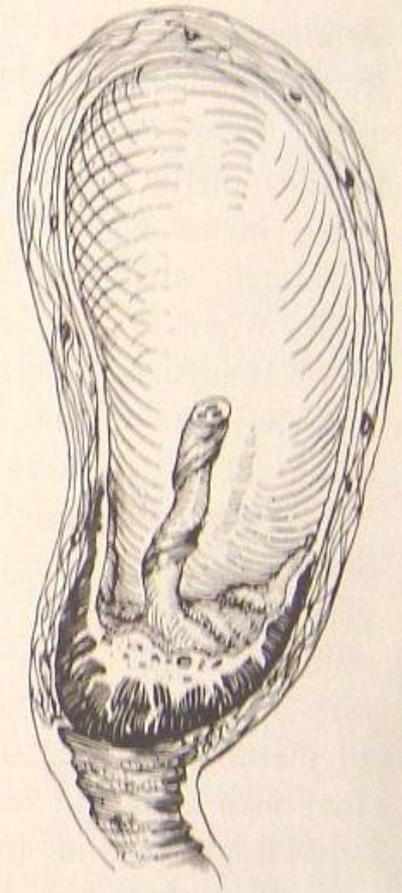
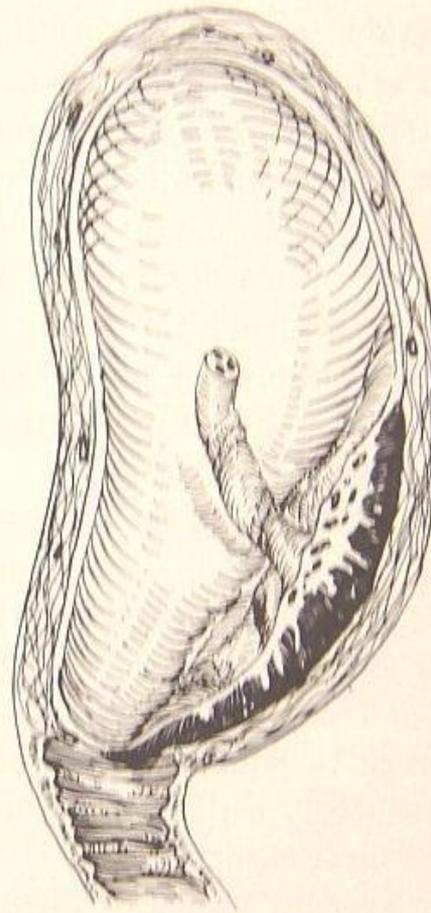
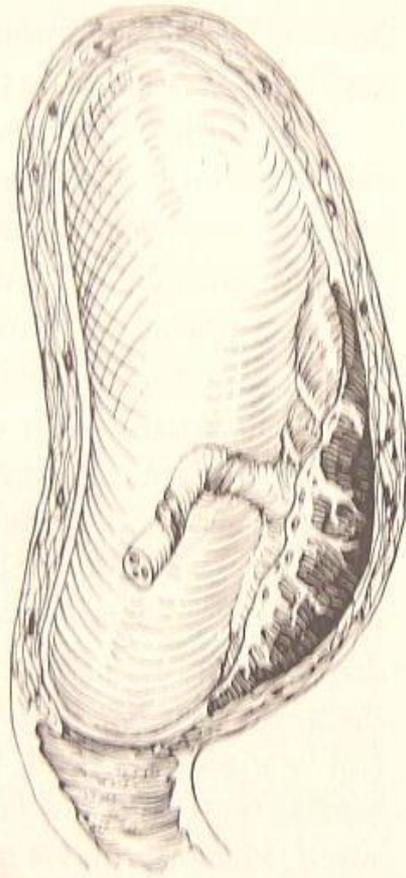


Figure 33-2. Normal placenta.

Figure 33-3. Low implantation.

Figure 33-4. Partial placenta previa.

Figure 33-5. Complete placenta previa.

# MANIFESTATION

## □ Painless hemorrhage

1. The most characteristic symptom
2. Time: late pregnancy (after the 28<sup>th</sup> week) and delivery
3. Characteristics: sudden, painless and profuse
4. Cause of bleeding

Mechanical separation of the placenta from its implantation site, either during the formation of the lower uterine segment, during effacement and dilatation of the cervix in labor. Placentitis. Rupture of the venous in the decidua basalis



# MANIFESTATION

- **Anemia or shock**
  - repeated bleeding→ anemia**
  - heavy bleeding→ shock**
- **Abnormal fetal position**
  - a high presenting part**
  - breech presentation (often)**



# DIAGNOSIS

## □ History

1. Painless hemorrhage
2. At late pregnancy or delivery
3. History of curettage or CS



# DIAGNOSIS

## □ Signs

1. **Abdominal findings**
  - 1) **Uterus is soft, relaxed and nontender.**
  - 2) **Contraction may be palpated.**
  - 3) **A high presenting part can't be pressed into the pelvic inlet. Breech presentation**
  - 4) **Fetal heart tones maybe disappear (shock or abruption)**



# DIAGNOSIS

- **Speculum examination (窥阴检查)**
  - Rule out local causes of bleeding, such as cervical erosion or polyp or cancer.**
- **Limited vaginal examination (seldom used)**
  - Palpation of the vaginal fornices to learn if there is an intervening boggy mass between the fornix and presenting part.**
- **Rectal examination is useless and dangerous**



# DIAGNOSIS

## □ Ultrasonography

1. **The most useful diagnostic method: 95%**
2. **Not make the diagnosis at the mid pregnancy. ( $\geq 34$  weeks)**

## □ MRI

- **Check the placenta and membrane after delivery**



# DIFFERENTIAL DIAGNOSIS

- **Placental abruption**  
**vagina bleeding with pain,**  
**tenderness of uterus.**
- **Vascular previa**
- **Abnormality of cervix**  
**cervical erosion or polyp or cancer**



# EFFECTS

- obstetrical hemorrhage
- Placenta accreta
- Anemia and infection
- Premature labor or fetal death or fetal distress



# TREATMENTS

- **Expectant therapy**
- 1. **Rest: keep the bed**
- 2. **Controlling the contraction:  $\text{MgSO}_4$**
- 3. **Treatment of anemia**
- 4. **Preventing infection**



# TREATMENTS

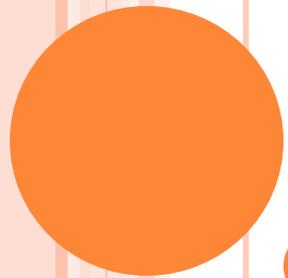
- **Termination of pregnancy**
- 1. **CS**
- 1) **total placenta previa (36<sup>th</sup> week),  
Partial placenta previa (37<sup>th</sup> week)  
and heavy bleeding with shock**
- 2) **Preventing postpartum  
hemorrhage: pitocin and PG**
- 3) **Hysterectomy: Placenta accreta or  
uncontrolled bleeding**



# TREATMENTS

2. **Vaginal delivery**  
**Marginal placenta previa**  
**Vaginal bleeding is limited**





**END**