

SEMEY STATE MEDICAL UNIVERSITY
OBSTETRICS AND GYNECOLOGICAL DEPARTMENT

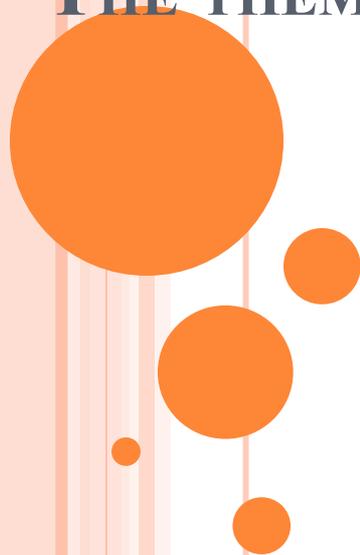
SIW

THE THEME: PLACENTA PREVIA

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548 gr GMF

Has checked: *G.A.Antonova*



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

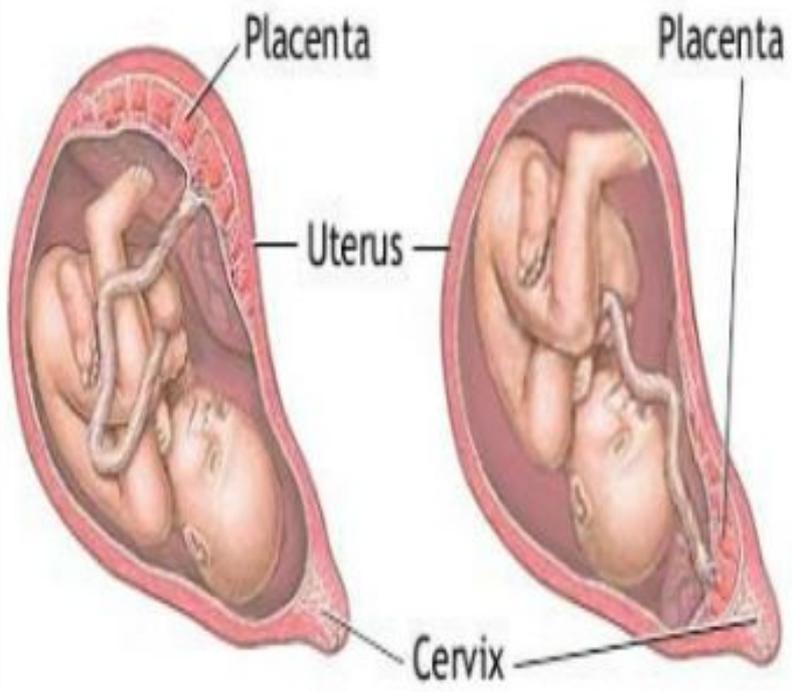
□ Incidence

0.24%-1.57% (our country).



Normal placental attachment

Placenta previa (complete)



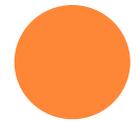
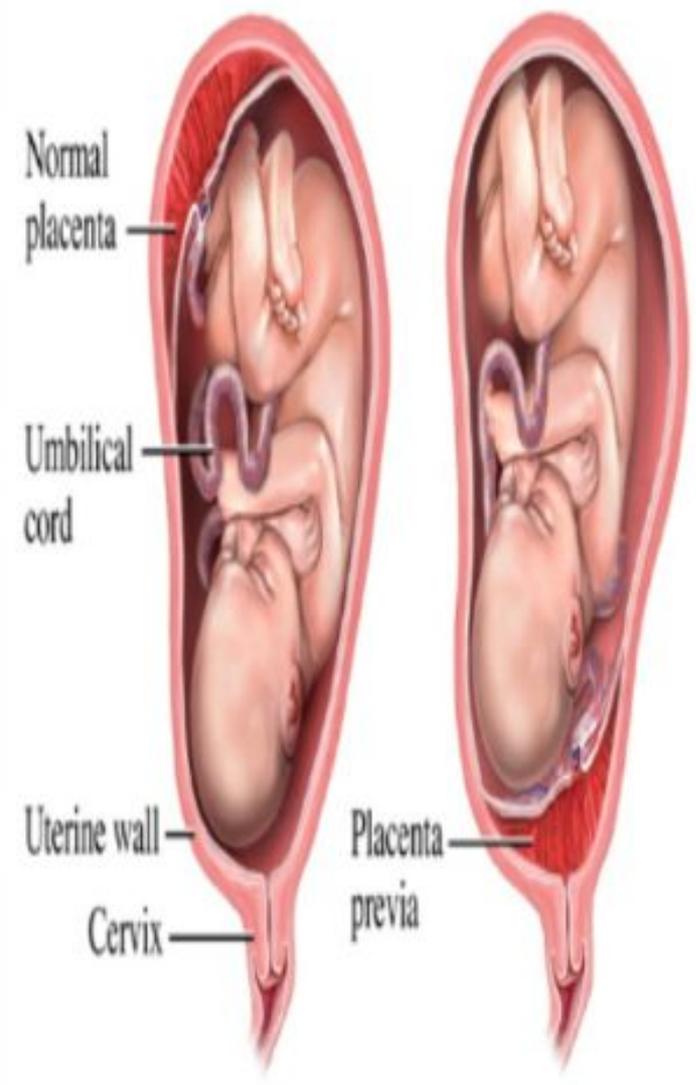
Normal placenta

Umbilical cord

Uterine wall

Cervix

Placenta previa



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) Scarred 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.



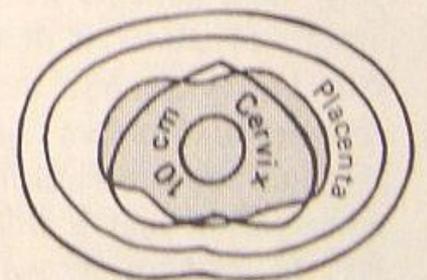
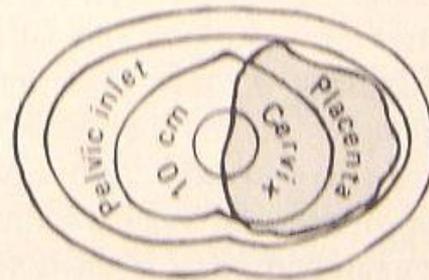
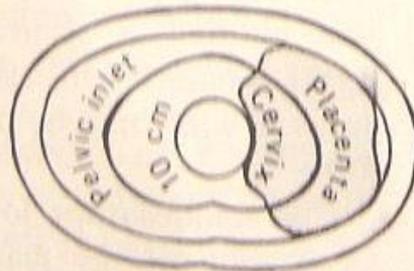
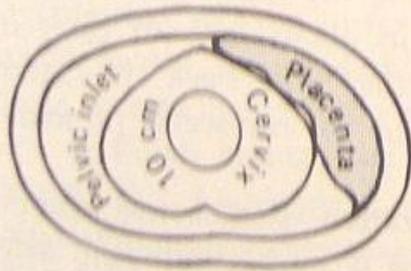
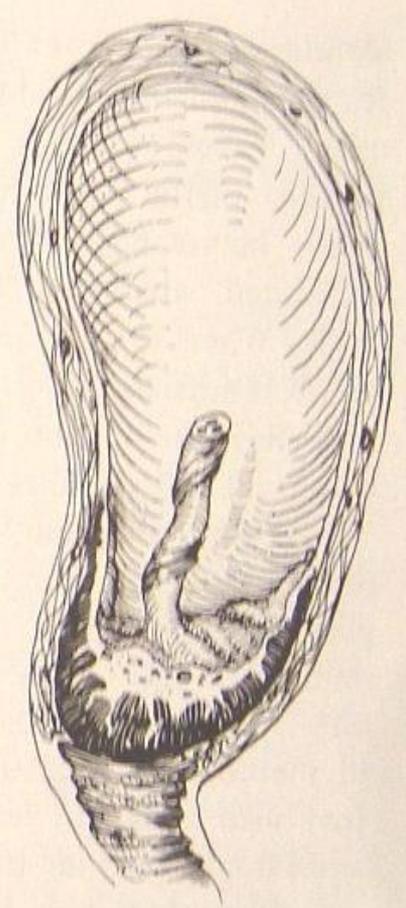
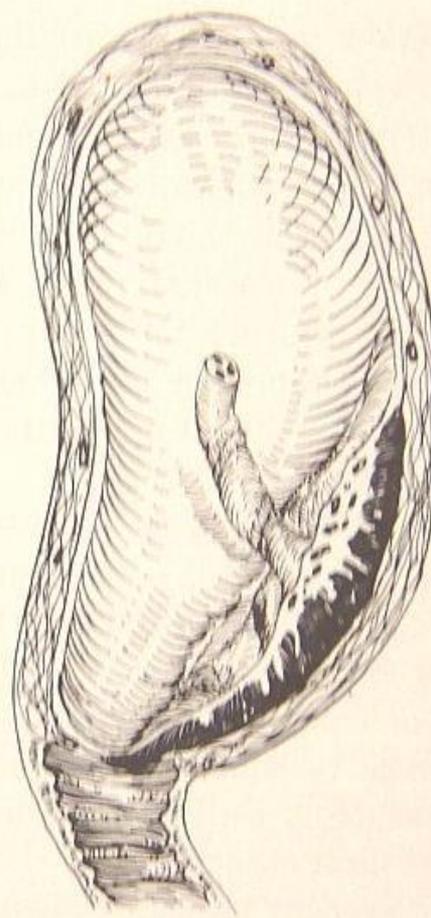
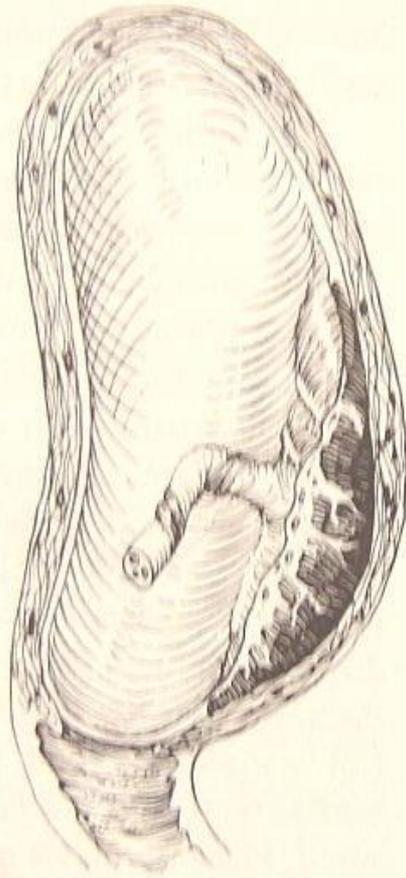


Figure 33-2. Normal placenta.

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 28th 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. (≥ 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: MgSO_4**
 3. **Treatment of anemia**
 4. **Preventing infection**



TREATMENTS

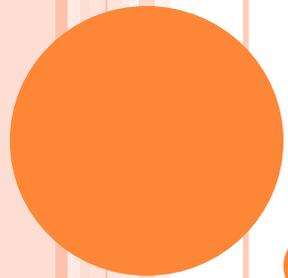
- **Termination of pregnancy**
- 1. **CS**
- 1) **total placenta previa (36th week),
Partial placenta previa (37th week)
and heavy bleeding with shock**
- 2) **Preventing postpartum
hemorrhage: pitocin and PG**
- 3) **Hysterectomy: Placenta accreta or
uncontrolled bleeding**



TREATMENTS

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





END

