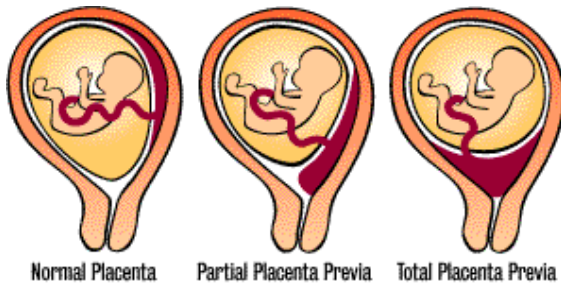


UNC Center for Maternal & Infant Health

"If we are to achieve results never before accomplished, we must employ methods never before attempted."

Francis Bacon

Placenta Previa



What is placenta previa?

The placenta is a round, flat organ that is attached to the inside of the uterus during pregnancy. Food and oxygen pass from the placenta through the umbilical cord to the baby.

A placenta that partially or totally covers the opening at the bottom of the uterus (*cervix*) is called placenta previa. As the uterus grows, the connection between the placenta and the uterus may break causing bleeding. Usually, there is only a small amount of bleeding the first time (*herald bleed*). Bleeding after that can be more serious.

Why does it happen?

The reason that placenta previa occurs is not known. Placenta previa is seen more often in some women. Women who smoke, have had placenta previa in the past, cesarean birth or uterine surgery, are greater than 35 years old, are pregnant with twins or more, or have had multiple previous pregnancies are more likely to have placenta previa.

How often does placenta previa occur?

Placenta previa occurs in about 1 out of every 200 pregnancies. The risk of having placenta previa in another pregnancy is about 4-8%.

How is it diagnosed?

The first sign that you have placenta previa may be painless bright red vaginal bleeding. Placenta previa is diagnosed with ultrasound.

How does it affect my pregnancy?

Placenta previa can cause bleeding that can be a danger to you and your baby. Forty percent of women with placenta previa deliver before their due date. Your chances of delivering before your due date are greater if you have had uterine surgery in the past.

In some cases of placenta previa, the placenta is attached too deeply. This is called *placenta accreta*. Placenta accreta occurs more often in women who have had a D&C, previous uterine surgery, or a cesarean birth. A placenta that is attached too deeply will not come apart from the uterus easily after delivery.

There can be a lot of bleeding. Removing the uterus (*hysterectomy*) at the time of delivery may have to be done to prevent this. It is not unusual to need a blood transfusion.

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What is the treatment for placenta previa?

Bed rest is important to help prevent bleeding. Tell your doctor or nurse if you have any contractions or bleeding immediately.

Blood tests will be done to check for anemia (low blood count) and to find out your blood type. A blood transfusion may be needed if you have bleeding and your blood count is very low. It is possible to get a transfusion of your own blood. If your hematocrit (blood count) is 34% or more while you are pregnant, you may be able to give blood before delivery. This blood is kept in the blood bank for you in case you need it. If this is a choice for you, giving 2 or 3 units of blood is suggested. You can only give one unit every couple of weeks. If you need a blood transfusion and this is not a choice for you, you will be given compatible blood from the blood bank. The baby's father cannot give blood for you because of the chance that it may not be compatible with your blood.

An ultrasound will be done every few weeks to check the baby's growth and location of the placenta. A placenta that only partially covers the cervix may move away from the cervix as the uterus grows.

If you have an Rh negative blood type and there is a chance that your baby may have an Rh positive blood type, you will be given a medicine called Rhesus immune globulin (RhoGam®). When there is

bleeding and your blood and the baby's blood mixes together, you make antibodies which damage the baby's red blood cells. Rh immune globulin prevents this from happening.

Medicine such as magnesium sulfate, or terbutaline (Brethine®) may be given if you go into preterm labor. Magnesium sulfate is a medicine that is given into a vein through an intravenous infusion (IV). When this medicine is first given, you may feel burning in the spot where your IV is placed. Some patients feel drowsy, warm, nauseous, weak or have a headache.

If you take terbutaline, you may notice that your heart feels like it is beating faster and you may feel jittery. It can cause your blood sugar to increase, so, your doctor may want to watch your blood sugar level more closely, if you are diabetic. Medicines given to stop labor are usually only given for 2 or 3 days because they do not work as well after that time. These medicines allow time for you to receive another medicine called betamethasone. This medicine is given twice as a shot, 24 hours apart. It helps the baby's lungs to develop and decrease the chance of breathing or other problems after birth. Betamethasone can increase your blood sugar, so your doctor may want to check your blood sugar level, if you are diabetic.

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How will my baby be delivered?

You will have a cesarean delivery. A vaginal delivery may be possible if the placenta is only partially covering the cervix.

What can I expect after my baby's birth?

If your baby is born near your due date, and there have been no problems, your baby will probably go to the nursery and go home with you. If your baby is premature or sick after birth, the staff from the Newborn Critical Care Center (NCCC) will be at your delivery to care for your baby and continue to care for your baby in the NCCC. If your baby is born before your due date, the baby may need special medical care in order to breathe, eat and keep warm. Many premature babies go home when they reach about 36 weeks gestation. Some babies go home before or after this time. If a baby has been doing well and just needs to grow bigger, the baby may be transferred to a hospital closer to your home. The baby's doctors and nurses will keep you informed of how your baby is doing and will work closely with you so that your baby can go home as soon as possible.

Questions?

If you have questions about placenta previa or your care at the NC Women's Hospital, please feel free to ask your doctor or nurse for more information.

Notes:

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