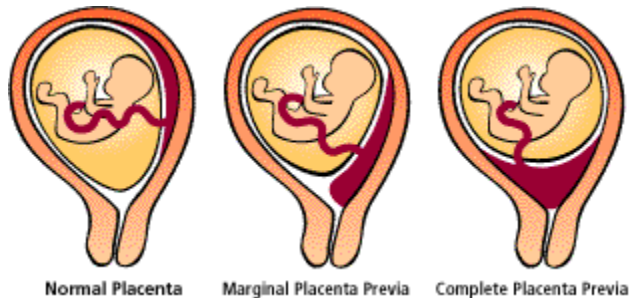


Placenta Previa

What is placenta previa?

The term placenta previa refers to the implantation of the placenta at least partially over the cervical os (the opening of the uterus). There are a number of terms used to describe placentas and their location:

- Normal placenta: the lower edge is more than 2 centimetres away from the os
- Low-lying placenta: the placenta is less than 2 centimetres from the os
- Marginal previa: the placenta is right at the edge of the os
- Partial previa: a small portion of the os is covered by the placenta
- Complete or total previa: the os is completely covered by the placenta



How is placenta previa diagnosed?

Ultrasound is the only way to confirm where the placenta is.

If you haven't had an ultrasound, a previa may be suspected if you have any painless bleeding during the third trimester. At this point, it would then be recommended to use ultrasound to look at the location of the placenta.

How common is placenta previa?

The incidence of previa is about 1 in 200 by the end of pregnancy.

Second trimester ultrasounds show that there are many more previas at this stage. Typically at 16 weeks the placenta takes up 25-50% of the surface area of the uterus. As your pregnancy progresses, your placenta is likely to "migrate" farther from your cervix and no longer be a problem. The third trimester brings a growth of the lower uterine segment that outflanks the growth of the placenta. Since the placenta is implanted in the uterus, it doesn't actually move, but it can end up farther from your cervix as your uterus expands. Also, as the placenta itself grows, it's likely to grow toward the richer blood supply in the upper part of the uterus.

For these reasons, while 5% of pregnancies are diagnosed with complete previa in second trimester ultrasounds, 90% of them have resolved by term; and while 45% of pregnancies are diagnosed with marginal previas in the second trimester, 95% have resolved at term. The more completely your placenta covers the cervix, the more likely it is to stay that way than one that's bordering it (marginal) or nearby (low-lying).

What are the possible complications of placenta previa?

Placenta previa is not usually a problem early in pregnancy. If your previa persists into later pregnancy, you may have some bleeding: everything from spotting to the kind of



bleeding that could be dangerous for you or your baby. Obviously the latter case would require you to deliver early.

What if I'm diagnosed with placenta previa?

It depends on how far along you are in pregnancy. Don't panic if your second trimester ultrasound shows that you have placenta previa. Even if previa is discovered later in pregnancy, the placenta may still move away from the cervix (although the later it's found, the less likely this is to happen).

Follow-up ultrasound: If you are diagnosed with any type of previa or low-lying placenta in the second trimester, a follow up ultrasound is recommended in the third trimester. You may be asked to have both a transabdominal and a transvaginal ultrasound at this time, due to the increased accuracy of the transvaginal ultrasound. (With only transabdominal ultrasound there is a 10% false positive diagnosis rate, usually because of the bladder being over full. There is also a 7% false negative rate, typically caused from missing the previa that is located behind the baby's head.)

Third trimester rest: It is common practice to recommend that in the third trimester you avoid intercourse and decrease your physical activity if you have a known previa. This is to avoid triggering uterine contractions that could cause bleeding. It should be noted that this is only a common-sense recommendation and is not evidence-based. Research has shown, however, that complete bed rest and/or hospital admission for women who haven't had any bleeding does not decrease the chance of having bleeding from previa.

Obstetrical consult: If it is confirmed by follow-up ultrasound that you have a persistent previa that is not going to resolve by the time you are term, your midwife will arrange for you to meet with an obstetrician who will take over your care. In the meantime, if you have any bleeding, or contractions that suggest your cervix is starting to dilate, your midwife will assess you and consult with an obstetrician about further care options.

Cesarean birth: If you still have previa at term, you'll need to have a c-section since there is no way for your cervix to dilate fully without causing severe bleeding.

When to seek help

If you have not had an ultrasound:

- If you have any pink, brown or red spotting ... call your midwife during the day
- If you have any gushes of blood ...page your midwife

If you have a placenta previa diagnosed by ultrasound:

- If you have 6 Braxton-Hicks contractions in an hour, page your midwife
- If you have any spotting, page your midwife
- If you have any gushes of blood, page your midwife & head to the hospital
- If your bleeding is ongoing or enough to soak through your clothes, first call 911 then page your midwife