

Placental Abruption



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Causes of Late Pregnancy Bleeding

- Placenta Previa
- Abruptio
- Ruptured vasa previa
- Uterine scar disruption
- Cervical polyp
- Bloody show
- Cervicitis or cervical ectropion
- Vaginal trauma
- Cervical cancer

Life-Threatening

Placental Abruption (Abruptio placentae)

- **Placental Abruption is the separation of the placenta from the uterine wall before delivery**
 - **Marginal separation**
 - **Partial separation**
 - **Complete separation with concealed hemorrhage**

Sher's Classification - Abruptio

- **Grade I** Mild, often identified at delivery with retroplacental clot
- **Grade II** Symptomatic, tender abdomen and live fetus
- **Grade III** Severe, with fetal demise
 - **III A** - without coagulopathy (2/3)
 - **III B** - with coagulopathy (1/3)

Placental Abruption

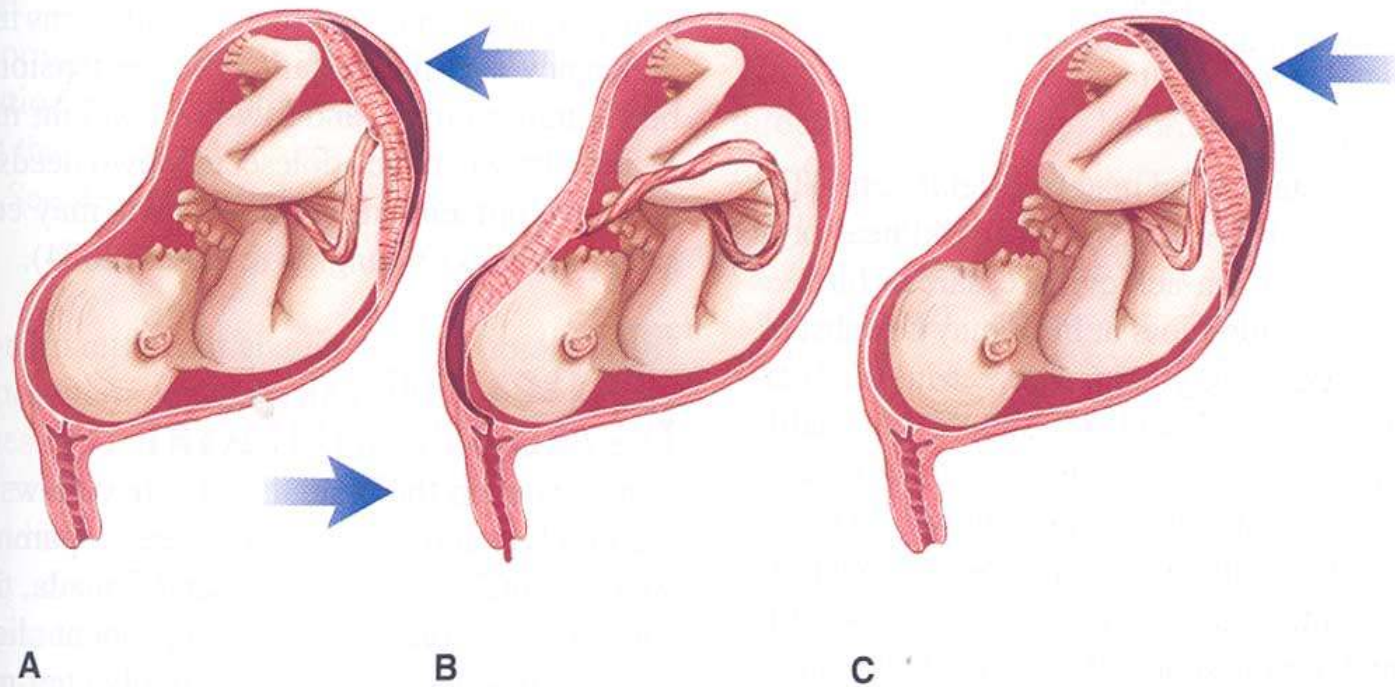


FIGURE 13.18 Types of placental abruption. (A) Partial with concealed hemorrhage. (B) Partial with apparent hemorrhage. (C) Complete with concealed hemorrhage.

Incidence of Abruption

- Most common cause of late pregnancy bleeding
- Occurs in **1 in 200** births
- 50% occur before 36 weeks
- 80% occur before the onset of labor
- Increased risk of maternal/fetal death
 - 10-30% neonatal mortality associated

Risk Factors of Abruption

- **Chronic hypertension**
- **Multiparity**
- **Preeclampsia**
- **Advanced maternal age**
- **Previous abruption**
- **Short umbilical cord**
- **Sudden decompression of an overdistended uterus**
- **Thrombophilias**
- **Tobacco, cocaine, or methamphetamine use**
- **Trauma**
- **Unexplained elevated maternal alpha fetoprotein level**
- **Uterine fibroids**

Presentation

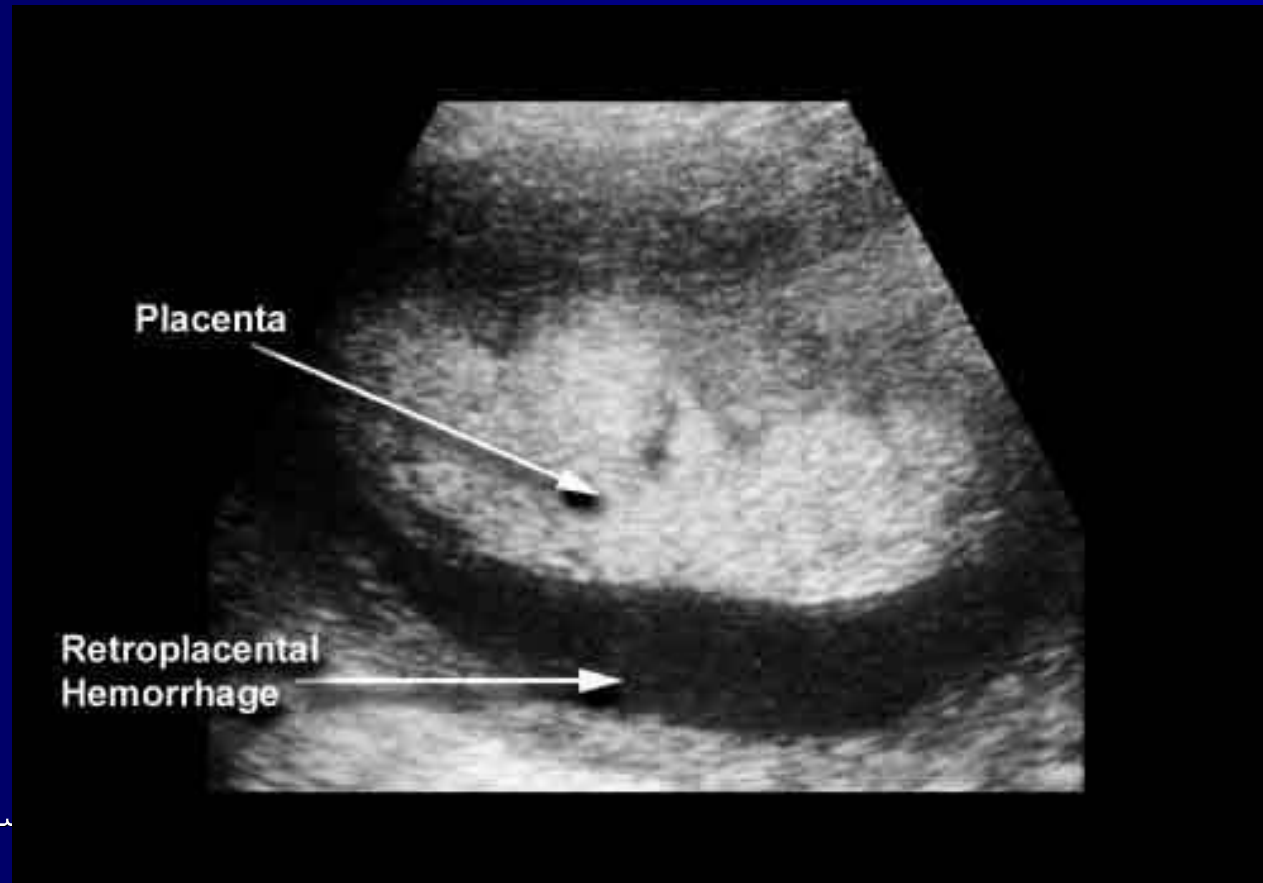
- Women often present with the following:
 - Painful vaginal **bleeding**
 - Bleeding may not be visible
 - Abdominal or back **pain** and uterine tenderness
 - **Fetal distress**
 - Abnormal **uterine contractions** (hypertonic, high frequency)
 - Idiopathic **premature labor**
 - **Fetal death**
- DIC may result from the release of thromboplastin into the maternal circulation with placental separation

Diagnosis

- Any pregnant woman who presents with significant vaginal bleeding needs evaluation
 - History and Physical
- Never do **digital exam** without knowing placental placement!
- Ultrasound will show abruption in **25%** of cases
 - Often hard to distinguish clots on U/S
- Diagnosis is based on **clinical picture** once other causes have been excluded
 - May not have definite diagnosis until clot or indentation is seen on placenta after **delivery**

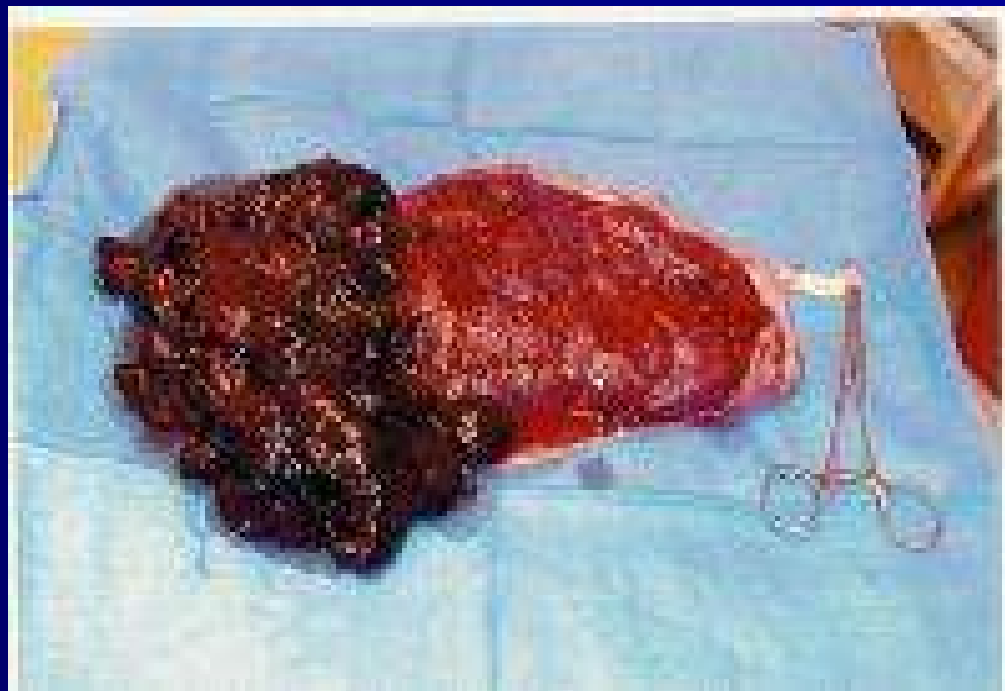
Diagnosis

And more....



Diagnosis

Placental abruption after delivery



Complications

- DIC
- Postpartum haemorrhage
- Renal failure
- Sheehan syndrome
- Maternal mortality(1%)

Treatment – Grade II Abruptio

- **Assess fetal and maternal stability**
- **Amniotomy**
- **IUPC to detect elevated uterine tone**
- **Expeditious operative or vaginal delivery**
- **Maintain urine output > 30 cc/hr,
hematocrit > 30%**
- **Prepare for neonatal resuscitation**

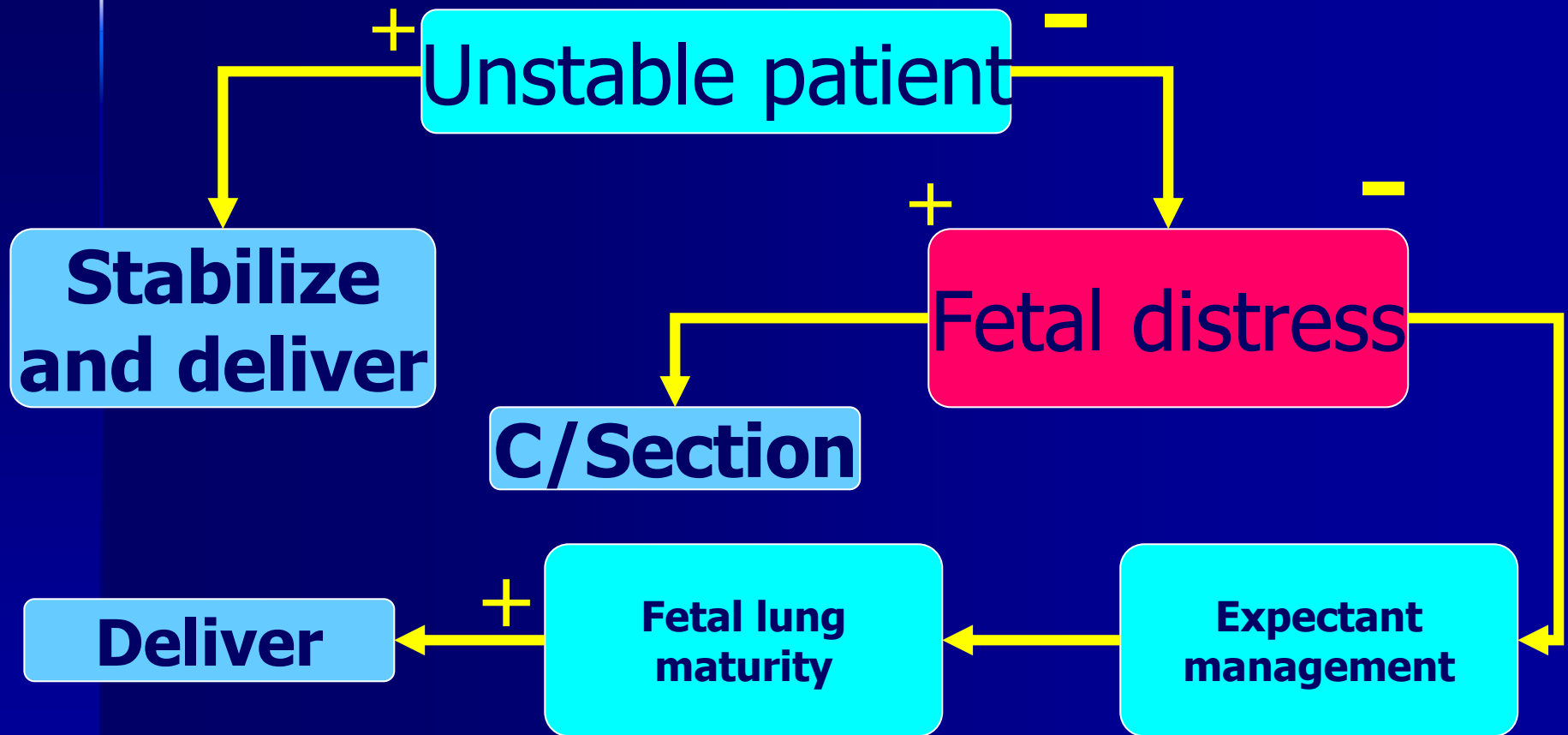
Treatment – Grade III Abruptio

- Assess mother for hemodynamic and coagulation status
- Vigorous replacement of fluid and blood products
- Vaginal delivery preferred, unless severe hemorrhage

Coagulopathy with Abruption

- Occurs in 1/3 of Grade III abruption
- Usually not seen if live fetus
- Etiologies: consumption, DIC
- Administer platelets, FFP

Abruption in a pregnancy of viable gestational age



Questions?





THE END