IWS : " Abrupture of placenta"

Done by Yerketayeva Akerke
Checked Antonova G A

- ***<u>Placental abruption</u>*** (also called abruptio placentae) refers to bleeding at the decidual-placental interface that causes partial or total placental detachment prior to delivery of the fetus. The diagnosis is typically reserved for pregnancies over 20 weeks of gestation. The major clinical findings are vaginal bleeding and abdominal pain, often accompanied by hypertonic uterine contractions, uterine tenderness, and a nonreassuring fetal heart rate (FHR) pattern

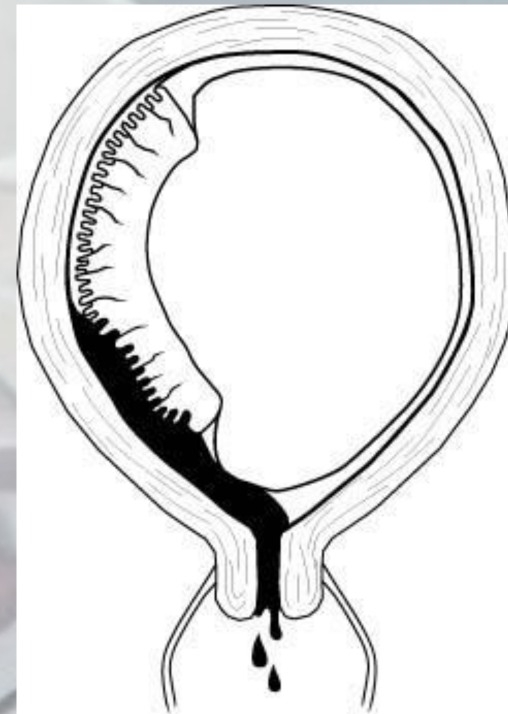
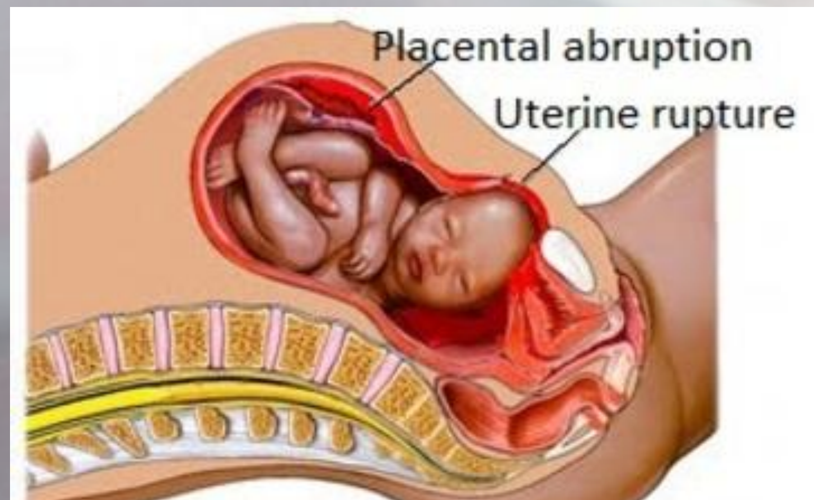


Table 5. Possible Causes Of Vaginal Bleeding In Gestations > 20 Weeks

- Placenta previa
- Placental abruption
- Vasa Previa
- Premature or term labor
- Genitourinary lesions or lacerations
- Genitourinary infections
- Congenital or acquired bleeding disorders

On the baby:

- If a large amount of the placenta separates from the uterus, the baby will probably be in distress until delivery and may die *in utero*, thus resulting in a stillbirth.
- The baby may be premature and need to be placed in the newborn intensive care unit. He or she might have problems with breathing and feeding.
- If the baby is in distress in the uterus, he or she may have a low level of oxygen in the blood after birth.
- The newborn may have low blood pressure or a low blood count.
- If the separation is severe enough, the baby could suffer brain damage or die before or shortly after birth.
- The newborn may have learning issues at later development stages, often requiring professional pedagogical aid.

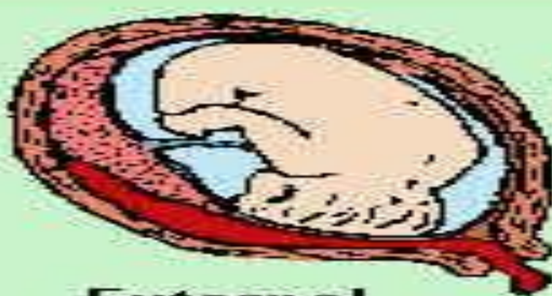


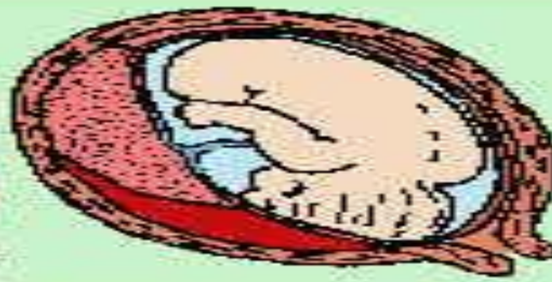
Risk factors

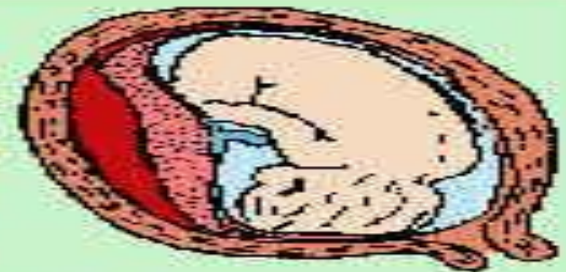
- Pre-eclampsia
- Maternal smoking is associated with up to 90% increased risk.
- Maternal trauma, such as motor vehicle accidents, assaults, falls or nosocomial infection.
- Short umbilical cord
- Prolonged rupture of membranes (>24 hours)
- Thrombophilia
- Retroplacental fibromyoma
- Multiparity
- Multiple pregnancy
- Maternal age: pregnant women who are younger than 20 or older than 35 are at greater risk.
- Previous abruption: Women who have had an abruption in previous pregnancies are at greater risk.
- Previous Caesarean section
- some infections are also diagnosed as a cause
- cocaine intoxication

Types of Abruption

- **whether the blood remains inside a woman's uterus or flows out through her vagina**. A woman with placental abruption always bleeds, but sometimes the blood stays within her uterus and can be seen only through an ultrasound. An abruption of this sort is called a concealed abruption. About 20% of abruptions are concealed; and

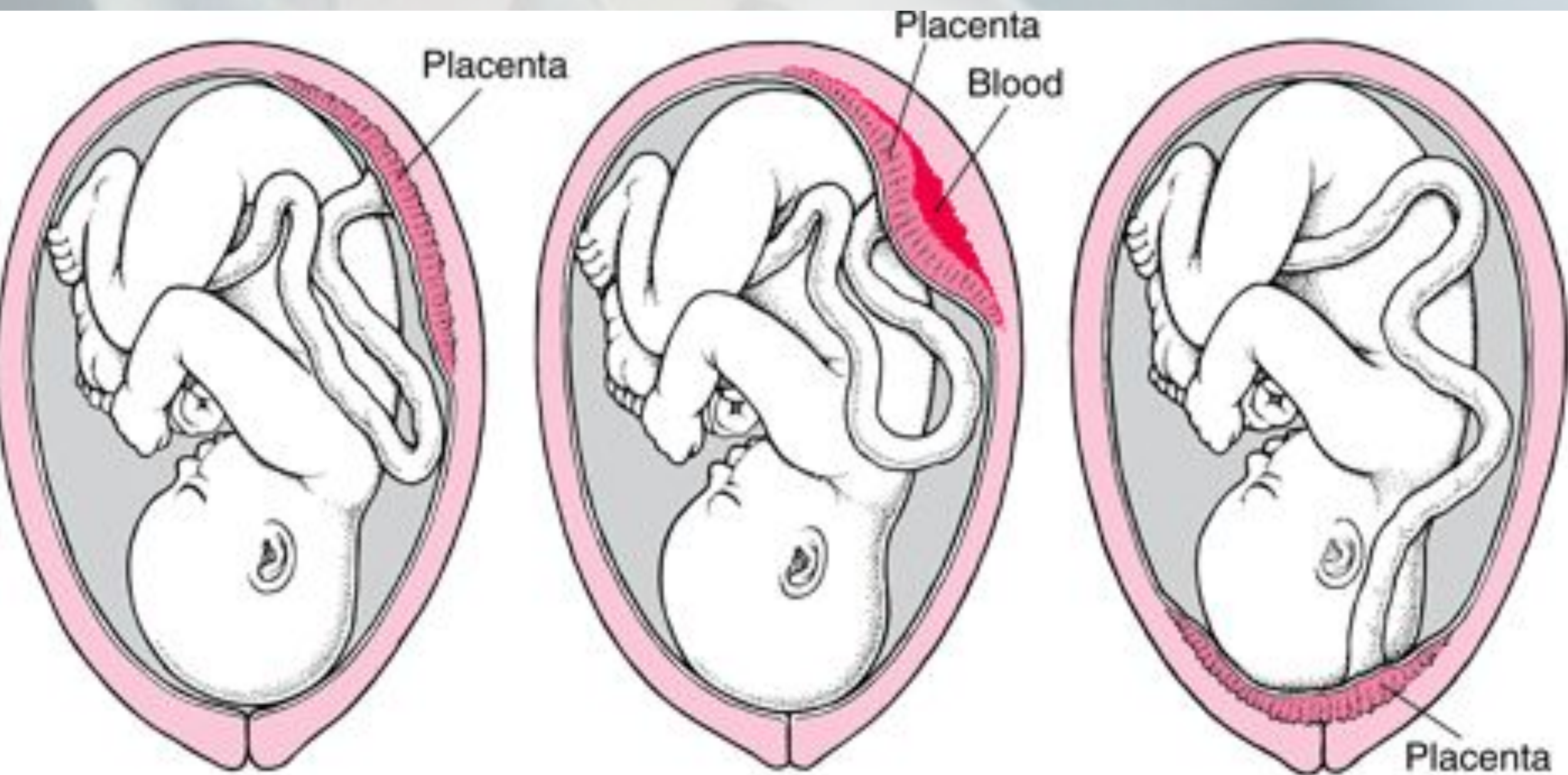






Classification of Abruptio Placentae

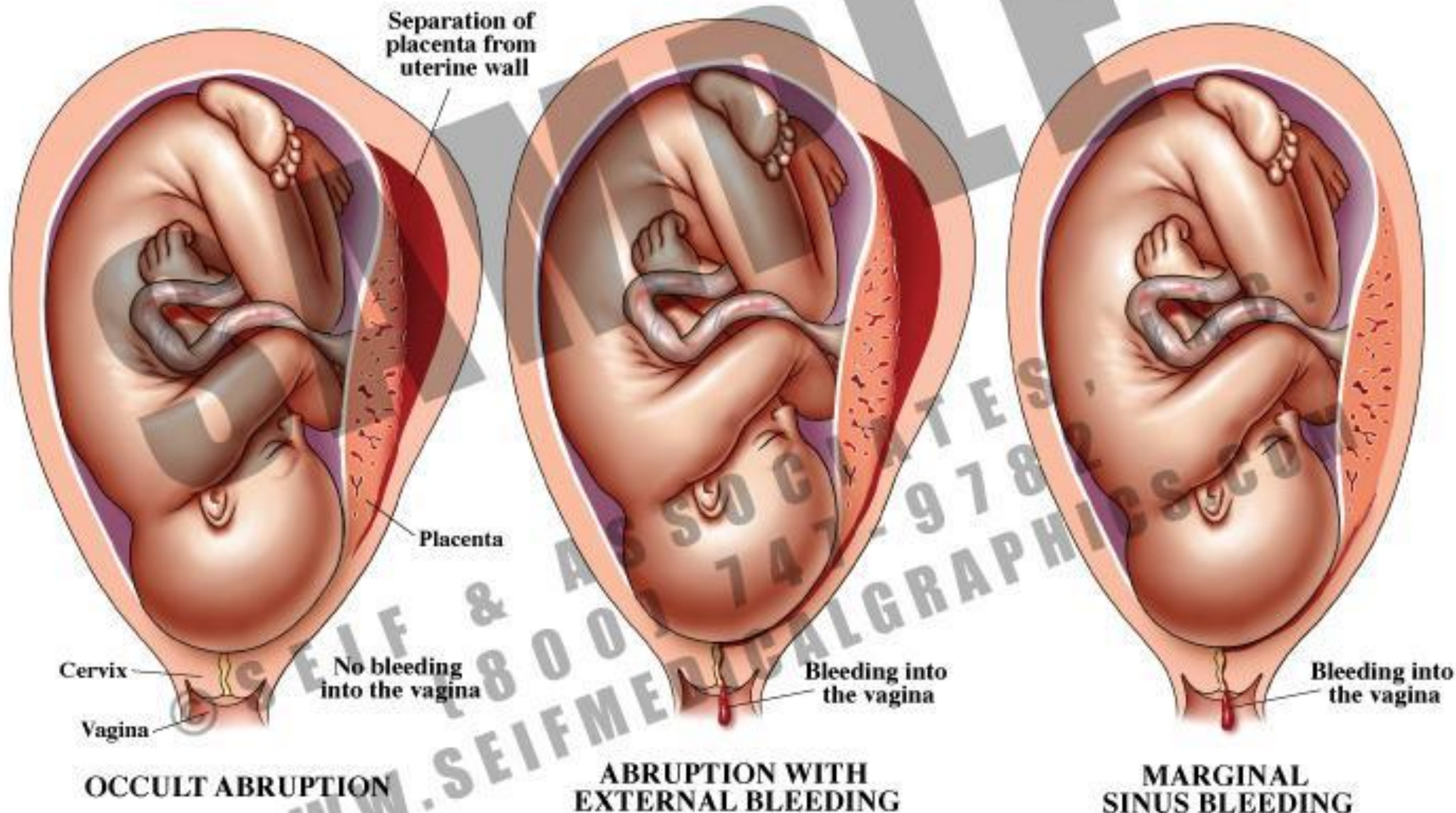
- **the amount of placenta that has broken away from the uterine wall**. Sometimes just a small part of the placenta breaks away, while at other times the entire placenta separates. A doctor will use a percentage-anywhere from 10 to 100%-to indicate how much of the placenta has separated. The more the placenta has separated, the greater the risk to the mother and her baby.


Placenta
Placenta
Blood
Placenta
Normal Placenta
Placental Abruption
Placenta Previa

Abruptions are classified according to severity in the following manner:

- **Grade 0**: Asymptomatic and only diagnosed through post partum examination of the placenta.
- **Grade 1**: The mother may have vaginal bleeding with mild uterine tenderness or tetany, but there is no distress of mother or fetus.
- **Grade 2**: The mother is symptomatic but not in shock. There is some evidence of fetal distress can be found with fetal heart rate monitoring.
- **Grade 3**: Severe bleeding (which may be occult) leads to maternal shock and fetal death. There may be maternal disseminated intravascular coagulation. Blood may force its way through the uterine wall into the serosa, a condition known as Couvelaire uterus.

PLACENTAL ABRUPTION



SAMPLE
© SEIF & ASSOCIATES, INC.
(800) 747-9782
WWW.SEIFMEDICALGRAPHICS.COM

Symptoms

- contractions that don't stop (and may follow one another so rapidly as to seem continuous)
- pain in the uterus
- tenderness in the abdomen
- vaginal bleeding (sometimes)
- uterus may be disproportionately enlarged
- pallor

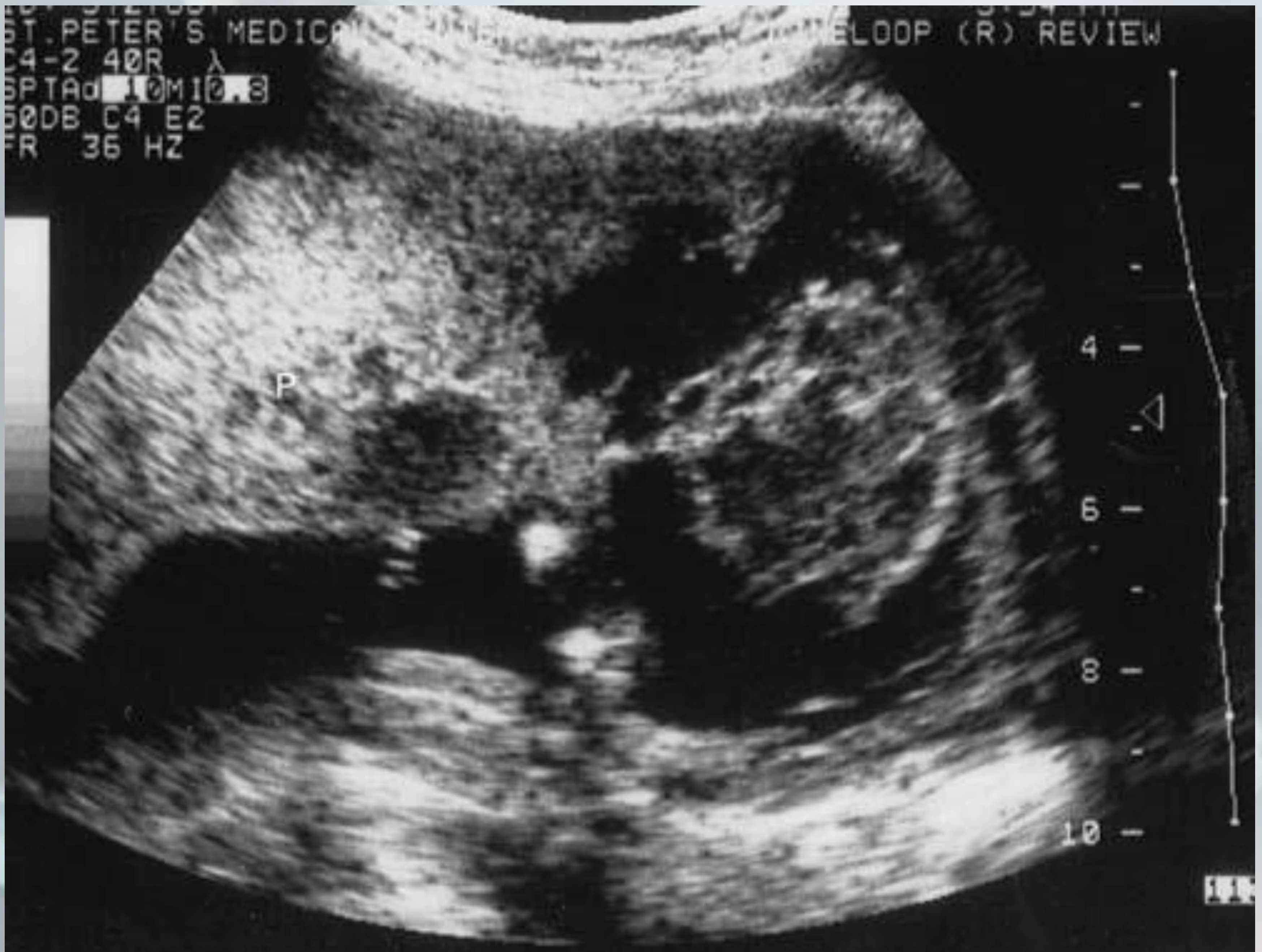
Table 7. Clinical Features Associated With Placental Abruption

Classic Symptoms And Signs

- Vaginal bleeding
- Abdominal pain
- Uterine irritability or hypercontractile state

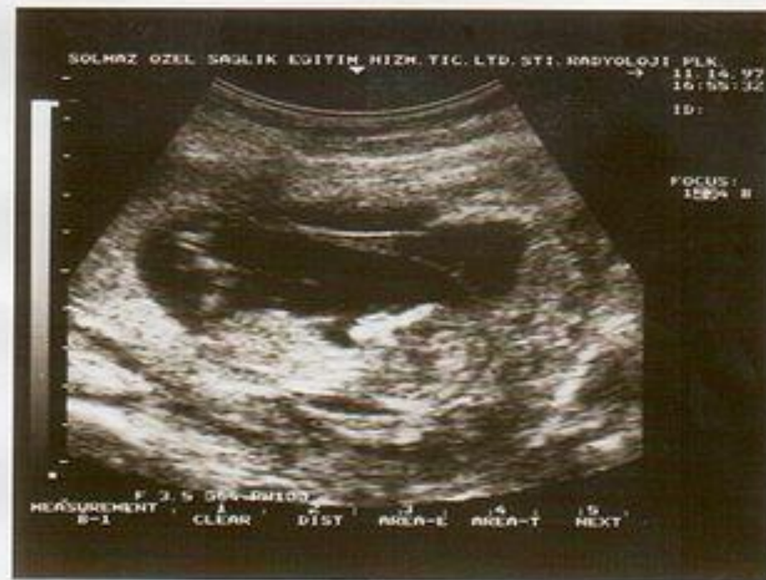
Other Signs And Symptoms

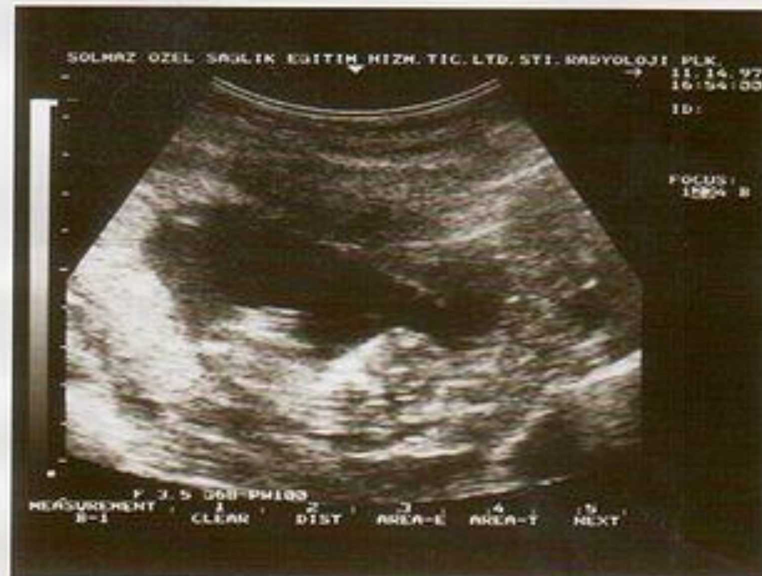
- Back pain (especially with posterior placentas)
- Idiopathic preterm labor
- Fetal distress or fetal unrecognized fetal demise
- Coagulopathy or diffuse inseminated coagulation
- Shock – hypovolemic or septic


ST.PETER'S MEDIC
ELOOP (R) REVIEW
C4-2 40R λ
SPTAd 10 MI 0.8
50DB C4 E2
FR 36 HZ
P
4
6
8
10

Diagnosing Placental Abruption

- When a woman has placental abruption, the most common signs are:
- vaginal bleeding;
- abdominal tenderness or back pain;
- contractions; and
- abnormalities in the baby's heartbeat.





Dekolman Plasenta

Treatment

1. Isotonic solution (by amount of blood loss 10 %)
2. Vit K(0,015 g * 3 times)
3. Nifedipine (arterial hypertention)
4. Antiagregants

Treatment

- Treatment will vary depending upon gestational age and the status of mother and fetus
- Treatment of hypovolemic shock: intensive transfusion with blood
- Assessment of fetus
- Termination of pregnancy: CS or vaginal delivery

Treatment

- Treatment of consumptive coagulopathy

1. Supplement of coagulation factors: fresh blood, frozen blood plasma, fibrinogen, blood platelet.
2. Heparin: high coagulation
3. Anti-fibrinolysis

- Prevention of renal failure