

Fact Sheet

Placenta Previa

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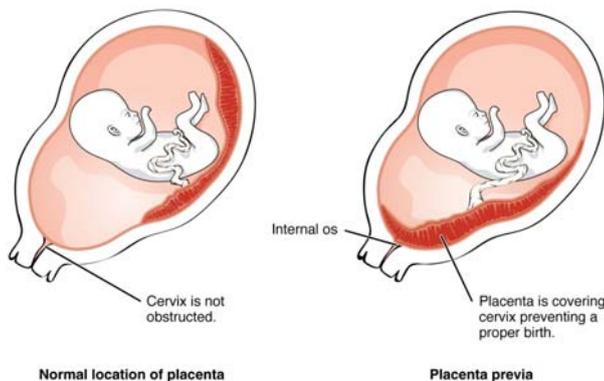
What is the placenta?

The placenta develops alongside your baby in the uterus (womb) and provides the growing baby with food and oxygen and carries away waste like carbon dioxide. In addition, the placenta stops harmful substances like viruses and toxins from reaching your baby (some but not all of these) and it also makes hormones, which you need to keep your pregnancy healthy and to prepare your body for birth and breastfeeding. The placenta usually attaches itself to the top or sides of the uterine wall during the pregnancy and generally comes away easily and completely after the birth of your baby.

What is placenta previa?

Just like 'previous' means 'before', placenta previa means that, inside the uterus, the placenta is attached before or below the baby, rather than after or above, where it should be. A placenta previa is also sometimes called a 'low lying placenta'.

If the low lying placenta covers the cervix (the opening into the vagina at the bottom of the uterus), it is known as **major** previa while if it just comes close to (within 2cm of) the cervix but does not cover it, it is known **minor or partial** previa. You can see how, because of its location, a low lying placenta might prevent a vaginal birth.



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Are some women more likely to have a placenta previa?

A placenta previa mostly happens by chance. However, it is more common in women who:

- have had a previous pregnancy
- are older than 35 years of age
- smoke
- have a twins or triplets
- have had any previous surgery on their uterus such as a previous caesarean section, myomectomy (removal of a uterine muscle fibroid), endometrial ablation (surgery to remove the lining of the uterus), or a dilatation and curettage (D&C).

My routine 18-20 week ultrasound has reported a low lying placenta - should I worry?

It is important to understand that a low lying placenta sitting over the cervix, or within 2cm of it, on the 18 - 20 week ultrasound is quite common, being present in about 8 out of 200 (4%) pregnancies. The good news is that, as the uterus grows larger, only 1 out of 200 (0.5%) placentas are still over, or within 2cm of, the cervix in the last 2 months of pregnancy. This means that more than 85% of placentas that are low lying on a 20 week scan will move up the uterus and away from the cervix by the end of pregnancy. The chance that your placenta will move up is better if it does not cover the cervix on the early scan. The chance is not as good if the placenta does cover the cervix or if you have had a caesarean in the past.

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Sometimes it is not completely clear whether the placenta is low lying on ultrasound or not. If this happens you will be asked to have a trans-vaginal ultrasound to check the position of the placenta. With this type of scan, the ultrasound probe is placed inside the vagina up close to the lower uterus and cervix to get a clearer picture of the placenta. A trans-vaginal scan is safe for you and your baby and is not uncomfortable.

If my early ultrasound shows a low lying placenta when will my next scan be?

If your early scan shows the placenta close to, but **not covering**, the cervix (minor previa) and you **haven't had a caesarean** in the past, and you have no bleeding during your pregnancy, then your pregnancy team will generally repeat your ultrasound at around 34 weeks. This is because nearly all placentas like this will be clear of the cervix by this time.

On the other hand, if your early scan shows the placenta to be **covering** the cervix (major previa) or if you have had a **caesarean in the past**, then your pregnancy team may arrange a follow up ultrasound for you at 34 weeks or may do it a few weeks earlier. This scan is to check the placenta's position and also to make sure that your baby is growing well. Occasionally a low lying placenta that covers the cervix doesn't function as well as a normally placed placenta and this may affect the baby's growth. Depending on the result of this scan, further follow up will be planned in discussion with you.

If I have a low lying placenta, will I be able to have a vaginal birth?

The placenta generally needs to be 2cm or more away from the cervix to allow vaginal birth, and often 3cm or more away if the placenta is at the back of the uterus rather than the front. A placenta closer than this prevents the baby's head from getting into a good position to come down the birth canal. It may even move your baby into a position other than head-first such as lying across the uterus (transverse lie) or coming bottom-first (breech).

A placenta this close to the cervix can bleed quite a lot during labour and can also separate early and therefore reduce the supply of oxygen to your baby, which is why we don't allow you to have a normal delivery.

If the placenta is still covering the cervix in late pregnancy, or is too close to allow vaginal birth, then your baby will need to be delivered by caesarean section and your team will organise this for you. Occasionally the closeness of the placenta to the cervix will be borderline, with a reasonable chance of a vaginal birth, your team will discuss this with you and together you can make a plan for your birth.

Remember, most women with a low lying placenta on the 18 – 20 week scan will be able to have a vaginal birth because the placenta will have moved up and away from the cervix by the end of pregnancy. But if your placenta doesn't move, don't worry about it too much. Over a thousand Australian women have placenta previa every year and they and their babies nearly always do extremely well.

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Should I expect bleeding during my pregnancy if the placenta stays over the cervix?

Painless bleeding from the vagina during pregnancy is the commonest problem associated with a placenta previa. If the placenta is close to the cervix but does not cover it, many women will not have bleeding (though some will have). However, if the placenta covers the cervix, about 4 out of 5 women will have some bleeding during their pregnancy.

Generally bleeding from a placenta previa does not happen until after 28 weeks although it can sometimes occur earlier in pregnancy. Bleeding may happen only once or twice, or it can occur several times. Mostly, the bleeding is quite light the first few times. However, the episodes of bleeding tend to become heavier as pregnancy progresses. Occasionally, even the first bleed can be heavy. Usually there is no pain with placenta previa bleeding but sometimes there can be, especially if labour is starting or the placenta is beginning to come away from the wall of the uterus.

What should I do if I have bleeding during pregnancy?

If you have a low lying placenta and you experience any vaginal bleeding, you need to discuss this immediately with your pregnancy carer (obstetrician or midwife). If the bleeding is heavier than spotting, or if you have pain or contractions with the bleeding, you should ring the birth unit and arrange to come in to the hospital immediately to be seen by our staff.

If you have bleeding, you will generally be admitted to hospital. Often the bleeding will settle down and, after some days (occasionally weeks) in hospital, you may be able to go home – depending on where you live and who is available to help you get to hospital quickly if you need to. If you bleed again, you will generally be admitted again. This may happen several times as the pregnancy progresses.

At some point, if the bleeding becomes very heavy, or it is occurring very often, it may be decided that it is safer for you and your baby to arrange the baby's birth by caesarean section, even if the baby is not yet due. If this occurs before 34 weeks (mostly it won't) you will generally be given an injection of steroids to make your baby's lungs stronger and more able to cope with being born early. These steroids need to be given 24 hours before birth to be effective so we cannot always give them in an emergency.

Rarely the bleeding is so heavy that you will need a blood transfusion before, during, or after your baby's birth. If you have religious reasons for not wanting a blood transfusion it is very important that you discuss this issue carefully with your pregnancy carers and you understand the serious risks of not agreeing to a transfusion if it is recommended in an emergency.

Very rarely, you may need a hysterectomy (removal of the uterus) to control the bleeding. This only occurs in a tiny percentage of placenta previa cases, mostly only when the placenta is abnormally stuck over the scar from a previous caesarean, a condition known as placenta accreta. At the other end of the spectrum, some women will have one or two episodes of bleeding and then have no more because the placenta has moved up the uterus and away from the cervix.

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It is important to know that even if you have had a repeat ultrasound showing the placenta is no longer covering the cervix, if you experience any bleeding, you must still contact the hospital immediately. We will check that you and your baby are well and will organise a further ultrasound to again confirm the position of the placenta.

Can I have sex if I have a low lying placenta?

- There is no research available to guide advice about having sex (orgasm with or without penetration) when the placenta is over the cervix or within 2 cm of it.
- Women who have already had bleeding thought to be due to a low lying placenta
 - should probably avoid **penetration** of the vagina or rectum.
 - can probably **continue** to have non-penetration sexual activity leading to **orgasm** unless this causes bleeding. While orgasm does cause uterine to contract for a few minutes, there is no published research evidence that it increases the risk of bleeding with a placenta previa.

Is there anything else I should know?

Because placenta previa can cause bleeding, it is important that you are not anaemic. We will check your blood red cell level (haemoglobin) and sometimes also your ferritin level (iron stores) and advise you whether you should take iron supplements. You should also eat a diet high in iron, which is best found in red meat. If you are vegetarian or vegan you will almost definitely need an iron supplement. Please talk with your pregnancy carer about this.



Receiving a diagnosis of a placenta praevia may be worrying for you and your family. You may also feel upset about not being able to have a vaginal birth. The reassuring news is that placenta praevia is that you and your baby will nearly always come through the pregnancy and birth without any serious long-term problems.

We welcome further feedback on this brochure as a way of continually improving our service.

Send your feedback to:

WSLHD-Get_Involved@health.nsw.gov.au