

Fact Sheet

Placental Abruption

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What is the placenta?

The placenta is a fleshy blood-filled organ which is attached to the wall of your uterus (womb) and develops in pregnancy alongside your baby. The placenta is very important for the health of your baby because it provides the pathway for food and oxygen to be carried from your circulation to your baby's circulation. After the birth of the baby the placenta usually comes away easily and completely and is removed from the uterus. Until that time it needs to remain firmly attached to the wall of the uterus – and in over 99% of cases it does.

What is placental abruption?

Placental abruption is when the placenta separates from its attachment to the wall of the uterus during pregnancy (after 20 weeks) and before the birth of the baby. This is a rare pregnancy problem which happens in less than 1% of pregnancies. Sometimes only a small part of the placenta separates with the rest of the placenta continuing to work normally. However, at other times a larger portion of the placenta can detach. When the placenta separates before birth it causes bleeding which can be dangerous for the mother. It can also put the oxygen supply to the baby at risk; in severe cases the baby can die.

Just over half of abruptions occur before 37 weeks, while the rest occur closer to full term.

What causes placental abruption?

Mostly, doctors do not know the reason why the placenta has come away from the wall of the uterus early. It is almost never related to anything that the woman herself has done - an abruption generally just happens by chance. However, there are some situations when it may be more likely to occur, sometimes due to factors which may cause the placenta not to work as well as it should. These include:

- The woman had an abruption in a previous pregnancy
- The woman has high blood pressure
- The baby is not growing well because the placenta is not working well

- The bag of waters around the baby has broken many weeks before the baby is due
- The bag of waters is much bigger than usual and the water is released too quickly when the waters break
- The woman smokes, or uses drugs such as cocaine or amphetamines (ice, speed)
- The woman is older than 35 years
- A twin or triplet pregnancy
- The woman has a health condition that affects the placenta e.g. antiphospholipid syndrome
- Serious injury to the tummy wall (abdomen) from a serious car accident, very bad fall or similar. Note: minor car accidents and minor falls in pregnancy are very common and almost never cause abruption
- The baby is coming bottom first at the end of pregnancy and is turned to head first by a doctor or midwife. Note: abruption is extremely rare in this situation, well under 1%, and gently trying to turn the baby is considered very safe

Note that while the above conditions slightly increase the risk of placental abruption, abruption is still rare and the vast majority of pregnancies affected by these conditions do not develop an abruption.

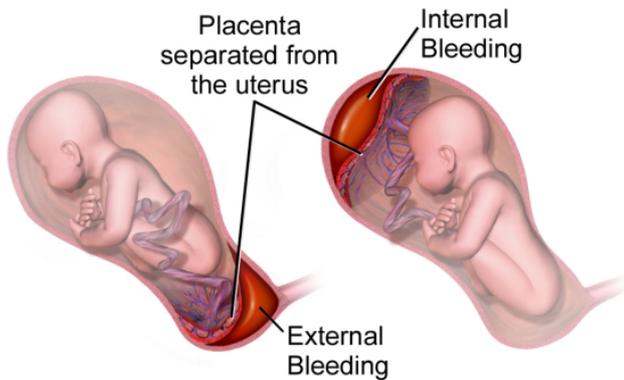
What are the symptoms of a placental abruption?

- Vaginal bleeding with pain are the most common symptoms of placental abruption
- The Pain
 - Often quite severe but can also be mild; sometimes there is no pain at all
 - Can be in the tummy or the back
 - Tends to be present continuously, rather than coming and going like a contraction (labour pain)
 - However, true contractions may also start
- The Bleeding
 - In most cases of abruption, vaginal bleeding will occur
 - However, the amount of bleeding often does not tell us how severe the abruption is. This is because a lot of the blood (sometimes all of it) can be trapped behind the placenta and not come out the vagina.

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Abruptio Placenta (Placental Abruption)

Att: Blausen.com staff (2014).

"Medical gallery of Blausen Medical 2014". *WikiJournal of Medicine* 1 (2). DOI:10.15347/wjm/2014.010. ISSN 2002-4436.

What should I do if I have bleeding after 20 weeks of pregnancy?

If you have any bleeding (even if only spotting) you need to contact your pregnancy carer or the hospital where you will deliver. Remember that later in pregnancy, just before labour starts; you may have a 'show' which is a mucous plug with a very small amount of bleeding. The midwives will be able to tell you how urgently you need to be seen.

However, if you have moderate or heavy bleeding, pain, and /or contractions, you need to call an ambulance to take you to the hospital.

What will happen when I get to hospital?

When you come to hospital, the doctors and midwives will need to work out what is going on and make a diagnosis. Abruption / early separation of the placenta is not the only cause of vaginal bleeding or pain. Bleeding without pain may be coming from a lesion on the cervix or vagina and have nothing to do with the pregnancy at all. Or it may be coming from a placenta praevia (low lying placenta – see related *Fact Sheet*). Pain without bleeding may be due to a range of causes including conditions like appendicitis, while pain with bleeding may be simply due to normal labour starting.

To work out what is going on:

- The midwives and doctors will check your records and ask you some important questions
- They will check your tummy for pain and contractions.
- They will also check your baby's heartbeat with a monitor called a CTG (cardiotocograph).
- You may have a speculum examination of the cervix and vagina to see where the blood is coming from and if the cervix is opening. This is like having a pap smear.
- With moderate/heavy bleeding, usually you will have blood taken for tests including
 - haemoglobin (a test of anaemia – may show how much blood you have lost)
 - blood group (in case you need a blood transfusion)
 - other tests depending on the situation
- Sometimes you will have an ultrasound. The ultrasound is mostly not to diagnose an abruption (often hard to see on ultrasound) but to look for other causes of vaginal bleeding like a placenta praevia.



If your bleeding is very heavy, or your baby is showing signs of distress (not coping well) on the CTG monitor, it may be safest for both you and your baby that the baby is delivered urgently. This will depend also on how far along your pregnancy is. In this situation, the birth will often be by caesarean section but in some cases a vaginal birth may be a better choice. Your pregnancy carers will discuss this with you.

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If your bleeding is mild, the baby is healthy on the CTG monitor, and you are still quite early in your pregnancy (before 36 weeks) you may not need delivery. Instead, you may be admitted to hospital so that we can keep an eye on you and your baby. After some days or weeks, if the bleeding settles and your baby remains well, you may be able to go home and have regular follow up with your pregnancy carers as an outpatient.

On the other hand, if you are more than 36 weeks, even if your bleeding has settled and the baby is healthy on the CTG monitor, your pregnancy team might sometimes decide it is safest to deliver your baby. Depending on your individual situation, delivery may be by induction of labour or caesarean section.

As you can see, every woman's situation is different and how we manage you and your baby will depend on your specific circumstances.

What can I do to prevent an abruption from happening?

Most placental abruptions are just bad luck and happen without an obvious cause. In most cases there is nothing a woman can do to avoid this rare complication. However, in a few situations changing something you do might make a difference.

- Avoid smoking in pregnancy
- Avoid taking drugs such as cocaine or amphetamines (ice, speed)
- Inform your pregnancy carer if you had an abruption in a pregnancy before this one.
- Always wear a seatbelt when you are driving or travelling in a car
- Take your prescribed medication if you have high blood pressure to make sure your blood pressure is well controlled.
- Take folic acid (also called folate) before and during early pregnancy. There is some evidence that this may decrease the risk of placental abruption.

Placental abruption is a rare but serious problem of pregnancy. Although there are a few situations where abruption is more likely, most abruptions happen by chance and can happen to anyone. Do not hesitate to talk with your obstetrician or midwife if you have any concerns and always let your pregnancy carer or the hospital know if you have bleeding or pain in pregnancy.

If you have moderate or severe pain, or moderate or heavy bleeding, you should always go immediately to the hospital (after phoning) including by ambulance if necessary.



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