

## Fact Sheet

# Placenta Previa

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### What is the placenta?

The placenta is a blood-filled organ that develops alongside the baby in the uterus (womb). It looks like a flat, round, brown cushion. By the end of pregnancy, it measures 20 cm across and weighs about half a kilogram.

The placenta:

- provides your growing baby with food & oxygen,
- carries away waste products like carbon dioxide
- prevents many, but not all, harmful substances from reaching your baby
- makes hormones to keep your pregnancy healthy and prepare your body for birth & breastfeeding

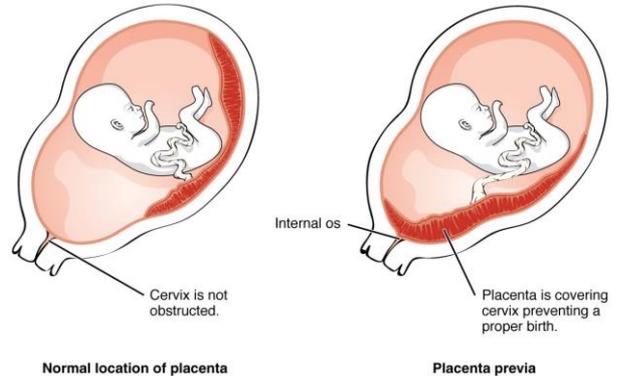
The placenta usually attaches itself to the top or sides of the uterus wall during pregnancy. It is called the 'after birth' as it generally comes away easily and completely after the birth of your baby.

### What is placenta previa?

Just like 'previous' means 'before', placenta previa means that the placenta is attached before or below the baby. This is instead of being higher up the uterus, where it should be. You can see how this might prevent the baby being born in the usual way, coming through the cervix and down the vagina.

In the past, we used placenta previa classifications such as grade 1 – 4, or major v minor. Now, we use:

- Placenta **previa** – placenta covers the cervix
- **Low-lying** placenta – placenta does not cover the cervix but is close to it (within 2 cm)
- **Normal** placental location – placenta edge is more than 2 cm away from the cervix



Normal location of placenta

Placenta previa

ATT: Placenta previa By OpenStax College [CC BY 3.0 <http://creativecommons.org/licenses/by/3.0/>], via Wikimedia Commons

### Are some women more likely to have a placenta previa?

A placenta previa happens by chance and can happen to any woman. However, it is more common in women who:

- have had a previous placenta previa
- have had a previous caesarean section
- are having twins or triplets
- have had several previous pregnancies
- are older than 35 years of age
- smoke
- have diabetes or high blood pressure
- have an in vitro fertilisation (IVF) pregnancy
- have had other previous surgery on their uterus such as a myomectomy (removal of a harmless uterine muscle tumour known as a fibroid) or a dilatation and curettage (D&C).

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### My 20-week ultrasound has reported a low placenta - should I worry?

If the placenta *does not* cover the cervix, there is more than 90% chance it will not be low lying-in late pregnancy. This is because the lower part of the uterus grows a lot during pregnancy, and this usually moves the placenta up the uterus.

If the placenta *covers* the cervix at 20 weeks, the chance is about 50% that it will move up away from the cervix later in pregnancy.

In both cases, the chance of the placenta moving up is lower if you have had a previous caesarean.

Placenta previa and low-lying placenta are reported on ultrasound in about

- **40%** of pregnancies (8 in 20) at 11 – 14 weeks (most scans do not report this information as it is not helpful and just causes unnecessary worry)
- **5%** of pregnancies (1 in 20) at 20 weeks (scans always report this as it is helpful)
- **0.5%** (1 in 200) towards the end of pregnancy

### Do I need a vaginal ultrasound scan?

Sometimes it is not completely clear on abdominal ultrasound (through the tummy) whether the placenta is low-lying or if it covers the cervix. The ultrasound team may recommend a vaginal ultrasound. With this type of scan, the ultrasound probe is gently placed inside the vagina up next to the cervix. This usually gives a much clearer picture of how close the placenta is.

A vaginal scan is completely safe for you and your baby, even with a placenta previa. Most women do not find it uncomfortable.

### If my 20-week ultrasound shows a low placenta when will my next scan be?

If you have vaginal bleeding at any time, an ultrasound will usually be performed.

If you do not have any bleeding, we usually advise a repeat ultrasound at 32 - 34 weeks although your pregnancy team may change this.

If the placenta is now more than 2 cm away from the cervix, that is good news, and no more ultrasound checks are usually needed.

If the placenta is still within 2 cm, a further ultrasound may be performed a few weeks later if you would like to try for a vaginal birth. Placentas *covering the cervix* at 32 – 34 weeks are unlikely to move, but low-lying placentas *not covering the cervix* may move beyond 2 cm over these weeks. Vaginal birth may then be possible.

If you have had a previous caesarean the pregnancy team will also check for ultrasound features suggesting the placenta might be abnormally stuck to the uterus. This is a rare condition known as placenta accrete. See our fact sheet on Placenta accreta by scanning the QR code below.



Depending on your ultrasound results, we will make an individual pregnancy care plan with you.



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### **If my placenta is still low at the end of pregnancy, will I be able to have a vaginal birth?**

If the placenta covers the cervix or is within 2 cm of it, you usually need a caesarean. This is because a low placenta often prevents the baby's head from getting into a good position to come through the cervix and down the vagina. Also, a placenta close to the cervix may bleed heavily during labour.

However, sometimes a woman with a placenta 1–2 cm away from the cervix may be able to try for a vaginal birth. This will depend on a number of factors. Your team will discuss this with you and together you can plan for your baby's birth.

**If your placenta doesn't move up and is still over or near the cervix at the end of pregnancy, try not to worry about it too much.**

**1000 - 2000 Australian women a year have a caesarean birth for this problem.**

**Obstetricians, anaesthetists and midwives are very experienced at looking after placenta problems and making sure everything goes well.**

### **Should I expect bleeding during my pregnancy?**

If the placenta is close to the cervix but does not cover it, some women will have bleeding, but many will not. However, if the placenta covers the cervix, about 4 out of 5 (80%) women may have some bleeding during their pregnancy. You might bleed only once, or it may happen several times.

Bleeding is usually quite light the first few times and often gets heavier as pregnancy goes on. However, sometimes, even the first bleed can be heavy.

Placenta previa bleeding is usually painless. If you are having pain, it may mean labour is starting or other problems are developing - make sure to mention any pain to our staff.

### **Will I Need a Blood Transfusion?**



**Occasionally (but not usually), the bleeding with placenta previa is so heavy that you will need a blood transfusion before, during, or after your baby's birth.**

**If you have religious or other reasons for not agreeing to a blood transfusion it is very important that you discuss this with your pregnancy carers as early as possible. There can be serious risks to your health and life in this situation and we need to carefully discuss them with you.**

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### What should I do if I have vaginal bleeding?

If you have any vaginal bleeding, you need to immediately let your obstetrician or midwife know or else call the birth unit. This is even if you have had a follow-up ultrasound showing the placenta is no longer low lying - there are other causes of bleeding.

You should also arrange to come to the hospital **immediately**.

Each time you bleed, even if it's very light, we will usually admit you to hospital for observation. Often the bleeding will settle down and you will be able to go home after a few days. This may happen several times during the pregnancy. Being able to go home may depend on where you live and who is available to bring you to hospital quickly if you bleed again.



### Will my baby be born early?

Most women with placenta previa or low-lying placenta will not give birth until close to the end of pregnancy (term).

Occasionally, if bleeding is heavy or very frequent, it may be necessary for your baby to be born earlier. If this occurs before 34 weeks (mostly it won't), we will usually give you an injection of steroids to help prepare your baby's lungs to cope with being born early. These steroids work best if given 24 hours to 7 days before the birth and we will try to get the timing right, although that is not always possible.

### Will I need a hysterectomy?

Very rarely, in a tiny percentage of placenta previa cases, you may need a **hysterectomy** (removal of the uterus) to control the bleeding. This mostly only happens in the rare situation of placenta accreta where the placenta is abnormally stuck over the scar from a previous caesarean.

Your obstetric team will have some idea from your ultrasounds whether you are likely to have placenta accreta and will discuss this with you.

### Do I need to rest, or can I exercise?

Bed rest does not reduce bleeding and is not recommended for women with placenta previa.

Unless you are bleeding, you can continue your usual activities, including work and light physical exercise. However, if the placenta covers the cervix, it is probably best to avoid moderate to strenuous exercise, heavy lifting and standing for prolonged periods (more than 4 hours). If the placenta is just low lying and does not cover the cervix, and you have had no bleeding, you can usually undertake all your usual activities.

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### Can I have sex if I have a placenta previa?

For most couples, continuing to have a sexual relationship during pregnancy is important for intimacy as they prepare for the arrival of their baby. In most pregnancies, continuing to have sex is completely safe and is encouraged.

However, with a placenta covering the cervix, sex may sometimes cause bleeding - although most low placenta bleeding happens by itself, without sex.

We usually give the following advice:

#### Placenta Previa (no recent bleeding)

- Probably safest to avoid sex involving penetration of the vagina (or anus)
- No need to avoid non-penetration sexual activity including orgasm

#### Low Lying Placenta (no recent bleeding)

- No need to avoid *either* penetration or non-penetration sexual activity including orgasm

#### Recent Bleeding

- Probably safest to avoid *both* penetration and non-penetration sexual activity including orgasm
- By 'recent', we generally mean the past month, but each woman's situation is different. Discuss your own special situation with your obstetrician and midwife.

### Is there anything else I should do?

To help your body cope with any bleeding before and after birth, it is important to make sure you are not **anaemic**.

We will occasionally check your blood levels of

- haemoglobin (a test for anaemia)
- ferritin (iron stores)

We will usually recommend **iron tablets (or liquid)**.

- Iron tablets/liquid should be taken when you wake up, 1 hour before you eat. Do not take iron tablets with any other medication, including multivitamins, or with milk, antacids or food. You can take iron tablets with citrus foods – oranges, raw tomato, capsicum, berries, kiwi fruit. If you are also taking oral thyroxine, take that when you wake up (empty stomach) and take iron mid-morning, at least 2 hours after breakfast, and hour before lunch.



You should also eat a diet high in iron. (See our website for more information on healthy eating during pregnancy by scanning the QR code below.



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

Send your feedback to:

[wslhd-wmdwnhwebsite@health.nsw.gov.au](mailto:wslhd-wmdwnhwebsite@health.nsw.gov.au)



Getting a diagnosis of a placenta previa or low-lying placenta at 20 weeks is often worrying for women and their families. Try not to be too concerned as most of these placentas will move up during the pregnancy, especially if you haven't had a previous caesarean and if the placenta is not covering the cervix.

If the placenta is still low at the end of pregnancy you will usually need a caesarean birth. If you have been planning a vaginal birth, this can be disappointing.

Our staff will do everything to make sure you and your support person have a good birth experience, and that everything goes well. And remember, this is a common problem, and our staff have a lot of experience with it - so try not to worry.

Please talk to your doctor or midwife about your concerns and questions.