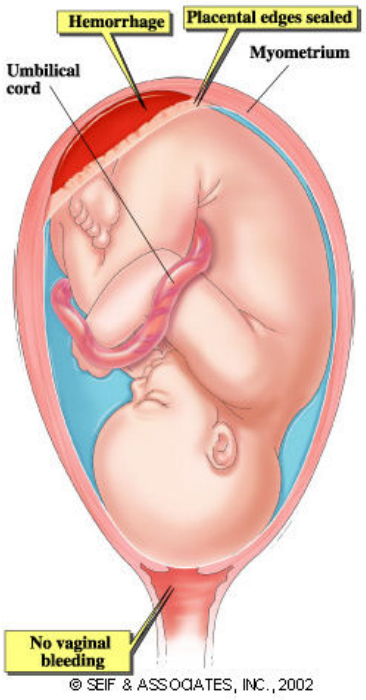
Placental Abruption
Premature Separation of the Placenta

Placental abruption is when the placenta partially or completely separates from the uterus before the baby (*fetus*) is born. The placenta is the organ that provides nourishment to the baby. Normally, the placenta does not detach from the womb until after the baby is born. When it is large and separates before the baby is born, it may be a threat to the baby and mother's life. A small abruption may not be noticed until after the birth. Placenta abruption is uncommon.



SYMPTOMS

When the placental separation is small, it may not produce symptoms. There may be a small amount of belly (*abdominal*) pain or slight amount of vaginal bleeding.

Symptoms of severe problems will depend on the size of the separation and the stage of pregnancy. Symptoms may include:

- Vaginal bleeding.
- Uterine tenderness.
- Fetal distress detected by fetal monitoring.
- Severe abdominal pain with tenderness.
- Continual uterine contraction (*tetany*).
- Back pain.
- Maternal shock with severe hemorrhage.

CAUSES

Often times, your caregiver will not know the cause. However, some uncommon causes include:

- Abdominal injury.
- Turning a baby that is presenting their buttocks first (*breech*) or is lying sideways in the uterus (*transverse*) to a headfirst position (*external cephalic version*).
- Delivering the first twin.
- Sudden loss of amniotic fluid (*premature rupture of the membranes*).
- Abnormally short umbilical cord.

RISKS INCLUDE:

- History of abruption.
- High blood pressure.
- Smoking and alcohol intake.
- Blood clotting problems.
- Too much fluid in the baby's sac (*polyhydramnios*).
- Twins or more.
- High blood pressure during pregnancy (*preeclampsia*) or seizures and convulsions (*eclampsia*).
- Diabetes.
- Having had more than four children.
- Pregnancy in older women (35 years or older).
- Illegal drugs.
- Injury or trauma to the abdomen.

PREVENTION

Prevention begins with good prenatal care:

- Stop using alcohol, illegal drugs and smoking.
- Obey traffic laws and practice defensive driving.
- Avoid dangerous activities such as snow and water skiing, horseback riding, motorcycles and mountain climbing.
- Wear seat belts properly and at all times.
- Control high blood pressure and diabetes.
- Avoid situations where there is domestic violence.

DIAGNOSIS

Placental abruption is suspected when a pregnant woman develops sudden uterine pain with or without bleeding. The uterus usually is very tender and hard. It may be enlarging because of the bleeding and the fetus may show signs of distress. Distress may show up as an abnormal heart rate or rhythm. When your caregiver sees these signs, they may do an ultrasound test to look for a clot behind the placenta. They will also do blood work to make sure there are not clotting problems, signs of too much blood loss, or not enough healthy red blood cells (*anemia*). These all require a blood transfusion.

TREATMENT

Treatment depends on many things such as:

- The amount of bleeding.
- Distress with the baby or mother.
- How far along the pregnancy is.
- The maturity of the baby.

This condition is usually an emergency. When the mother or fetus is in distress, it requires treatment right away to protect the safety of the mother and infant. If the baby is mature and delivery time is near:

- Careful observation may allow the baby to be delivered vaginally. A vaginal birth is usually preferred over caesarean section unless there is fetal distress.
- Sometimes, a caesarean section cannot be done if there are clotting problems or a DIC.

If the symptoms are severe and delivery is not about to happen:

- A cesarean section may be done. This is an operation on the abdomen to remove the baby.

If the symptoms are mild and there are no signs of distress with the baby or mother:

- You may have to stay in the hospital for a couple of days for observation.
- You may be given steroid medication to get the baby's lungs mature when necessary.
- If you are Rh negative and the father is Rh positive, you may get Rho-gam to prevent Rh problems in the baby.
- When everything is ok and safe, you may go home and be placed on bed rest.

HOME CARE INSTRUCTIONS

- Take all medications as directed by your caregiver.
- Keep all your follow-up prenatal visits.
- Arrange for help at home before and after you deliver the baby, especially if you had a Cesarean section or a large amount of bleeding.
- Get plenty of rest and sleep, especially after the baby is born.
- Eat a nutritious and balanced diet.
- **Do not** have sexual intercourse, use tampons or douche with out your caregiver’s permission.

SEEK IMMEDIATE MEDICAL CARE IF YOU HAVE:

BEFORE DELIVERY:

- Any type of vaginal bleeding.
- Abdominal pain
- Continuous uterine contractions.
- A hard, tender uterus.

- You do not feel the baby move or the baby has very little movement.

AFTER DELIVERY:

- Started to pass large clots or pieces of tissue. This may be small pieces of placenta left following delivery.
- Noticed that you are soaking more than one sanitary pad per hour, for several hours.
- Heavy, bright-red bleeding which occurs four days or more after delivery.
- A vaginal discharge which has a bad smell.
- An unexplained oral temperature above 100º F (37.8º C).
- Episodes of lightheadedness or fainting.
- Shortness of breath or a rapid heartbeat with very little activity (*exertion*).
- Abdominal pain.
- Leg or chest pain.

If you are having any of these symptoms, call your caregiver right away.

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