

# **MANAGING YOUR ABRUPTIO PLACENTAE**

## **What Is Abruptio Placentae?**

Abruptio placentae, also called premature separation of the placenta, is a serious complication of pregnancy. The placenta peels away from the inner wall of the uterus before delivery. It can be subdivided into 3 types known as grades I, II, and III, which range from mild to severe. A placenta that separates from the uterine wall cannot be reattached. Untreated abruption can harm both mother and baby. It can mean too little oxygen and nutrients for the baby and heavy bleeding in the mother. Complications are related to cesarean delivery, bleeding, and prematurity. It's a medical emergency.

## **What Causes Abruptio Placentae?**

The cause is unknown, but it's not inherited. Risk factors include hypertension, trauma, and multiple pregnancies. Abnormalities of pregnancy called chorioamnionitis and polyhydramnios are also risk factors. Others are age (younger than 20 and older than 35), preeclampsia, diabetes, smoking, use of cocaine, and having more than 14 alcoholic drinks per week during pregnancy.

## **What Are the Symptoms of Abruptio Placentae?**

The main symptoms are uterine bleeding, abnormal uterine contractions, and fetal distress as based on laboratory tests and checking the fetal heart. Contractions are painful and obvious. Weakness, low blood pressure, fast heart rate, abdominal pain, and back pain may occur. Grade 1 abruption includes mild bleeding from the vagina and uterine contractions, stable vital signs, and stable fetal heart rate. The laboratory test called a coagulation profile is normal. Grade 2 means moderate bleeding, abnormal contractions, low blood pressure, distressed fetus, and abnormal

coagulation profile. Grade 3 is worst. It involves severe bleeding and contractions, very low blood pressure, fetal death, and very poor coagulation profile.

### **How Is Abruptio Placentae Diagnosed?**

The health care provider makes a diagnosis from the medical history, physical examination, blood tests, and other laboratory tests. Other disorders must be ruled out. Abdominal ultrasonography and continuous fetal heart monitoring will be done to check for fetal distress.

### **How Is Abruptio Placentae Treated?**

Stabilization of the mother is done first. Treatment takes place in the hospital. Intravenous fluids and medicines are given to help blood pressure and keep the urine flow steady. An emergency cesarean section and blood transfusions may be needed.

For almost full-term babies and mild abruption, vaginal delivery may be possible. A maternal-fetal medicine specialist may be involved in care.

### **DOs and DON'Ts in Managing Abruptio Placentae**

- ✓ **DO** call your health care provider if you feel faint, have a fast heartbeat, or feel pain.
- ✓ **DO** use a seat belt in vehicles to avoid trauma.
- ✓ **DO** get early and continuous prenatal care.
- ✓ **DO** get treatment for conditions such as diabetes and hypertension.
- ⊗ **DON'T** use any medicines (including over-the-counter medicines and herbal products) without first asking your health care provider.
- ⊗ **DON'T** smoke or use any other tobacco products.

- ⊗ **DON'T** use alcohol or recreational drugs such as cocaine.
- ⊗ **DON'T** miss scheduled follow-up health care provider appointments.
- ⊗ **DON'T** continue an exercise program that causes pain or discomfort.
- ⊗ **DON'T** ignore symptoms. Call your health care provider if you have bleeding during pregnancy.

FROM THE DESK OF

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FOR MORE INFORMATION

Contact the following source:

- American College of Obstetricians and Gynecologists: Tel: (202) 638-5577; Website:  
<http://www.acog.org>

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