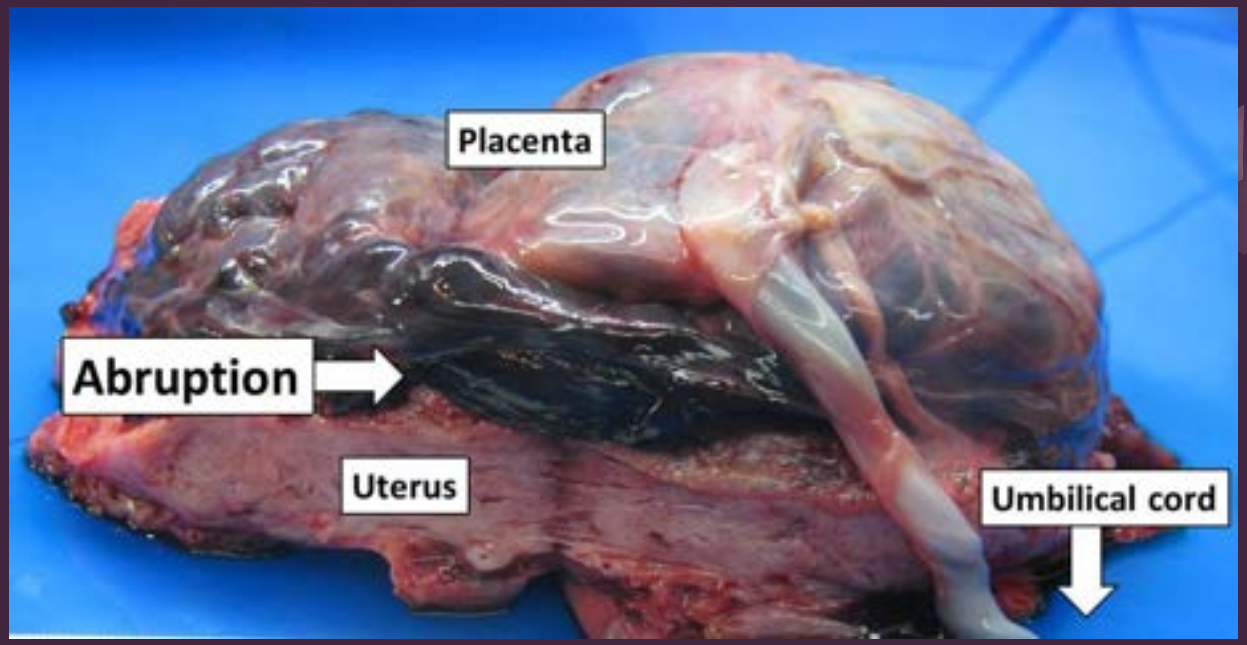
Bleeding in Pregnancy

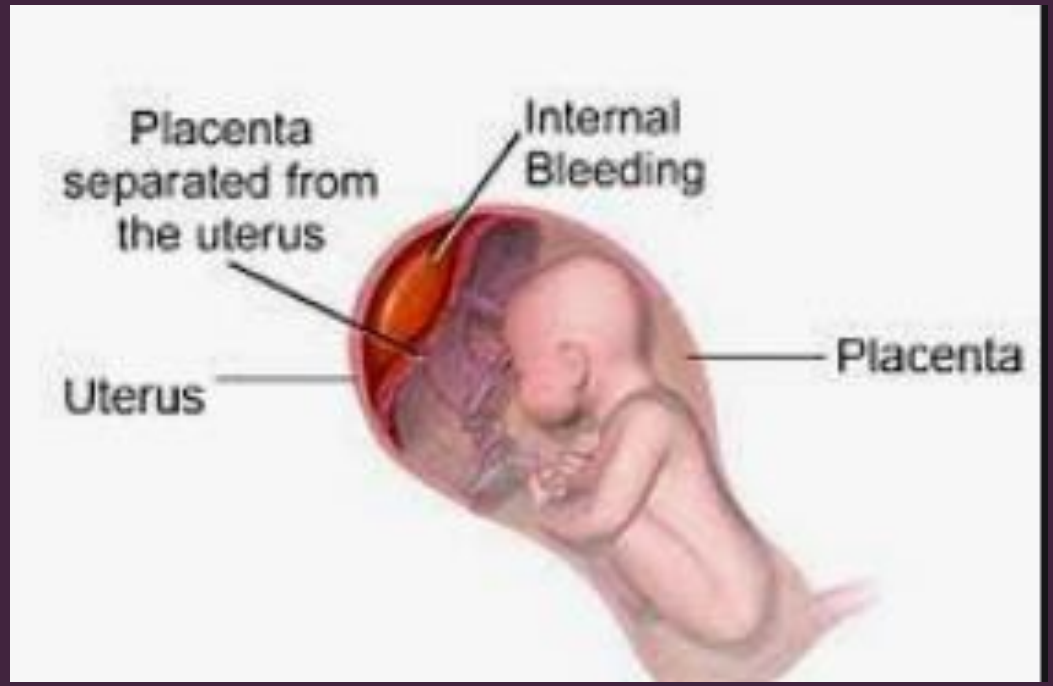
Placental Abruption

Not all are emergent...

What is an abruption?

Premature separation of a normally implanted placenta from the uterus.





Incidence

Overall incidence

- 1 in 100 births

Accounts for approximately 1/3 of all antepartum bleeding

40 to 60% of abruptions occur prior to 37 weeks gestation

Risk Factors

Previous placental abruption	Trauma
Cocaine abuse	Rapid Uterine Decompression
Maternal Parity	Maternal Thrombophilia
Chronic HTN/preeclampsia	Uterine malformation or uterine fibroids
PPROM<34 weeks EGA	Cigarette smoking

Maternal Signs and Symptoms	
Uterine Tenderness	Vaginal bleeding
Backache	Increased uterine tone (may feel board like)
Shoulder pain	Low amplitude, high frequency u/c
Abdominal pain	Dark blood-stained amniotic fluid
Restlessness	Tachycardia

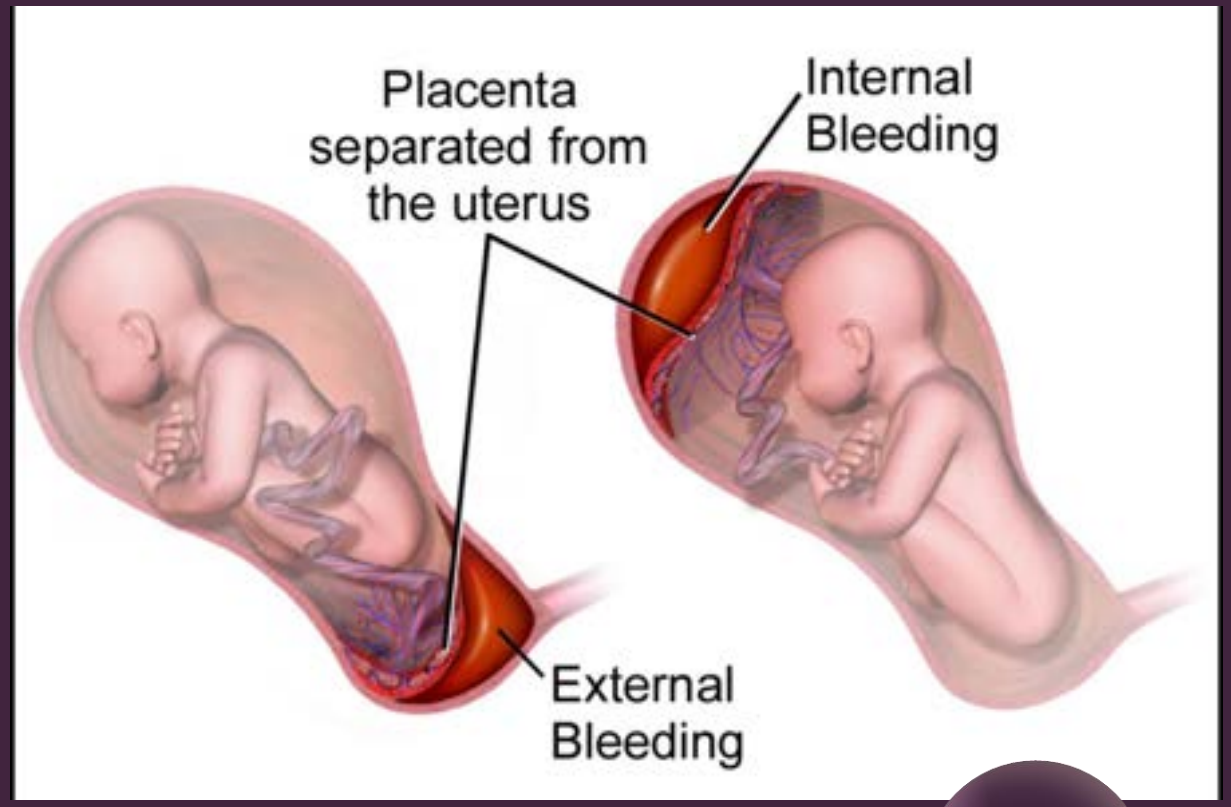
Fetal Signs & Symptoms

EFM changes assoc. w/ hypoxia: late decelerations, tachycardia, decreasing variability, bradycardia, sinusoidal

Intrauterine growth restriction or oligohydramnios

Death

Two types of abruptions



Revealed

- Blood collects between the decidua & the membranes & passes out the cervix & vagina

Concealed

- Blood collects behind the placenta & there is no vaginal bleeding noted

Maternal complications	
Shock	Postpartum hemorrhage
Disseminated intravascular coagulation	Pituitary necrosis (Sheehan syndrome)
Infection	Death
Renal failure	

Fetal Neonatal Complications	
Perinatal morbidity and mortality	Small for gestational age
Fetal hypoxia and acidosis	Neurologic defects (cerebral palsy)
Neonatal prematurity	Fetal-to-maternal hemorrhage

Nursing Assessments/Interventions

Monitor blood flow

- Be specific about amount of blood loss

Assess pain

Monitor fetus closely

Observe for S/S of shock

- Vital signs are a late sign....
- Narrowing of pulse pressure
- Assess mental status
- Assess color and skin temperature

Nursing Assessments/Interventions

Observe for

- rising fundal height
- rigid or firm uterus
- increasing discomfort
- worsening fetal status
- U/C high frequency, low amplitude

I&O

Be prepared for operative delivery or emergent cesarean delivery

Be prepared for neonatal resuscitation

Clinical Interventions

IV fluid/blood therapy and replacement

If stabilizes

- watch and wait depending on fetal status

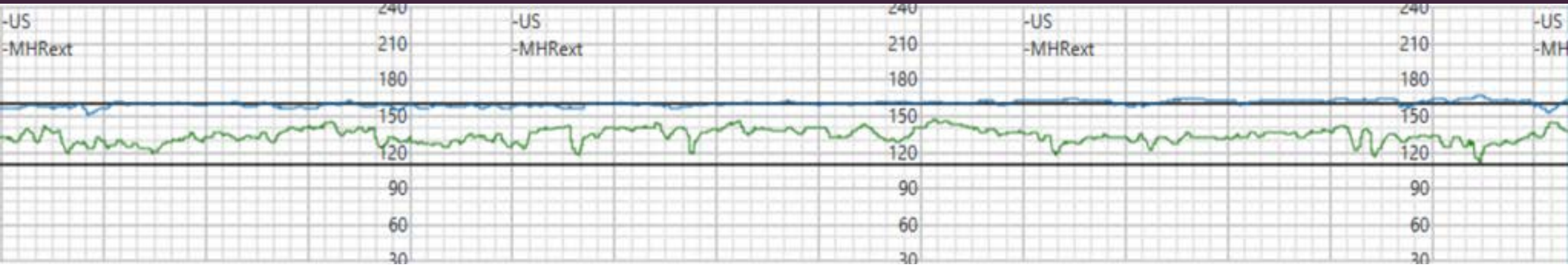
Ultrasound

- may or may not confirm

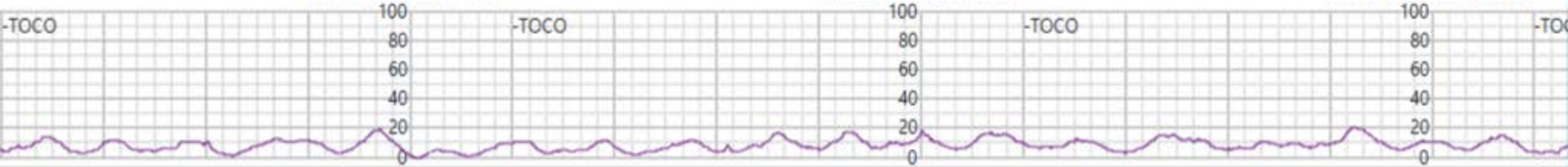
If emergent cesarean section

- Be prepared to deal with hemorrhage/DIC

Pt 27.3 weeks admitted for bleeding (?PPROM)

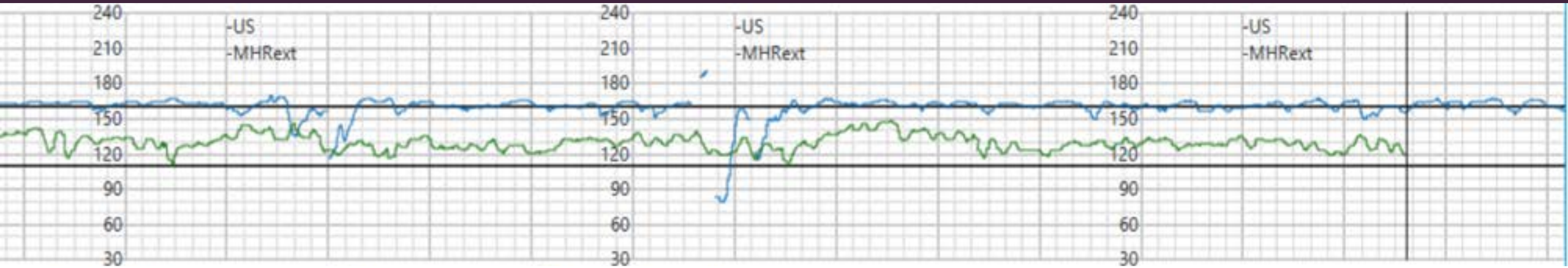


Pt on monitor at 1140

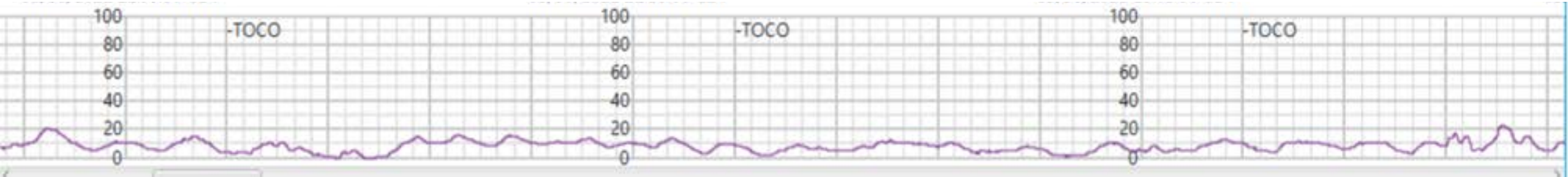


Pt prepped for c-section

Pt to OR for delivery; Delivery time 12:44
Viable male, apgars 3,6,8 Wt 1lb 6 oz



Sterile speculum exam performed by provider
Pt cervix closed



Questions

Placenta Previa

Definition

Abnormal implantation of placenta over or abutting the internal cervical os

As cervix dilates, placenta separates

Typically presents *with painless* vaginal bleeding

Initial episode often stops with clot formation

Intrinsic Risk Factors

Increasing parity

Advanced maternal age

Older than 35 years of age

- More than 4x increased risk

Older than 40 years of age

- 9x increased risk

Maternal race

- Asian women appear to have the highest rates

External Maternal Factors

Cigarette smoking

- Associated with as high as a 3x increased risk

Cocaine use

- 4x increased risk

Infertility treatments

Residence at a higher elevation

- ?due to need for increased placental surface area

Risk Factors r/t fetus

Multiple Gestations

Male fetus r/t larger placenta size

Male fetus r/t delayed implantation

Risk Factors (continued)

Prior placenta previa

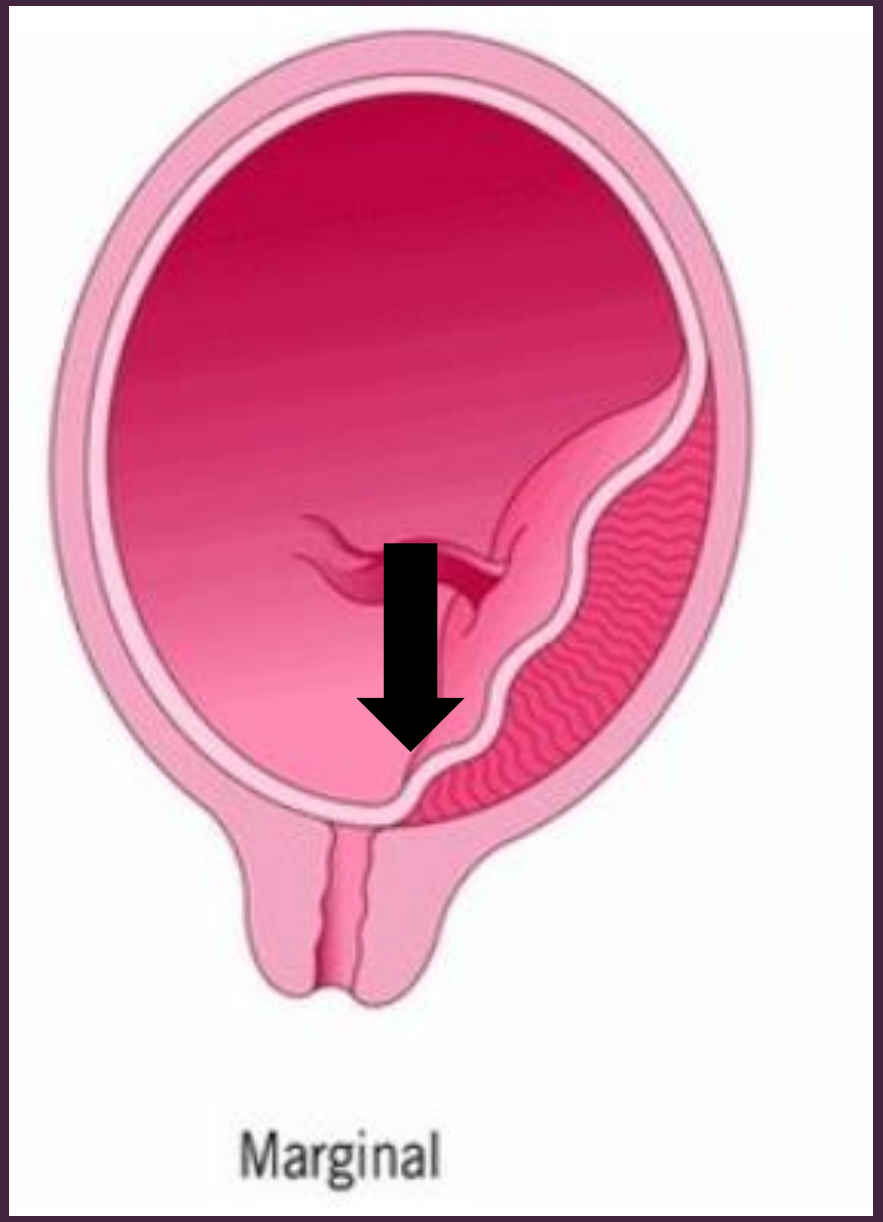
Prior uterine surgery

- Thought to occur due to endometrial scarring

Prior Cesarean Section

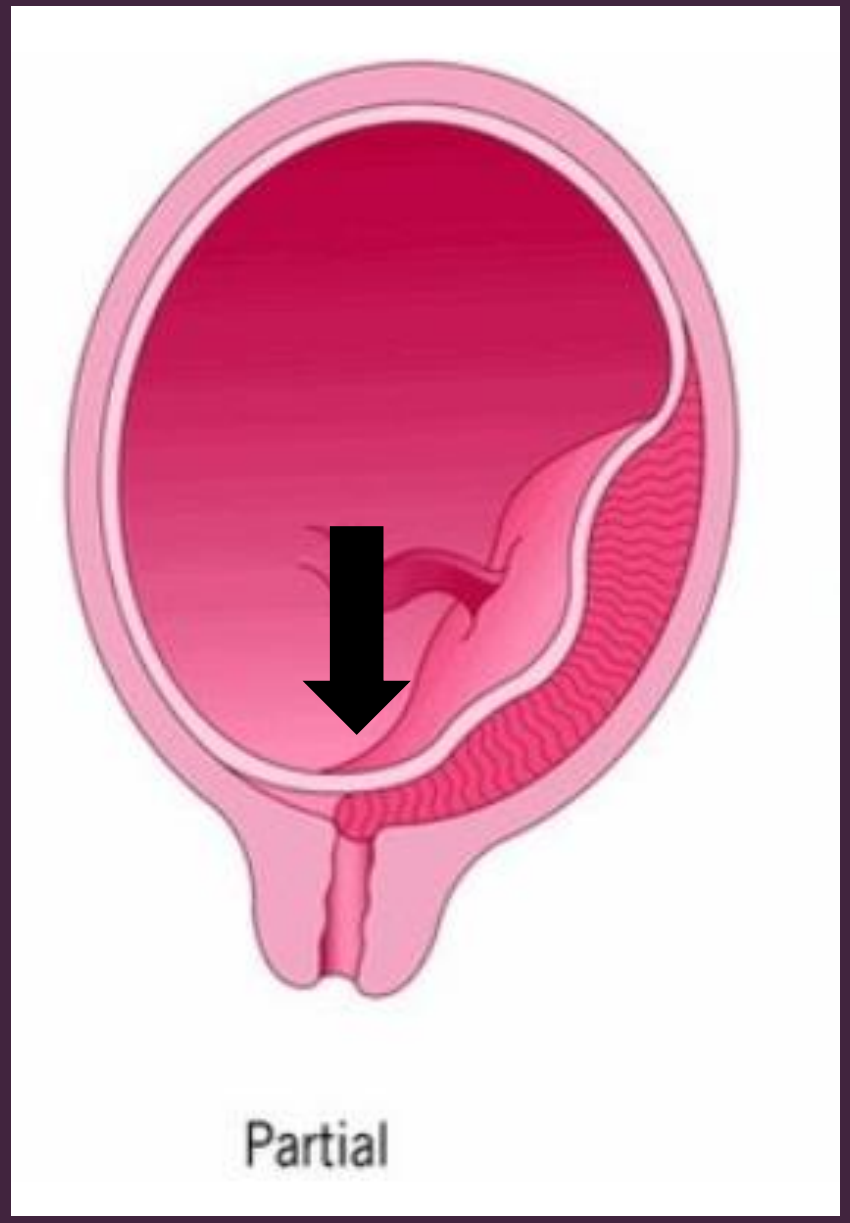
Risk increases in a linear fashion with the number of prior cesarean deliveries

# of prior cesarean sections	Placenta previa occurs in:
One	0.9% of women
Two	1.7% of women
Three	3% of women
Four or more	As high as 10%



Marginal
(w/in 2-3cm of the os)

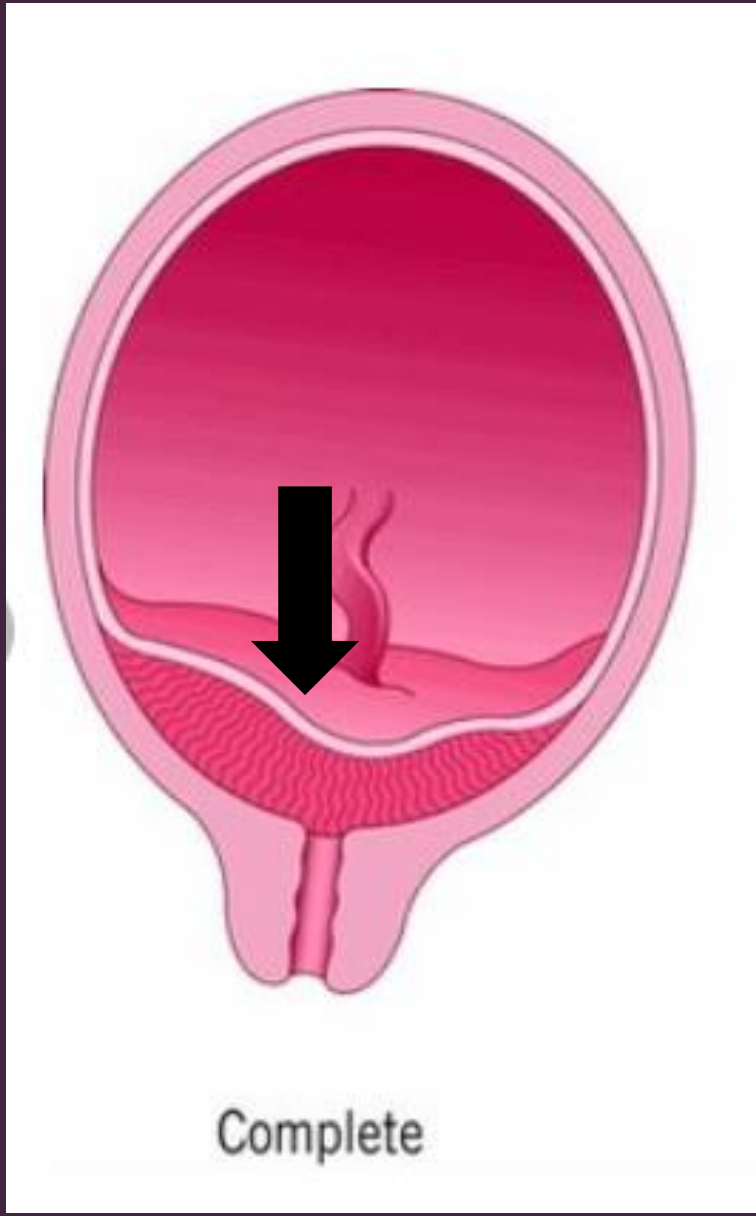
- May not start separation until cervix is >4cm
- May have one bleed and stop
- If presenting part tamponades, may deliver vaginally



Partial

When the placenta partially covers the cervical opening

Cesarean section will be mode for delivery



Complete/Total

When the placenta completely covers the cervical opening

Most Dangerous

Cesarean section will be mode of delivery

Implications

Lower segment less contractile

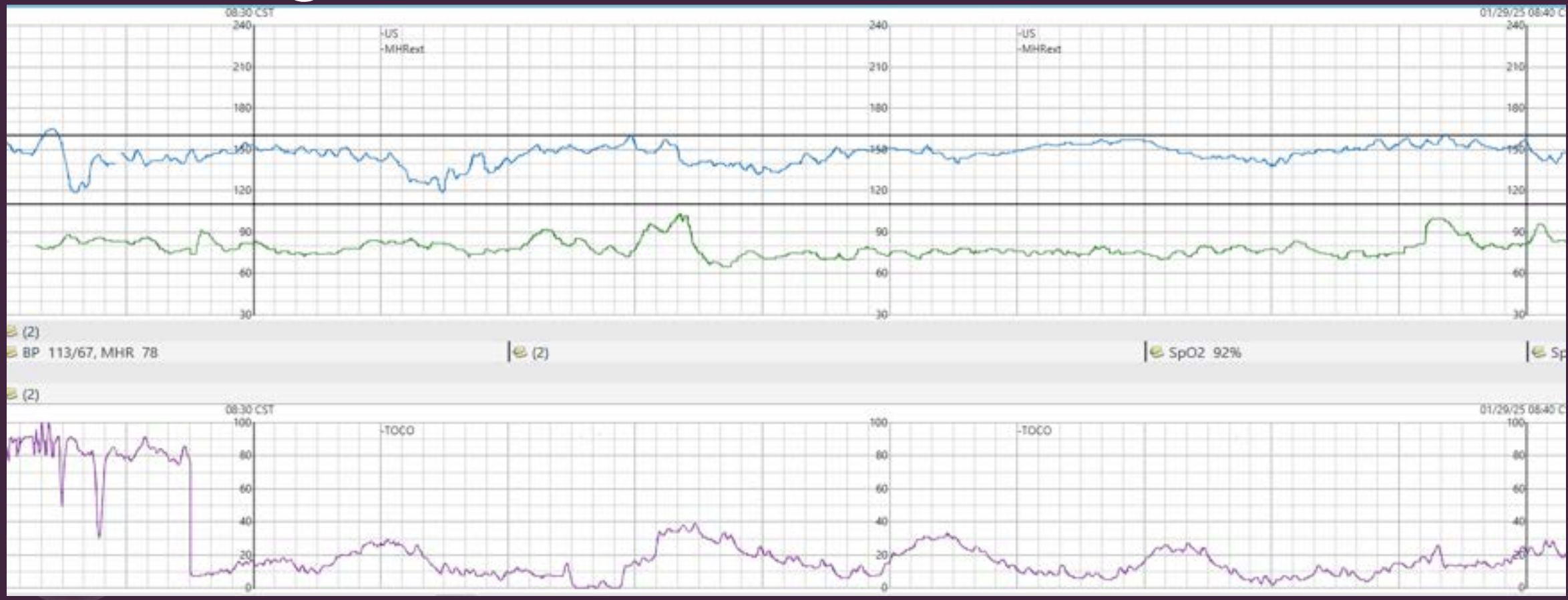
Results in more postpartum hemorrhage

May result in hysterectomy

Nursing assessment & interventions	
Never check a patient with undiagnosed bleeding	Palpate abdomen
Weigh blood-soaked items	Cesarean birth indicated
Assess FHR	Be prepared to respond to hemorrhage
Assess maternal VS	

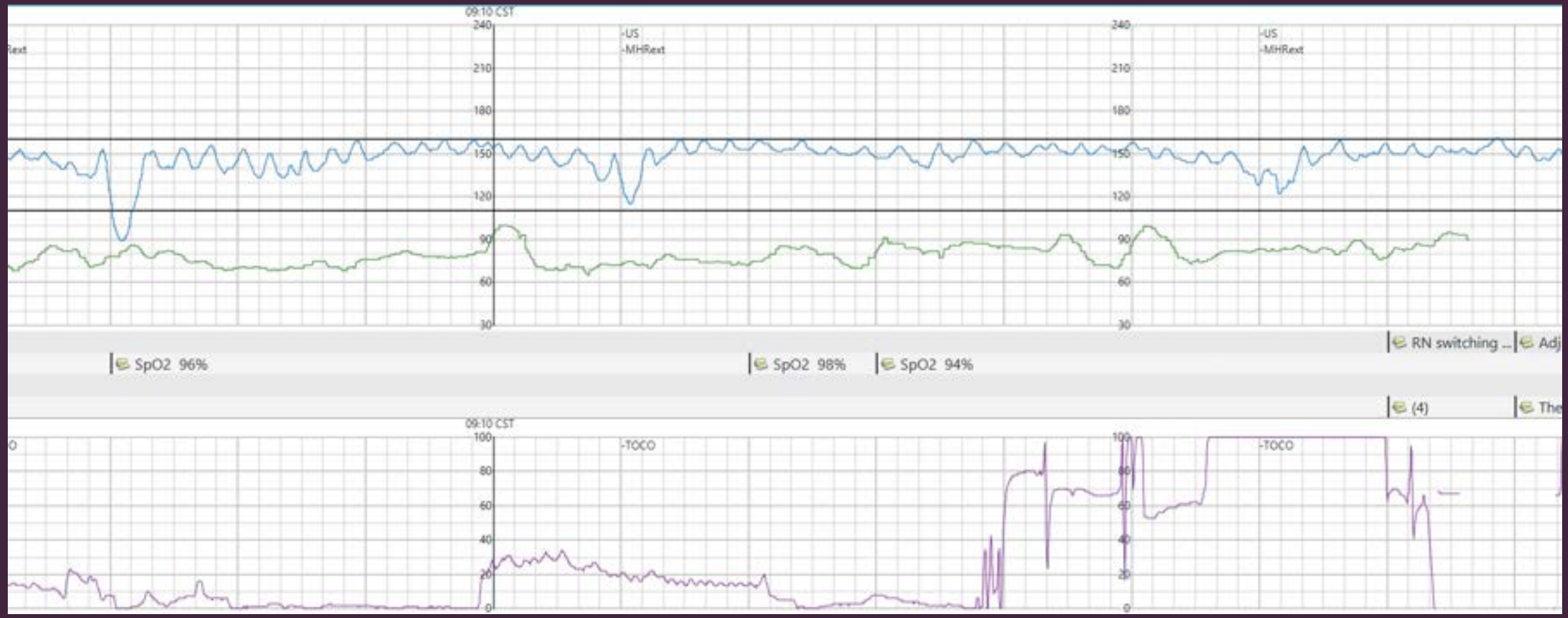
37.1 week, Admitted for SROM @ 0630, 1/60/-2, Cervical Ripening with 50 mcg buccal cytotec and cook catheter @ 0730

Up to bathroom at 0815, audible decel- this following

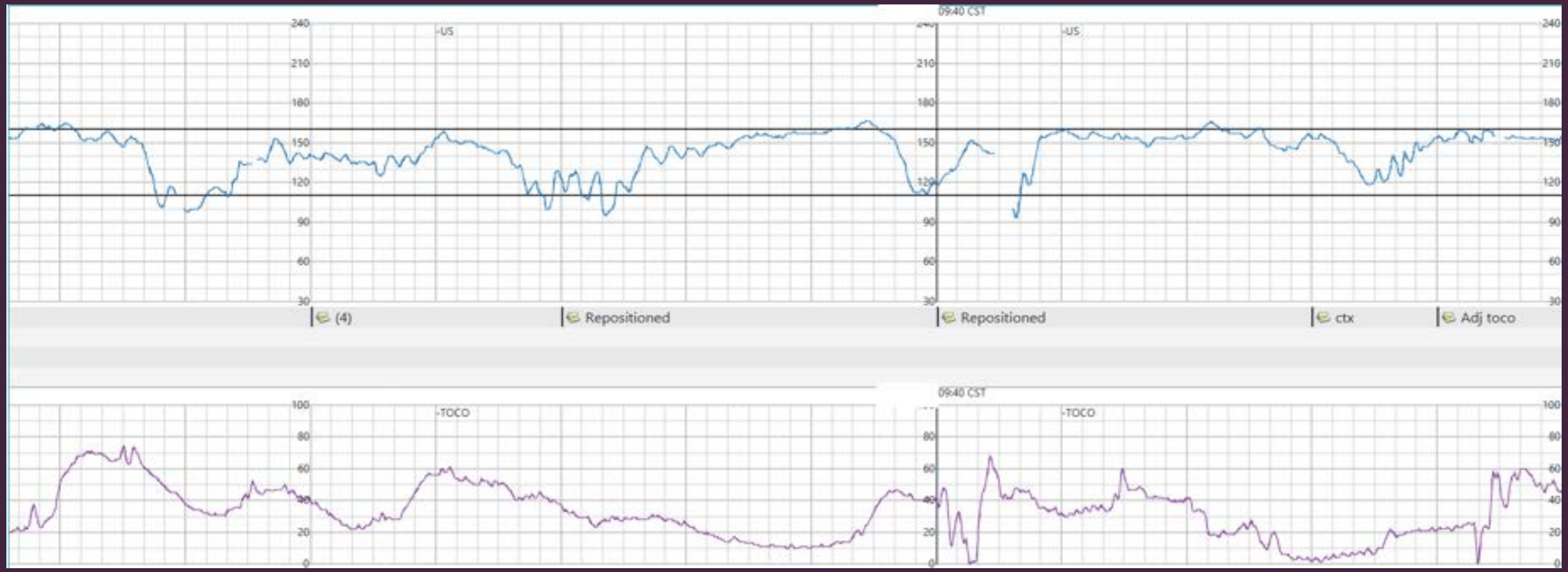


0900- Difficulty picking up ctx on toco, RN palpating moderate ctx

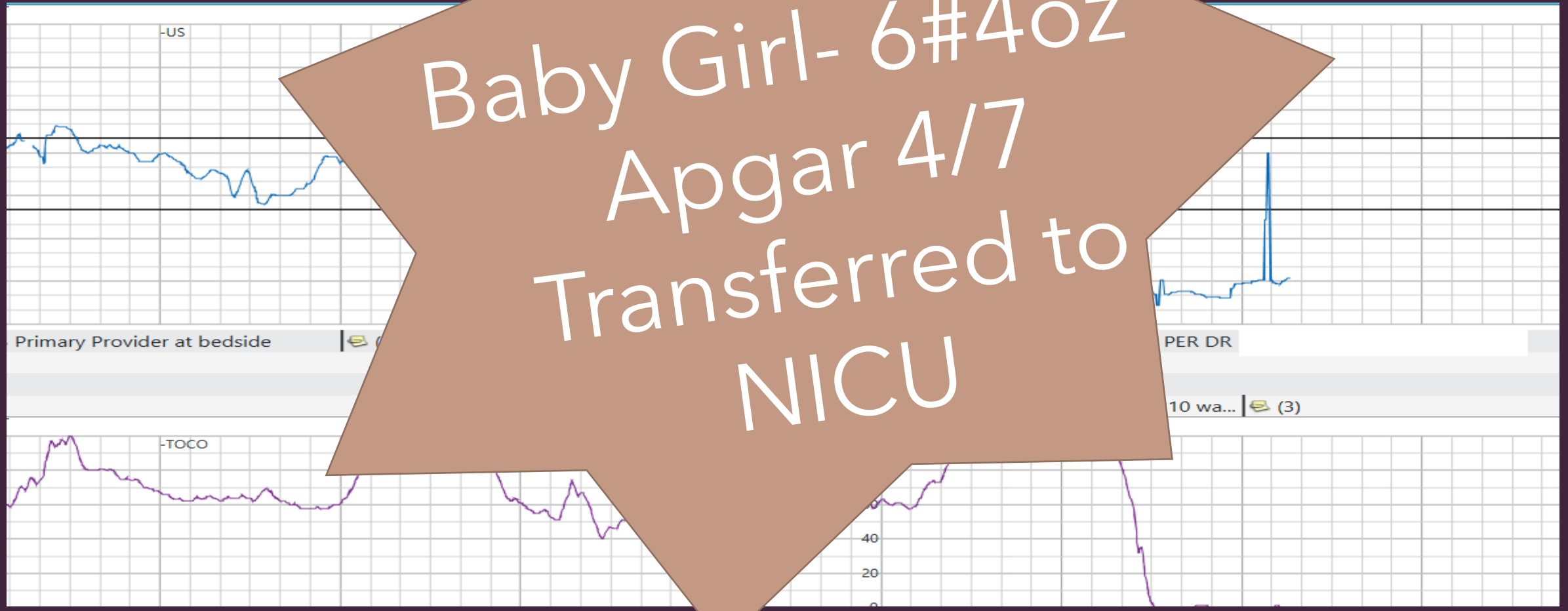
0915- RN switching out toco



0935- 3/70/-2 deflated balloon for SVE, reinflated balloon



0948- RN requesting provider at bedside.
0950- Provider at bedside
0952- Cook out 3/70/-2, Vag ifficulty finding FHT- placed FSE
0956- TO OR



Baby Girl- 6#4oz
Apgar 4/7
Transferred to NICU

What's your diagnosis??

Undiagosed
Marginal Previa!!!

Women who have a previa are at an increased risk of Placenta Accreta Spectrum

Placenta Accreta Spectrum

Pathologic adherence of the placenta, including placenta increta, placenta percreta, and placenta accreta

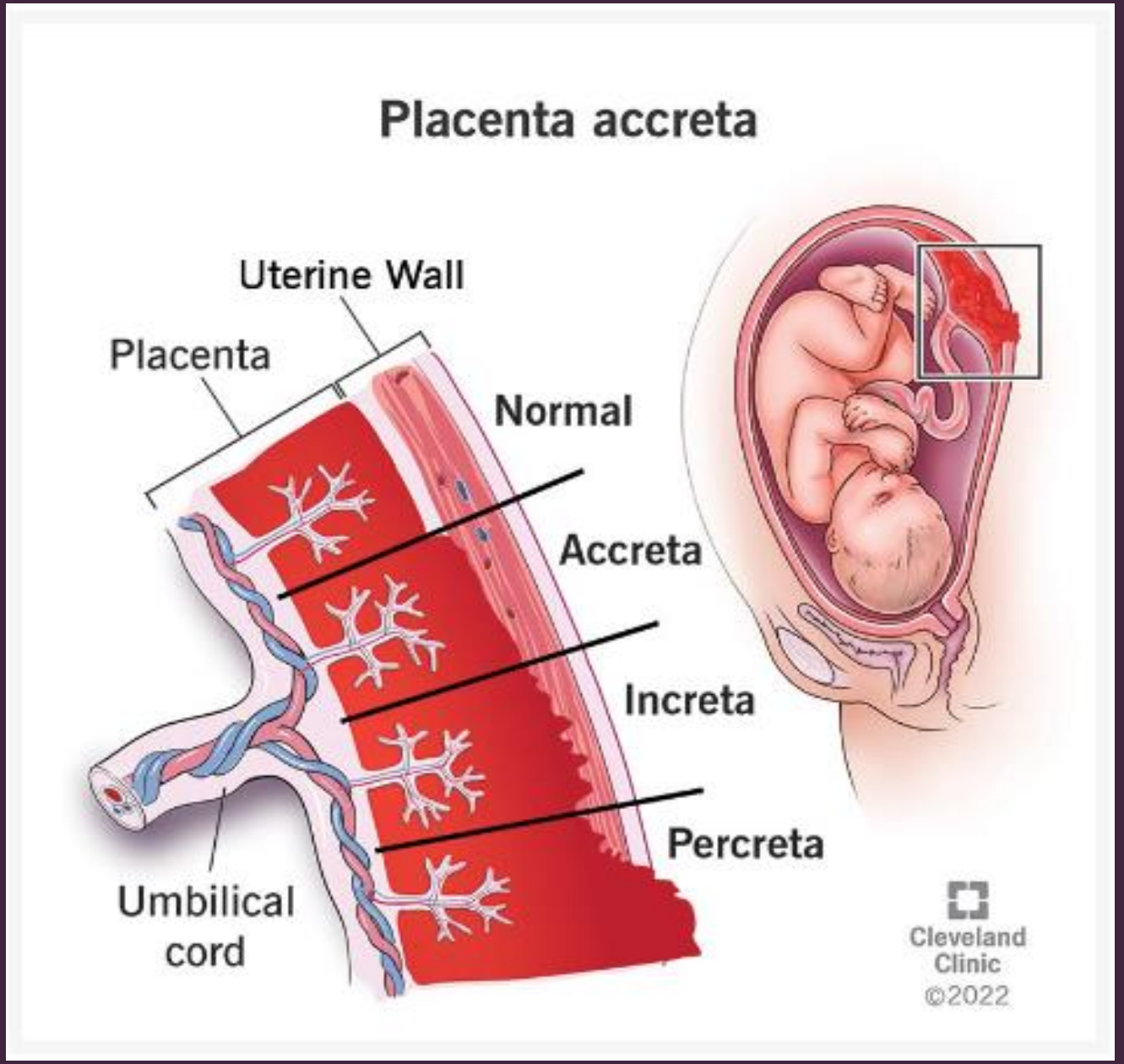
Caused by a defect of the endometrial–myometrial interface leads to a failure of normal decidualization in the area of a uterine scar, which allows abnormally deep placental anchoring villi and trophoblast infiltration

Maternal morbidity and mortality can occur because of severe and sometimes life-threatening hemorrhage, which often requires blood transfusion

Accreta: Placenta grows into the myometrium of the uterine wall

Increta: Placenta grows into the muscle of the uterine wall

Percreta: Placenta grows through the uterine wall and attaches to an organ such as the bladder



Placenta accreta spectrum occurs in 3% of women diagnosed with placenta previa and no prior cesarean deliveries

- **For women with placenta previa and prior cesarean section the risk of placenta accreta spectrum is dramatically increased…**

1st c-section risk is 3%

2nd c-section risk is 11%

3rd c-section risk is 40%

4th c-section risk is 61%

5th c-section risk is 67%

When Placenta Accreta Spectrum is present:

After delivery there is failure of the entire placenta to separate from the uterine wall

This is typically accompanied by massive hemorrhage

Further attempts to remove the placenta provokes further bleeding

Triggers a cascade of ongoing hemorrhage, shock, & coagulation abnormalities

Requires complex clinical management

If your pt has a previa be prepared for:

Accreta

Increta

Hemorrhage!!

Percreta

Questions

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