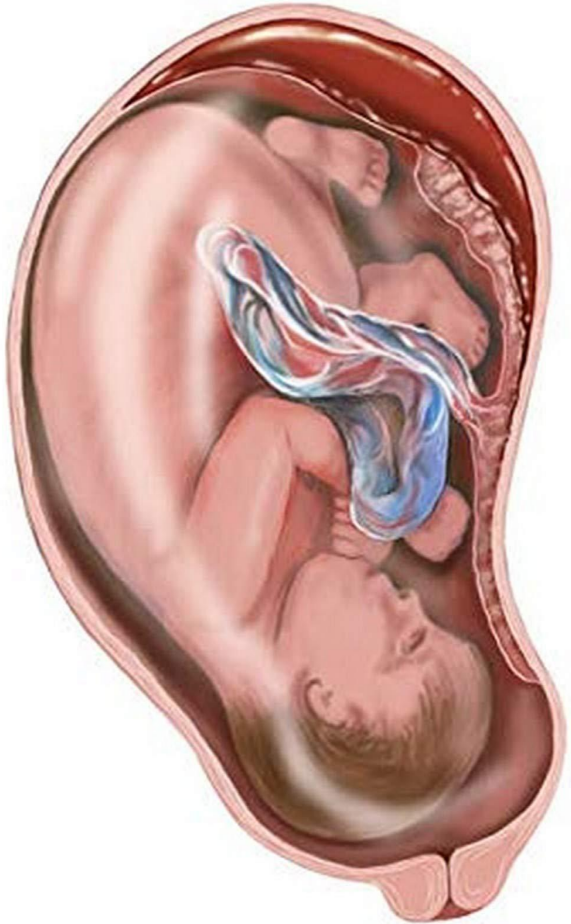

ABRUPTIO PLACENTA

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CONTENTS:

ABRUPTIO PLACENTAE:

- It is defined as haemorrhage occuring in pregnancy due to separation of a normally situated placenta
- It is also called accidental haeomorrhage or premature separation of placenta

GRADING OF ABRUPTION:

- Grade I : Unrecognized clinically before delivery,but evidence of retroplacental clots on examining the placenta
- Grade II: Intermediate with classical signs of abruption but no maternal distress and a live fetus
- Grade III: Severe abruption with the fetus dead.
-

  A - Without coagulopathy

  B - With coagulopathy

INCIDENCE:

- The incidence of placental abruption is about 1% and is a leading cause of perinatal mortality

AETIOLOGY

1. Maternal Diseases

   Maternal hypertension is the most consistently identified risk factor for abruption. There is a 5 fold increased risk for abruption. Antihypertensive therapy does not reduce this strong risk.Hypothyroidism and asthma also show an association

2. Thrombophilias

Both congenital and acquired thrombophilias are associated with abruption

3. Hyperhomocystinaemia

This is the basis for association noticed in women with folate deficiency anemia

4. Preterm Premature Rupture Of Membrane (PPROM)

Abruption seen in association with PPROM may be due to realease of thrombin , which is uterotonic

5. Direct Trauma

- Blunt trauma to abdomen
- Amniocentesis

External cephalic version

6. Rapid uterine decompression

- Multiple pregnancy following delivery of the first twin
- Hydramnios

7. Uterine factors:

- uterine anomalies
- Myomas esp submucous

8. Other associations:

- Previous abruption
- Smoking and cocaine abuse
- Raised serum α fetoprotein level and decreased PAPP-A
- Increasing parity

CLASSIFICATION

Abruption is classified into 3 types depending on the type of haemorrhage:

1. Revealed (60%)

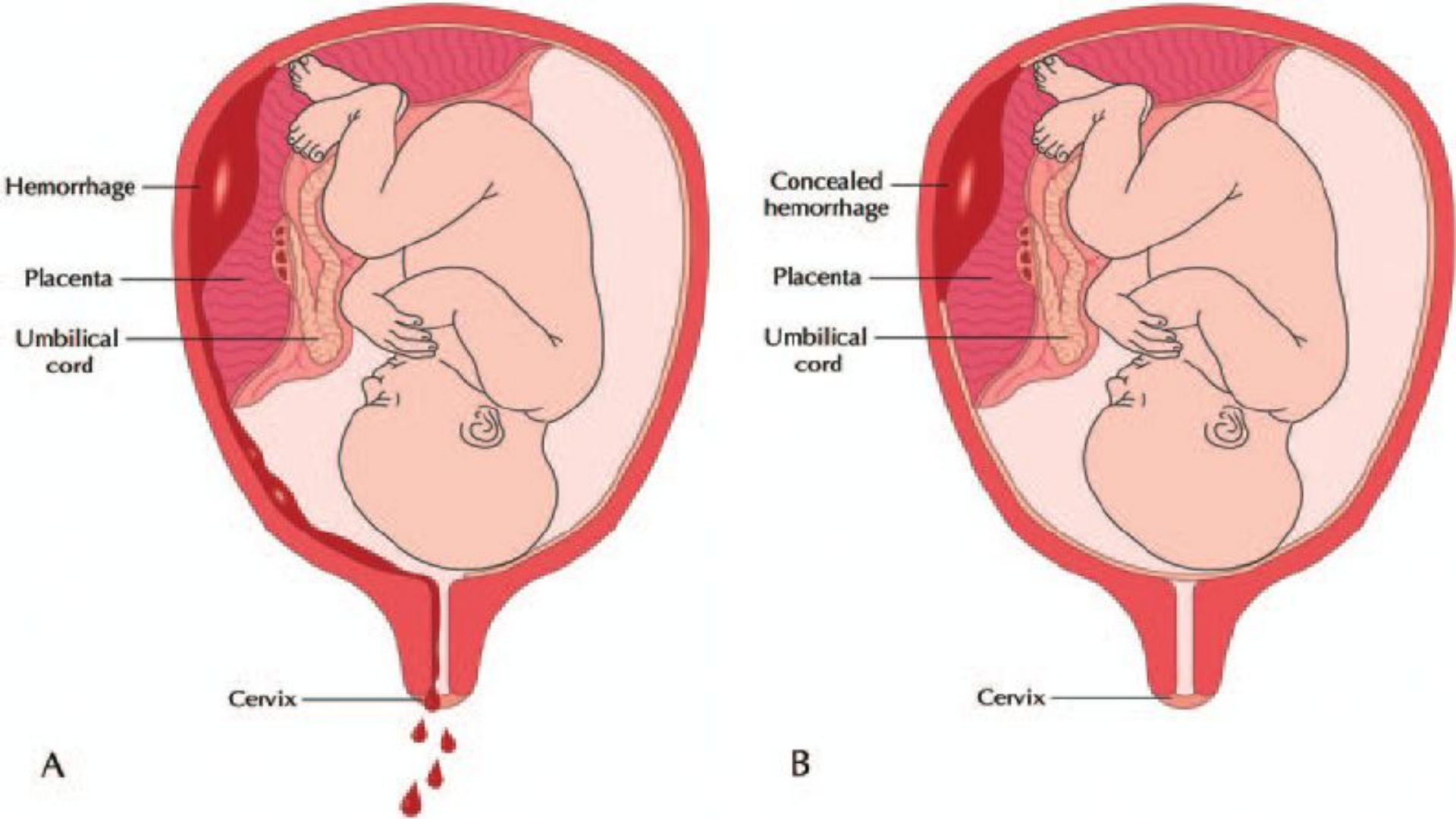
   Usually the effused blood dissect thhe membranes away from the uterine wall and makes its way between the membranes and uterine wall down through cervix into the vagina

2. Concealed (35%)

- due to loss of tone of uterine muscle and absence of uterine contractions
- uterus distends to accomodate blood
- It lead to couvelaire uterus and cause fetal demise and maternal complicatons

3. Mixed(5%)

Bleeding is partly revealed and partly concealed


Hemorrhage
Placenta
Umbilical cord
Cervix
A
Concealed hemorrhage
Placenta
Umbilical cord
Cervix
B

DIAGNOSIS:

SYMPTOMS:

- Severe and constant abdominal pain
- Bleeding may be present in revealed and mixed type but absent in concealed type

SIGNS:

- Pallor
- Hypertension
- Uterus will be larger than expected for the period of amenorrhoea
- uterus may be tense and tender and even rigid
- Difficulty in palpating the underlying fetal parts easily

- Abruption is esentially a clinical and not an ultrasound diagnosis
- Ultrasound is more useful in excluding placenta praevia rather than confirming abruption

DIFFERENTIAL DIAGNOSIS:

- Placenta praevia
- Other causes of antepartum hemorrhage
- Preterm labour
- Acute polyhydramnios
- Rupture uterus
- Red degeneration,pyelonephritis and other causes of acute abdomen

COMPLICATIONS:

MATERNAL:

1. Shock
2. Renal failure
3. Disseminated intravascular coagulation

FETAL:

1. Premature
2. Fetal hypoxia
3. Fetal death

MANAGEMENT:

1. Immediate management:

   Resustication with blood and crystalloids is lifesaving.

   Abruption of sufficient severity to lose fetus ,is definitely an indication for blood transfusion

   An indwelling catheter is introduced and intake and output is monitored closely .A central venous pressure line is best inserted in severe cases and if hourly urine output is less than 30 ml/hr

   A complete coagulation profile is done which includes fibrinogen, fibrin degrading products ,partial thromboplastin time and platelet count

2. OBSTETRIC MANAGEMENT:

1. Fetus is alive

- Here immediate delivery by ceaserean section is the best method
- In mild cases of revealed abruption if there is a chance of imminent vaginal delivery and cardiotocography is normal,amniotomy and oxytocin infusion can be tired

2. Fetus is dead:

- In such cases,vaginal delivery is preferred,unless the bleeding is so severe or there are other obstetric complications.
- Hence artificial rupture of membranes and immediate oxytocin infused is started to hasten delivery

3. Caeserean section:

Indications are:

- Fetus is alive and capable of survival
- severe bleeding and vaginal delivery is not imminent
- failure to progress after artificial rupture of membranes and oxytocin

EXPECTANT MANAGEMENT:

- There is limited role for expectant management in abruption
- It is only indicated in very mild cases before 34 weeks with no maternal complications and reassuring fetal status

RECURRENCE:

- Patients with abruption should be counselled that there is increased risk of recurrence in subsequent pregnancies
- Testing for antiphospholipid antibodies and hyperhomocystinaemia may be considerd
- in next pregnancy,careful antenatal surveillance including serial ultrasound is recommended to detect preeclampsia and fetal growth restriction
- Hypertensive patient should be well controlled preconceptionally


Thank You