



Placenta praevia

You have been given this leaflet as you have been diagnosed with placenta praevia. If you have any further questions after reading this then please talk to your midwife or doctor.

What is placenta praevia?

Placenta praevia, also known as low-lying placenta, is a condition that occurs during pregnancy when the placenta partially or completely covers the cervix (the opening or neck of the uterus). Normally, the placenta attaches to the uterine wall away from the cervix, allowing for a safe delivery. However, in placenta praevia, the placenta is positioned lower in the uterus, making it a potential risk for both the mother and the baby and delivery will be by Caesarean section.

What symptoms can occur with placenta praevia?

The most common symptom of placenta praevia is painless vaginal bleeding during the second or third trimester of pregnancy. This bleeding can be sudden and heavy or may occur intermittently. If you experience any vaginal bleeding during pregnancy, it is crucial to seek immediate medical attention.

What causes placenta praevia?

The exact cause of placenta praevia is unknown, but certain factors may increase the risk of developing this condition:

- If you have had placenta praevia in a previous pregnancy, you are at a higher risk of developing it in subsequent pregnancies.
- Previous Caesarean delivery or other uterine surgeries.
- Smoking during pregnancy increases the risk of placenta praevia.
- Women carrying twins, triplets, or more are at an increased risk.
- Women who are over the age of 35 have a higher risk.
- Conditions that affect the shape or structure of the uterus can increase the risk.

How is placenta praevia diagnosed and treated?

Placenta praevia is typically diagnosed through an ultrasound examination. The ultrasound will help determine the position of the placenta and its proximity to the cervix. This is assessed during your 20-week scan. Transvaginal scans will be offered to confirm the presence of placenta praevia and at subsequent scans as well. If placenta praevia is suspected, your Obstetric specialist team will recommend repeat scan at about 32 weeks to further assess the placenta. This is because a lot of the placentas will move away as the pregnancy progresses (about 9 out of 10). If the placenta is still noted to be low-lying at 32 weeks, a provisional

Caesarean section will be booked by the Obstetric team. As some placentas may still move into a more favourable position, another scan may be advised at 36 weeks along with an antenatal clinic appointment to discuss and confirm mode of birth. If the placenta is no longer low-lying (ie not placenta praevia), the Caesarean section will no longer be indicated and vaginal delivery will be recommended provided it is safe to do so taking the usual factors into consideration.

The management and treatment of placenta praevia depend on several factors, including the severity of the condition, the gestational age, and the presence of bleeding. The treatment options may include:

- Close monitoring of the condition
- Hospitalisation if bleeding is significant or there is a risk of preterm labour.
- If you experience significant bleeding earlier than 28 weeks, you may need to be transferred to a tertiary centre where baby will be better cared for in case delivery becomes necessary.
- Blood transfusions in case of severe bleeding.
- Medications (steroids) to help the baby's lungs mature in case of premature delivery.
- Delivery by Caesarean birth, especially if bleeding poses a risk to the mother or the baby. Usually, a planned delivery will be recommended at 37 to 38 weeks or sooner if there are concerns.
- Cell saver, if required, will be arranged by your Obstetric team. Cell salvage is a method of collecting blood that you may lose during an operation. The blood collected is filtered and washed to remove contaminants. If needed, it can be given back to you through a small tube into a vein. Your blood will only ever be given to you and cannot be used for someone else.
- There is a chance that hysterectomy (removal of the womb) may become necessary during Caesarean birth if there is problem with controlling bleeding.

What are the complications and can I take any precautions?

Placenta praevia can lead to various complications, including excessive bleeding (haemorrhage) during delivery, premature birth, and potential harm to the baby. It is essential to take the following precautions:

- Contact Maternity Assessment Unit (MAU) if you experience any vaginal bleeding.
- Attend all antenatal appointments to monitor the progress of your pregnancy.
- Follow your Obstetric specialist team's recommendations regarding activity restrictions and bed rest, if advised.
- Avoid sexual intercourse and strenuous activities that could trigger bleeding.
- Familiarize yourself with the signs of preterm labour and seek medical attention immediately if they occur.

Conclusion

Placenta praevia is a condition that requires careful management and medical attention during pregnancy. While it may lead to complications, with proper monitoring and treatment, most cases can be successfully managed, resulting in a healthy delivery for both the mother and the baby. If you experience any vaginal bleeding during pregnancy, it is crucial to seek medical attention immediately by contacting MAU. Your Obstetric specialist team will provide

appropriate guidance, monitoring, and treatment to ensure the safety and well-being of both you and your baby. If you have any concerns or questions about placenta praevia, do not hesitate to consult your healthcare provider, who can provide you with personalized advice and guidance throughout your pregnancy journey.

Further information can be found on the Royal College of Obstetrician and Gynaecologists website through the link <https://www.rcog.org.uk/for-the-public/browse-our-patient-information/placenta-praevia-placenta-accreta-and-vasa-praevia/#:~:text=If%20you%20have%20placenta%20praevia%2C%20you%20are%20at%20higher%20risk,baby%20to%20become%20more%20mature.>

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

C Okoror, Senior Clinical Fellow, May 2024

Live Change, February 2025

Next review due: May 2026

Our Maternity Strategy and Vision

'Working together with women, birthing people and families to offer compassionate, supportive care and informed choice; striving for equity and excellence in our maternity service.'

You can read
our maternity
strategy here

