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Low placenta at 20-week scan

You have been given this leaflet because you have been identified as having a low-lying placenta. It explains what it means, what to expect, how your pregnancy will be monitored and who is available to help and advise you during your pregnancy. If you have any questions or concerns, please speak to your midwife or doctor.

I have been told that my placenta is low at my 20-week scan, what does that mean?

One in 20 women have a placenta that is found to be low lying at the 20-week scan. This means your placenta is very near to, or even covering, your cervix, blocking the entrance to your womb. These women are offered a follow-up scan at 32 weeks, by which time the vast majority of placentas have moved away from the cervix. However, 1 in 200 women will still have a low placenta at the 32-week scan, and these women may require a planned Caesarean birth. For the remaining 199 women, they can continue with their planned care as normal.

What happens now?

As you were identified as having a low-lying placenta at your 20-week ultrasound scan, you will be invited for a repeat scan at 32 weeks. The scan is repeated because as the baby grows, the uterus also stretches, which can allow the placenta to move away from the cervix. The position of the placenta can be checked at the 32-week scan.

A scan will be done with the ultrasound probe placed on your abdomen (tummy) and the sonographer (ultrasound specialist) looks to check the placenta's location. If they are able to clearly see that the placenta is now far enough away from the cervix for there to be no reason for concern, then there is no need for a further scan. You can go home and continue with your planned antenatal care without any extra checks.

If the sonographer thinks the placenta is covering the cervix or is very close to it, then a trans-vaginal ultrasound scan will be offered to you. This involves placing an ultrasound probe into the vagina and allows a better view of the placenta's location in the uterus. This type of scan may already have been used at 20 weeks for some women.

What precautions do I need to take?

If you were identified with a low placenta at 20 weeks, you are advised to report any vaginal bleeding to the hospital immediately by calling the triage line.

You do not need to take any extra precautions compared with any other pregnancy.

Will I get bleeding during pregnancy?

Most of the time, this finding will not cause any bleeding or any other symptoms during pregnancy.

However, sometimes you can get bleeding and if you do get any bleeding, please call the hospital triage line **immediately** for further advice and assessment.

Vaginal bleeding, usually between 24-28 weeks, can be a sign of placenta praevia (see below).

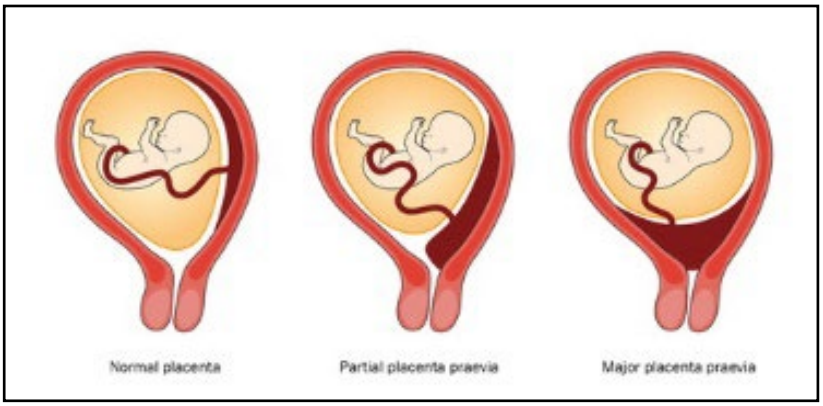
Every woman who reports bleeding is examined by a doctor, who will insert a speculum (a metal or plastic instrument used when performing smear tests) into the vagina, to see if the bleeding is coming from the vaginal tissues or cervix, or seems to be from the uterus. This instrument will not open your cervix, or make the bleeding worse. If the bleeding appears to be coming from the uterus, you will be admitted to hospital for observation, and a scan will be arranged. A scan is the only test to diagnose this condition with certainty.

What if the placenta is still low at 32 weeks?

The results of 32-week scan will determine whether or not you need additional care for your delivery. If this scan shows the placenta is far enough from the cervix, then you can go home and continue with your planned antenatal care without extra checks.

If the placenta is seen to be too close to the cervix, it is called placenta praevia. This is a phrase which describes a placenta that is attached to the lower part of the uterus (womb), rather than the upper part. It occurs in about 1 in 200 pregnancies. You will be referred to an obstetrician (a doctor who specialises the care of pregnant women) to discuss options for the birth of your baby. At this appointment, you may be offered another scan and Obstetric review at 36 weeks if this is considered necessary.

What is the treatment for placenta praevia?



If a ‘major’ placenta praevia is diagnosed (where the placenta reaches, or covers, the cervix), you are advised to remain in, or very near, the hospital until the birth of your baby. This is because there may be more bleeding in the days or weeks to come, and it can be heavy. Frequent, but small, bleeds can make you anaemic, or, if bleeding is fast and heavy, you can feel very faint with low blood pressure. In a few cases, ensuring your baby is born within an hour or two is necessary because bleeding is both heavy and continuing.

In all cases of total placenta praevia (when the placenta lies across the opening of the cervix), and in many with a partial placenta praevia (when the placenta partly covers the opening of the cervix) you will be advised to have a planned Caesarean birth, as the placenta blocks the baby’s way out through your cervix. Whenever possible, we try to plan this for around 37-38

weeks so that your baby is unlikely to need admission to the Special Care Baby Unit (Buscot Ward). If there are frequent or heavy episodes of vaginal bleeding, we will advise an earlier planned Caesarean birth.

The amount of blood lost after a placenta praevia Caesarean birth is usually higher than with other Caesarean births, and it is not unusual for clots to be passed in the first few hours after birth. We will administer a hormone drip to keep your uterus as contracted as possible to minimise bleeding, and where necessary you may need to have a blood transfusion.

Further information

Please refer to the Royal College of Obstetricians and Gynaecologists' website at www.rcog.org.uk and search for 'low lying placenta'

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

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

J Siddall (Consultant Obstetrician), June 2003
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