

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 this mean?

Many women (about 1 in 20) will be told their placenta is 'low' at 20 weeks, but as the uterus stretches with the growing baby, the distance between the lowest edge of the placenta and the cervix will increase, so that the placenta is clear of the cervix and a vaginal birth is perfectly safe. Usually a scan at 32 weeks is advised by the sonographer if the placenta is low at 20 weeks.

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 in some women.

What precautions do I need to take?

Women who have been identified to have low placenta at 20 weeks are advised to report any vaginal bleeding to the hospital immediately by calling triage line.

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

Will I get bleeding during pregnancy?

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

Sometimes, you can get bleeding. 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.

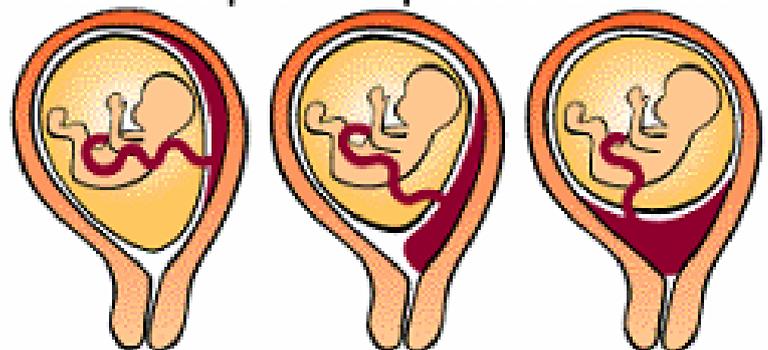
If the placenta is seen to be too close to the cervix, it is called placenta praevia. This is a phrase which describes a placenta that is attached to the lower part of the uterus (womb), rather than the upper part. It occurs in about 1 in 200 pregnancies. You will be referred to an obstetrician (a doctor who specialises the care of pregnant women) to discuss options for the birth of your baby.

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 can be heavy. Frequent, but small, bleeds can make you anaemic, or, if bleeding is brisk 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.

All cases of total placenta praevia (the placenta lies across the

What does placenta praevia look like?



Normal Placenta

Partial Placenta Praevia

Total Placenta Praevia

opening of the cervix), and many with a partial placenta praevia (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

This document can be made available in other languages and formats upon request.

Jane Siddall, Consultant obstetrician, June 2003

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