Premature Placenta Detachment and Placenta Praevia

The flawed implantation of the placenta is possible in the context of precocious pregnancy. Such implantation can remain asymptomatic in the beginning. However, bleeding mostly occurs during the end stages of pregnancy. Moreover, vaginal bleeding can cause premature placenta detachment. This bleeding is life-threatening to both the mother and child and is associated with notable pain. In the following article, the clinical picture of premature placenta detachment and placenta previa are further explained along with their differential diagnoses.

Placenta Praevia

**Definition of Placenta Previa**

Placenta previa refers to the dystopic position of the placenta in the isthmus region. Roughly 10 out of 200 pregnancies are affected by this condition.

**Etiology of Placenta Previa**

Lesions of the endometrium can cause placenta previa. Moreover, these lesions can result from curettage or after a cesarean section or multiple birth.
Clinical Presentation of Placenta Previa

The lower uterine segment is stretched after uterine contraction. This shears the placenta away from the adhesive surface causing bleeding to occur.

Typically, the 1st bleeding is observed in the 3rd trimester. Initially, this bleeding stems from the intravillous region, indicating that maternal blood is involved. Later, fetal blood may also be involved. Thus, controls of the blood for hemoglobin F are indicated.

Diagnosis of Placenta Previa

The diagnosis of placenta previa is based on ultrasound examination. If placenta previa is noted, the pregnant woman is hospitalized and strict bed rest is indicated.

Note: In the presence of these symptoms, vaginal examination is strictly contraindicated.

Treatment for Placenta Previa

In exceptional cases, a vaginal birth attempt can be made. In most cases, however, a cesarean section should be considered. In the case of non-copious bleeding before the 34th week of pregnancy, tocolysis should be performed and then a cesarean section should be planned.

Premature Placenta Detachment

Definition of Premature Placenta Detachment
Abruption Placenta (Placental Abruption)

This is a complete or partial detachment of the placenta before the birth of the child. This is a notable emergency for mother and child.

Pathogenesis of Premature Placenta Detachment

Often, hypertensive diseases in pregnancy or uterine abnormalities lead to premature detachment of the placenta. Bleeding out of the uterine vessels can occur as a result. Thus, a retroplacental hematoma develops, which leads to the detachment of the placenta.

Clinical Picture of Premature Placenta Detachment

Usually, sudden severe abdominal pain is noted. Additionally, vaginal bleeding and a continuously contracted uterus are present. This acute situation threatens the child due to an insufficient supply of oxygen, and usually, acute hypoxia results. The severe blood loss endangers the mother. Further, an amniotic fluid embolism can occur with an acute coagulation disorder.

Diagnosis of Premature Placenta Detachment

In clinical examinations, the uterus is very rigid and very pressure-sensitive. The movements of the child decrease due to hypoxia and cardiotocography findings become pathological.
**Treatment for Premature Placenta Detachment**

Only an emergency cesarean section can save the child’s life.

**References**


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