Placenta Praevia

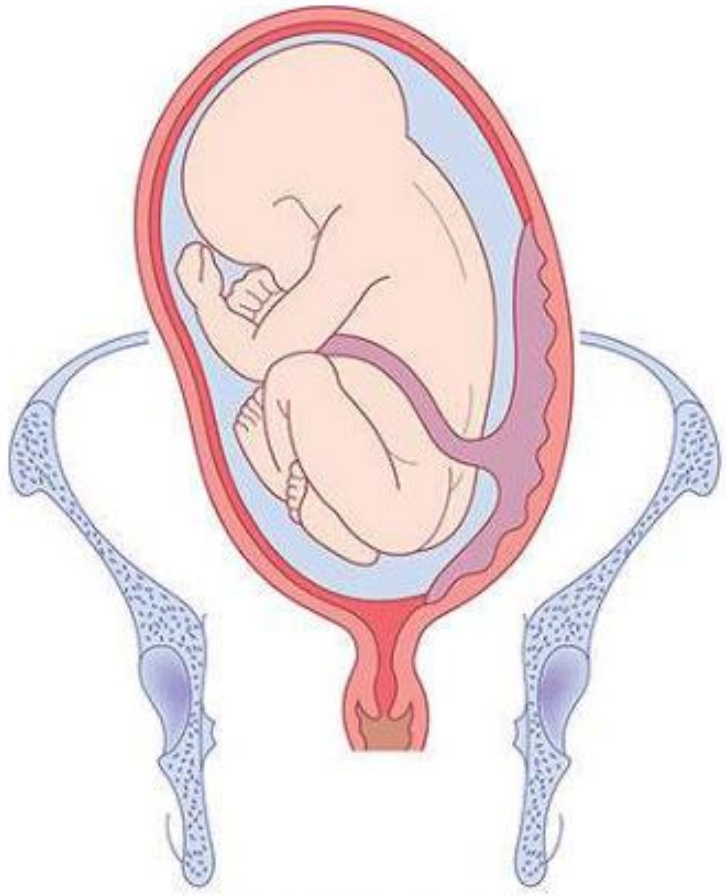
CD 1: Third Trimester Bleeding 5

Problem:

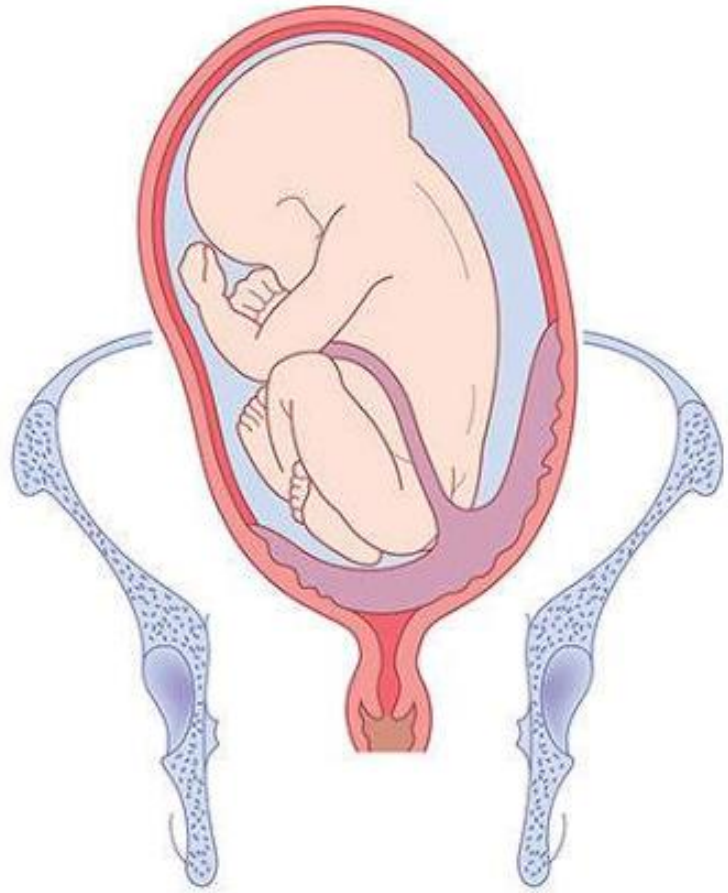
A 31-week pregnant woman, P3+0, previous 3 C/S, presents with painless vaginal bleeding, stable vitals, no ongoing bleeding, placenta previa on ultrasound.

Guiding Questions:

- What is your initial approach to a patient with third-trimester bleeding?
- Based on the history and examination, what are the likely causes of her bleeding?
- How would you differentiate placenta previa from abruptio placenta clinically?
- What are the maternal and fetal complications of placenta previa?
- Outline your management plan for this patient.
- When is blood transfusion indicated, and what are its possible complications?



Minor placenta praevia



Major placenta praevia

Q1

Initial approach to a patient with third-trimester bleeding:

- Assess **maternal hemodynamic status** (vitals, signs of shock).
- Establish **IV access**, send blood for CBC, cross-match, coagulation profile.
- **Monitor fetal well-being** (cardiotocography if available).
- **Avoid digital vaginal examination** (may provoke severe hemorrhage in placenta previa).
- Confirm diagnosis with **ultrasound**.

Q2

Likely causes of her bleeding (based on history and exam):

- Placenta previa (**painless**, recurrent bleeding, **confirmed on US**).

Q3

Differentiating placenta previa vs. abruptio placenta (clinically):

Feature	**Placenta Previa**	**Abruptio Placenta**
Pain	Painless bleeding	Painful bleeding (or concealed)
Bleeding	Recurrent, visible, bright red	Dark blood, may be concealed
Uterus	Soft, non-tender	Hard, tender, woody
Fetal distress	Less common (unless massive bleed)	Common due to hypoxia
Ultrasound	Placenta low-lying / covering OS	Retroplacental clot

Q4

Maternal and fetal complications of placenta previa:

•Maternal:

1/ Antepartum hemorrhage
2/ postpartum hemorrhage
3/ anemia, shock, infection
4/placenta accreta (especially with prior C-sections).

•Fetal:

1/Prematurity
2/ intrauterine growth restriction (IUGR)
3/hypoxia
4/perinatal mortality.

Q5

Management plan for this patient (31 weeks, stable, no active bleeding):

1/Admit to hospital.

2/Bed rest, monitor vitals and fetal heart.

3/Corticosteroids for fetal lung maturity (<35 weeks).

4/Anti-D immunoglobulin if Rh-negative.

5/Prepare blood for transfusion.

6/No vaginal examination.

If stable: expectant management until 37–38 weeks → elective C/S.

If heavy/recurrent bleeding or fetal distress → emergency C/S.

Q6

Blood transfusion: Indications & possible complications

Indications:

Shock, severe anemia, ongoing/recurrent bleeding, preparation for C/S in major previa.

Complications:

Hemolytic reaction, febrile/allergic reaction, infection transmission, circulatory overload, electrolyte imbalance (hypocalcemia, hyperkalemia), TRALI.

summary:

This woman has **placenta previa** as the confirmed cause of bleeding. She is stable and at 31 weeks → conservative management with steroids, hospitalization, close monitoring, and planned C-section later, unless severe bleeding occurs earlier.

References:

Obstetrics by Ten Teachers, 20th Edition ,page 519

Thank you