BLEEDING IN LATE PREGNANCY

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Assist prof. OF OB/GYN

Definition

- Bleeding in late pregnancy versus antepartum hemorrhage??.
  - Bleeding from genital tract during 3rd trimester. (or after gestational age of viability).

Causes

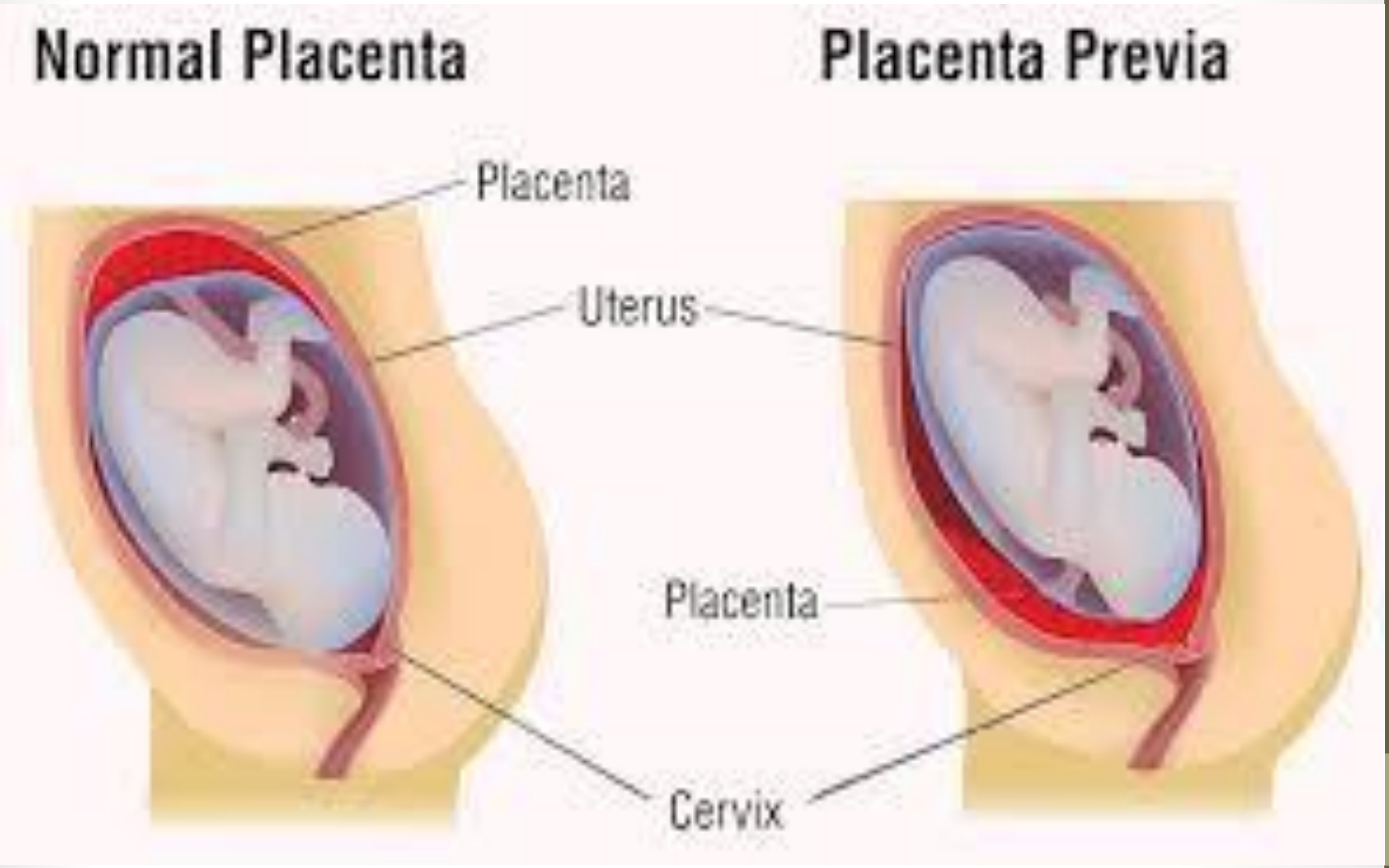
- Placental causes (commonest):
  - Placenta previa.
  - Accidental Hge.
- Vasa previa.
- Local gynecological causes.
- Heavy show??

PLACENTA PREVIA

Placenta previa

- Definition:
  - Placenta located in the lower uterine segment after gestational age of viability.

- Incidence:
  - 1:200

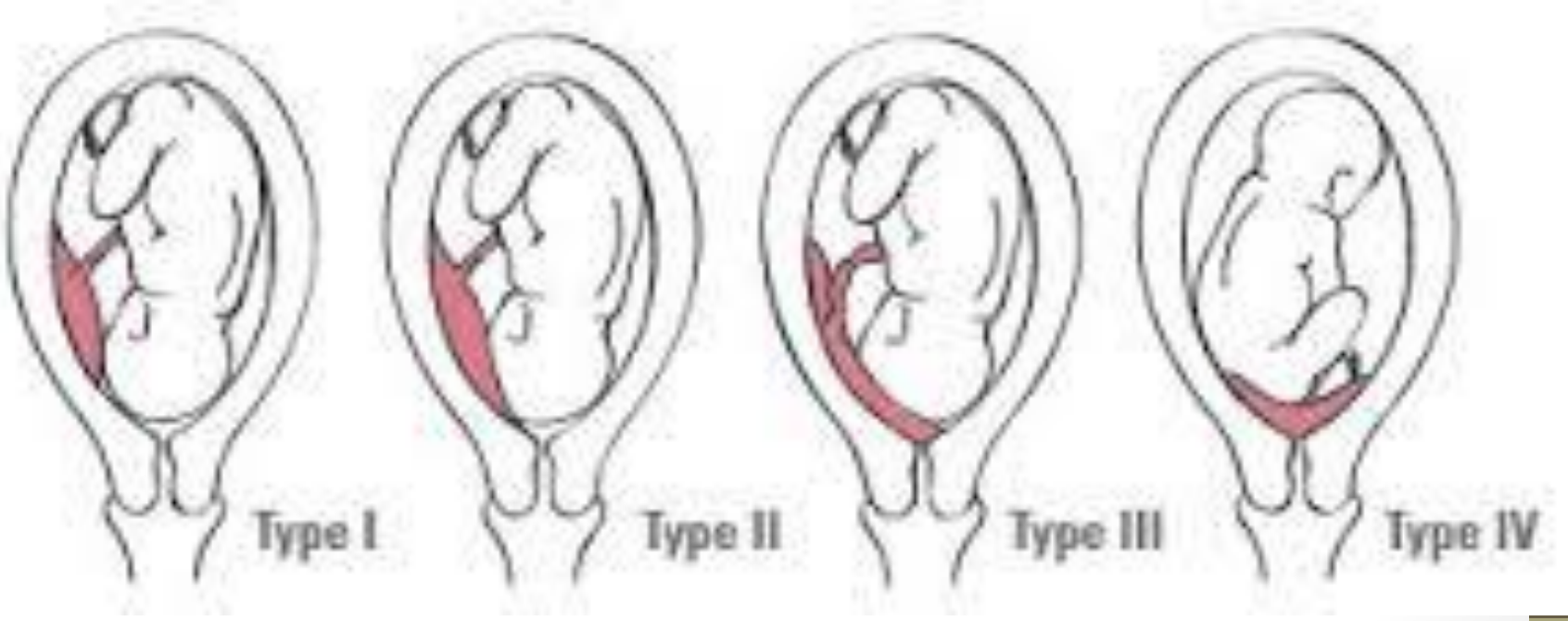

Normal Placenta
Placenta Previa
Placenta
Uterus
Placenta
Cervix

Etiology

- Unknown?
- **Scarred uterus.**
- High parity.
- Multiple pregnancy.

Degree

- **1st degree:**
  - The lower edge within 5 cm from internal os.
- **2nd degree:**
  - The lower edge of the placenta is just reaching the internal os but not covering it.
- **3rd degree:**
  - The placenta cover the closed internal os.
- **4th degree:**
  - The placenta completely cover the internal os even when dilated.


Type I
Type II
Type III
Type IV

Mechanism of bleeding

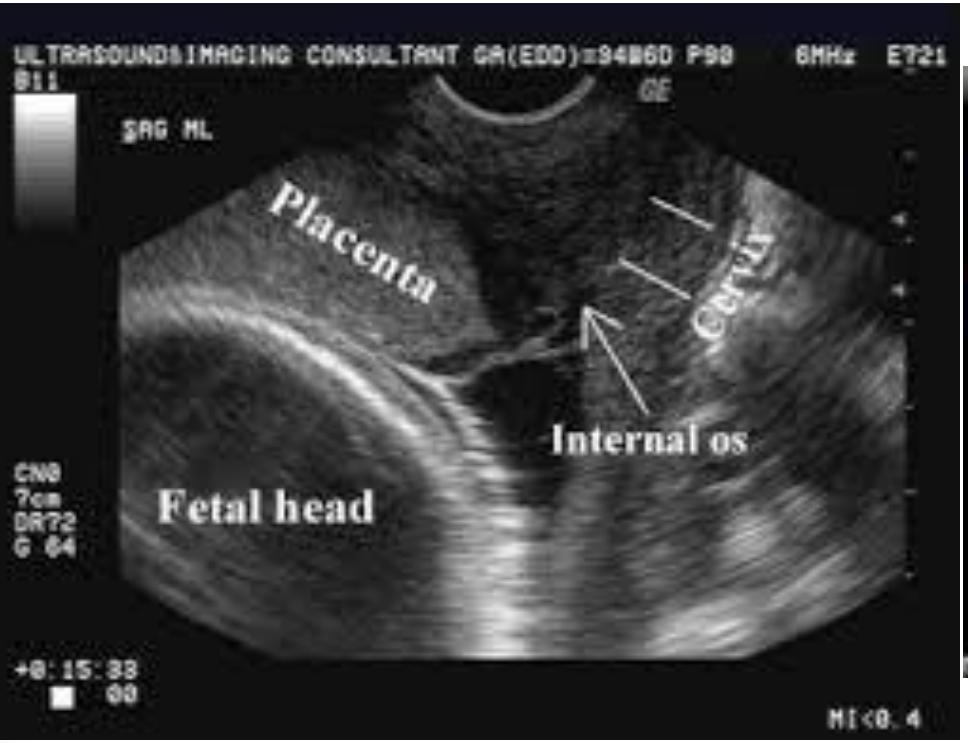
- Formation & elongation of lower uterine segment during 3rd trimester while the placenta is not stretchable.
- This lead to unavoidable separation & bleeding.

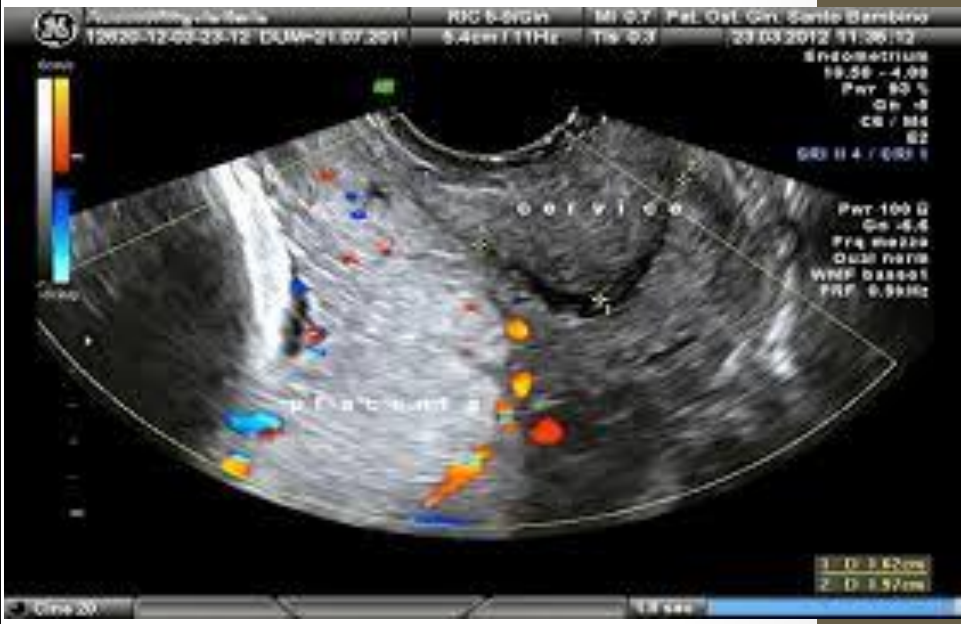
Clinical picture

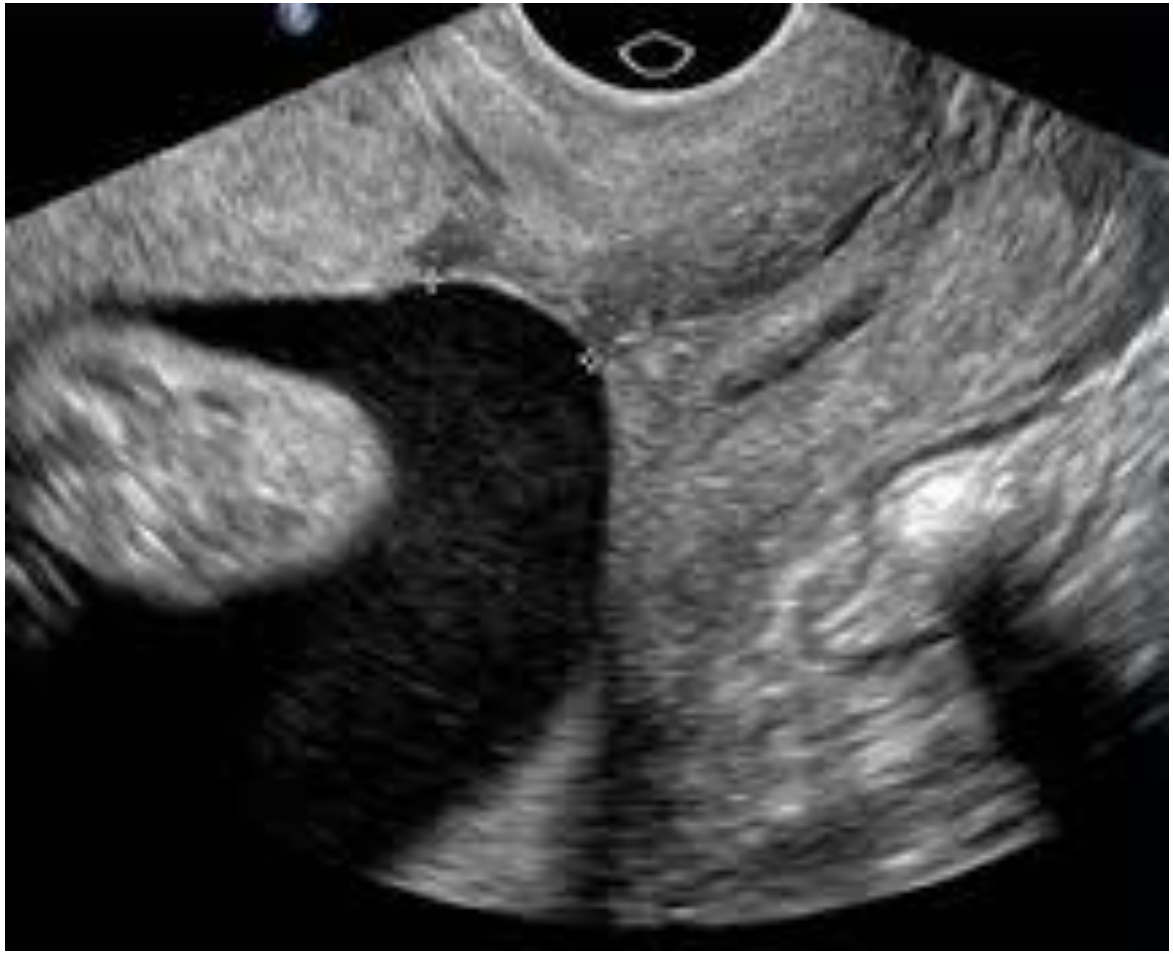
- **Symptoms:**
  - Vaginal bleeding (causeless, painless & recurrent) ……. Exception???
- **Signs:**
  - Vital signs
  - Pallor
  - No vaginal examination (u/s first to exclude placenta previa)

Investigation

- **U/S:**
  - (Trans-abdominal versus Transvaginal)
  - Confirm diagnosis & degree of P.P.
  - Viability, biometry …… etc.
- **HB level & HCT value.**
- **MRI:**
  - When placenta accreta is suspected.


ULTRASOUNDSIMAGING CONSULTANT GA(EDD)=94@6D P90 6MHz E721
GE
SAG ML
Placenta
Cervix
Internal os
Fetal head
MI<0.4


Endometrium
cervice
placenta



Treatment

- Resuscitation:
  - I.V. line & fluid, cross matched blood.
- Indication of termination:
  - Mature fetus (after 37 w).
  - Dead fetus or congenital malformation incompatible with extrauterine life.
  - Active labour pain.
  - Attack of severe bleeding.

Methods of termination

- The role by CS except:
  - 1st degree placenta previa.
  - 2nd degree placenta previa (anterior). ????
- Cross matched blood should be available.
- Consent for hysterectomy.

Conservative management

- In mild attack or the attack has stopped and Gestational age less than 37w with living fetus.
  - Hospitalization.
  - Cross matched blood.
  - Antenatal corticosteriod.
  - Tocolytics. ???
  - Anti D for Rh -ve mother.

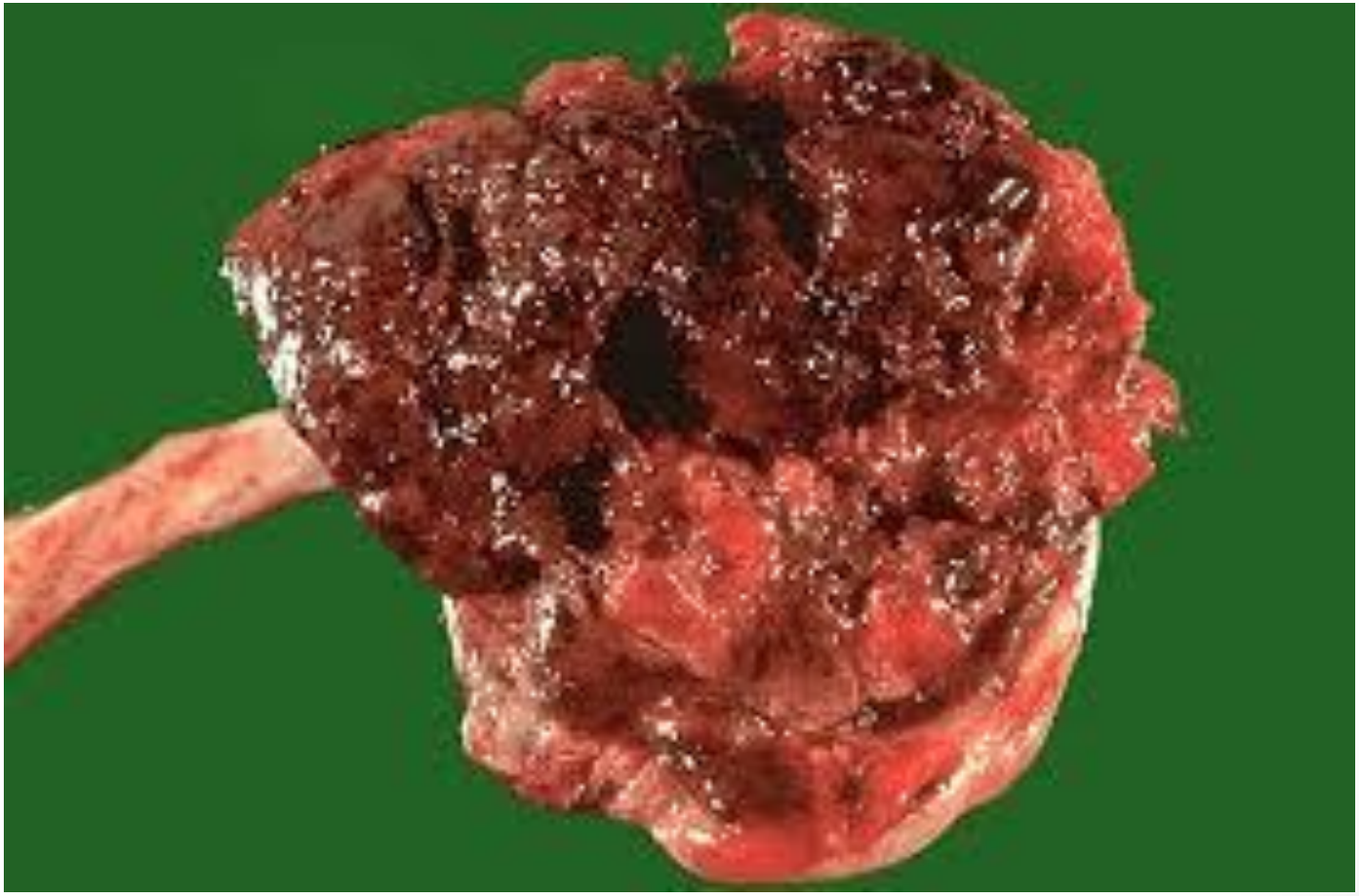
Effect of P.P. on pregnancy & labour

- **Increase incidence of:**
  - Malpresentation.
  - Preterm labour.
  - CS.
  - Placenta accreta.
  - Postpartum hemorrhage.

ACCIDENTAL HEMORRHAGE (ABRUPTIO PLACENTA)

Accidental hemorrhage

- **Definition:**
  - Premature separation of normally implanted placenta.
- **Incidence:**
  - 1%

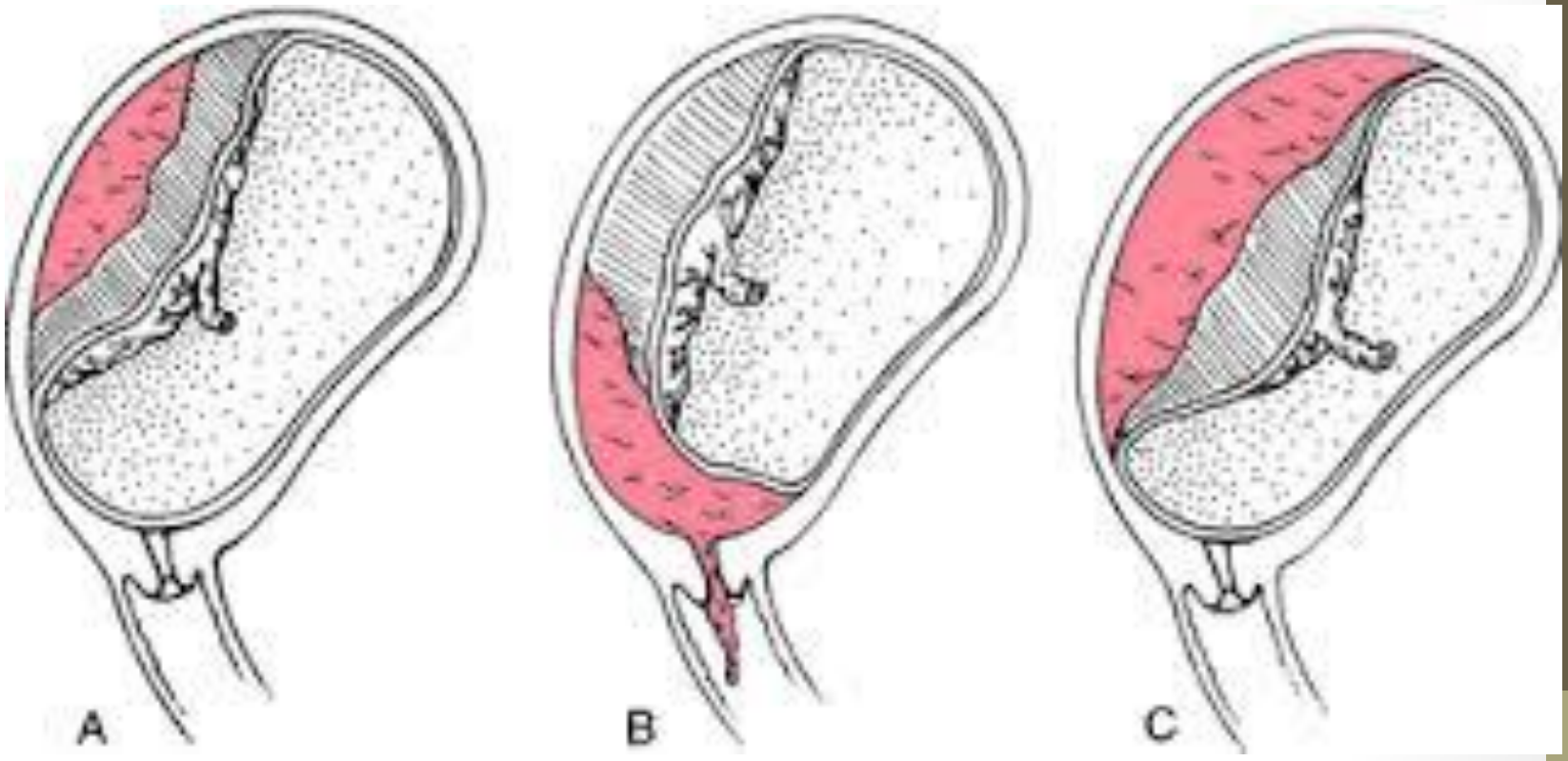


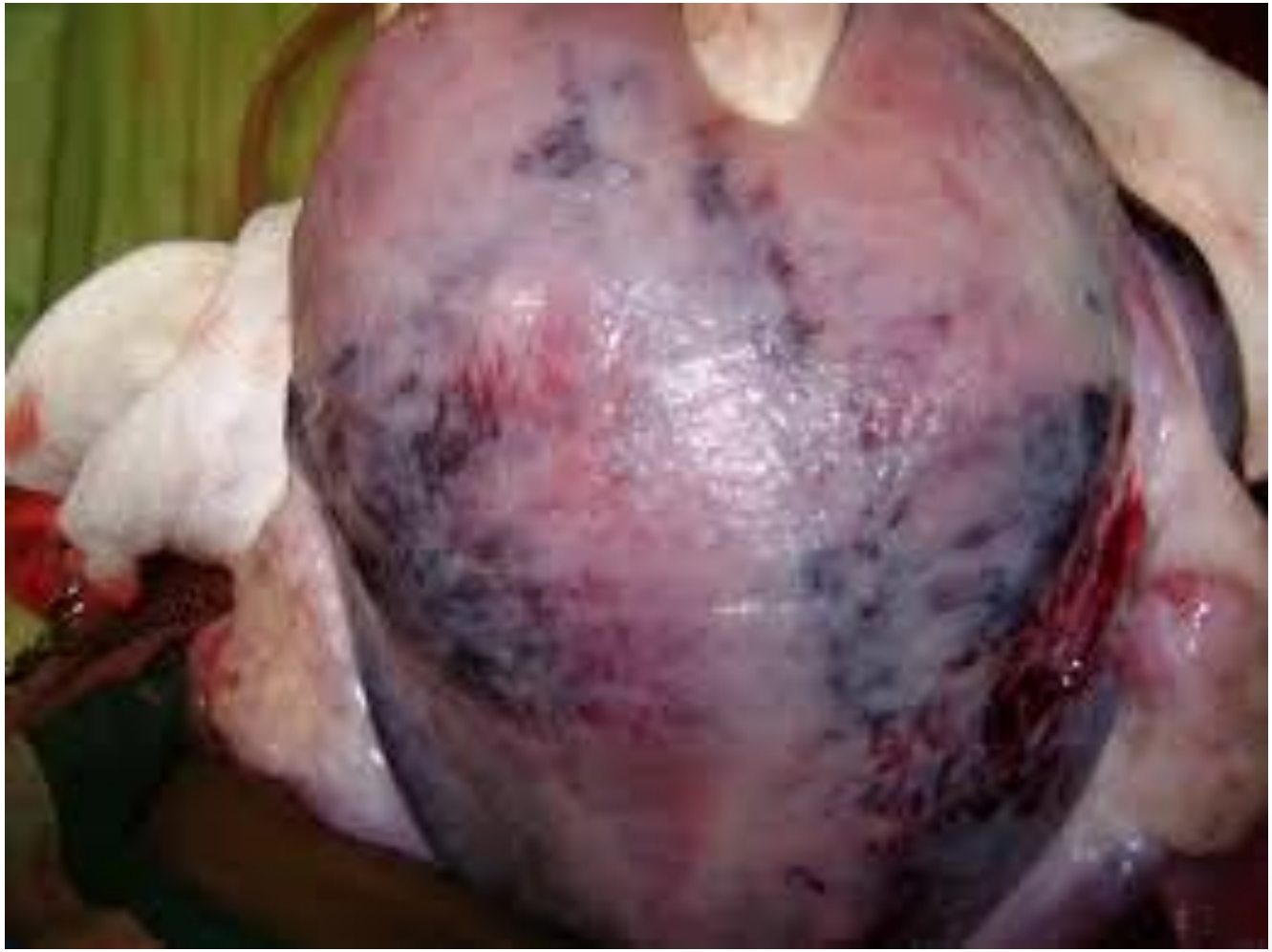
Etiology

- Idiopathic.
- **Pre-eclampsia.**
- **Trauma.**
- Sudden drop of intrauterine pressure due to PROM.
- Smoking.
- Myoma in placental bed.

Types

- **Revealed:**
  - Marginal (peripheral) detachment of placenta.
  - External hemorrhage.
- **Concealed**
  - Central separation with adherence of edge.
  - Retroplacental hematoma provoke more separation.
  - Blood may dissect through the myometrium between muscle fibers to reach peritoneal cavity **(couvelaire's uterus)**
- **Mixed**.


A
B
C

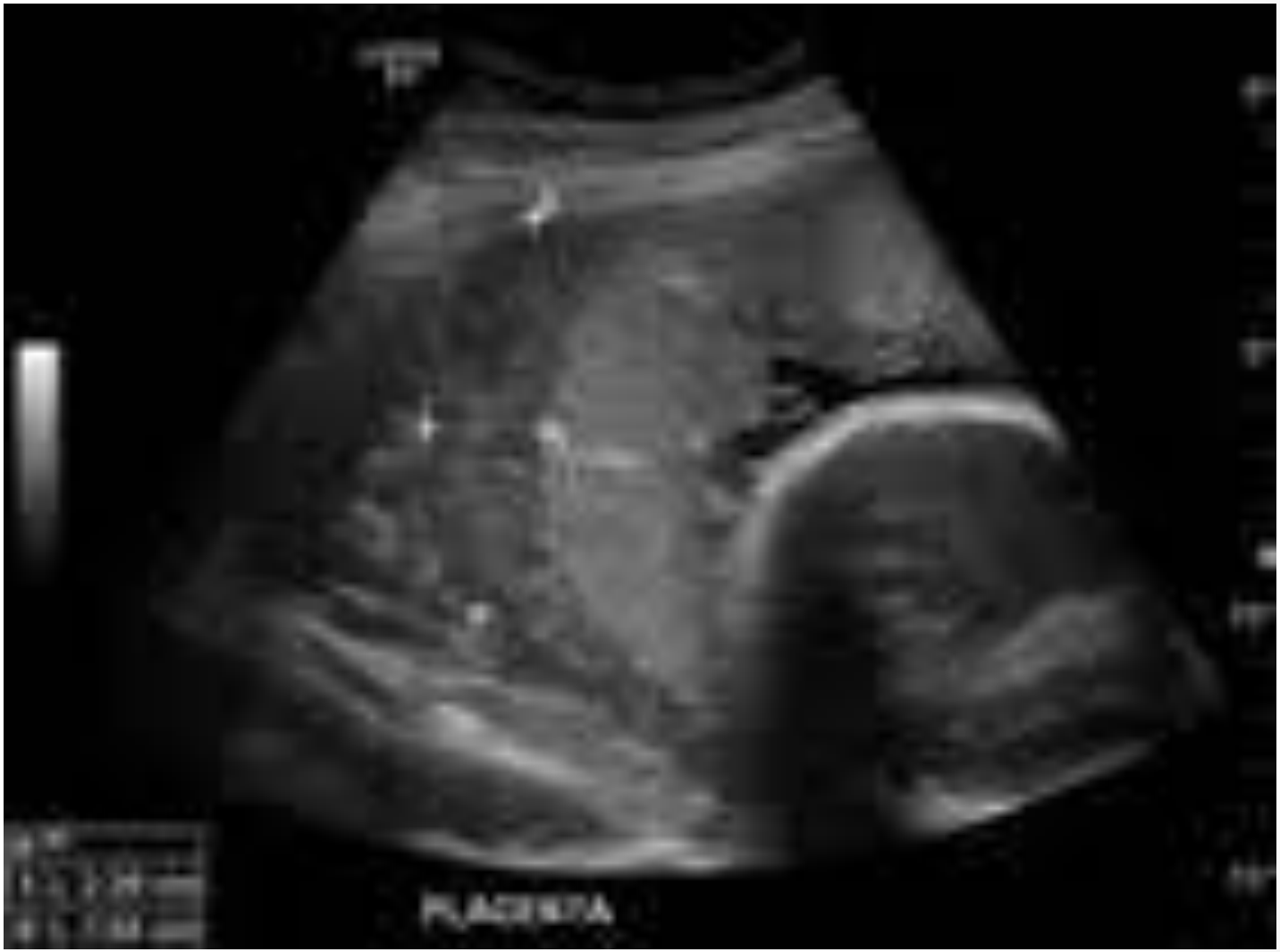


Clinical picture

- **A- concealed accidental Hge.**
  - Severe abdominal pain.
  - Shock (hemorrhage & pain).
  - Abdominal examination.
    - Tender & rigid abdomen.
    - Fundal level higher than period of amenorhea.
- **B- Revealed accidental Hge.**
  - Vaginal bleeding.
  - Mild abdominal pain.
  - Signs hypovolemic shock.

Investigation.

- **U/S:**
  - Exclude placenta previa.
  - Viability of fetus.
  - Retroplacental hematoma.
- **Urine analysis:**
  - Proteinurea.


PLACENTA

Differential diagnosis

- **Concealed type:**
  - Rupture uterus.
  - Hypertonic inertia.
- **Revealed & mixed type:**
  - Other causes of antepartum Hge.

Complication of concealed type

- Fetal death.
- Acute tubular necrosis & acute renal failure.
- DIC & consumptive coagulopathy.
  - Escape of thromboplastin-like substances into the maternal circulation.
- Postpartum Hge.

Management

A-Concealed & mixed types:

- Correction of shock.
- Termination usually by amniotomy & induction of labour.
- CS indicated only in:
  - Living fetus.
  - Deterioration of maternal condition in spite of resuscitative measures.
  - Other obstetrics indication.

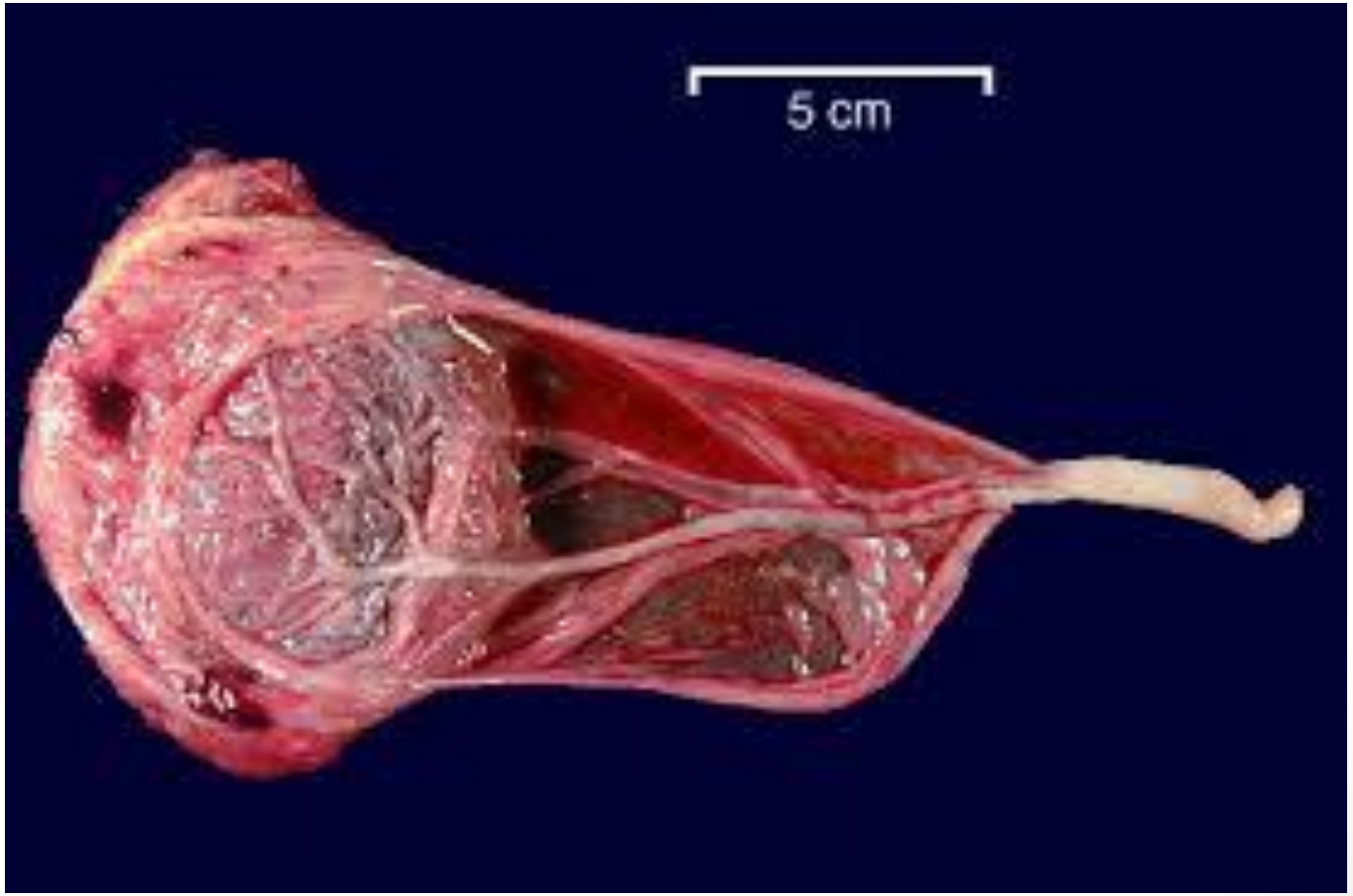
Management

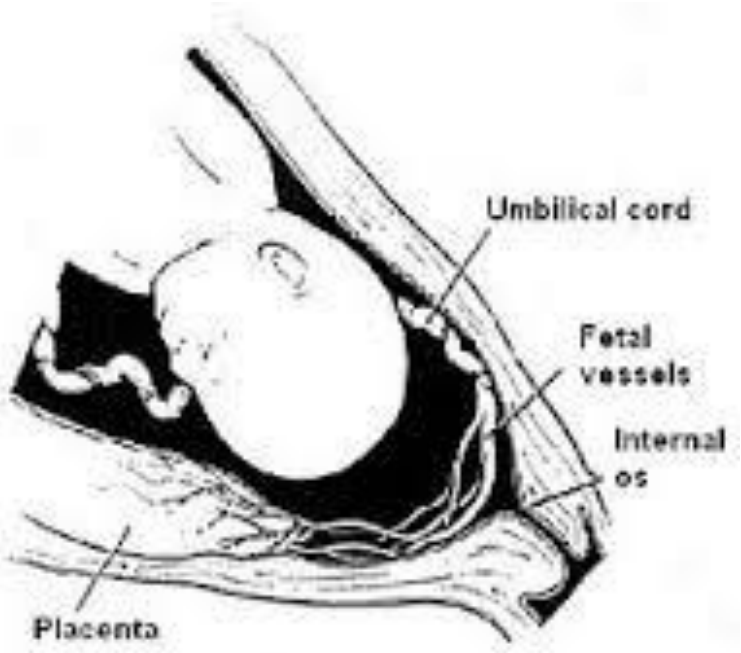
B- Revealed type:

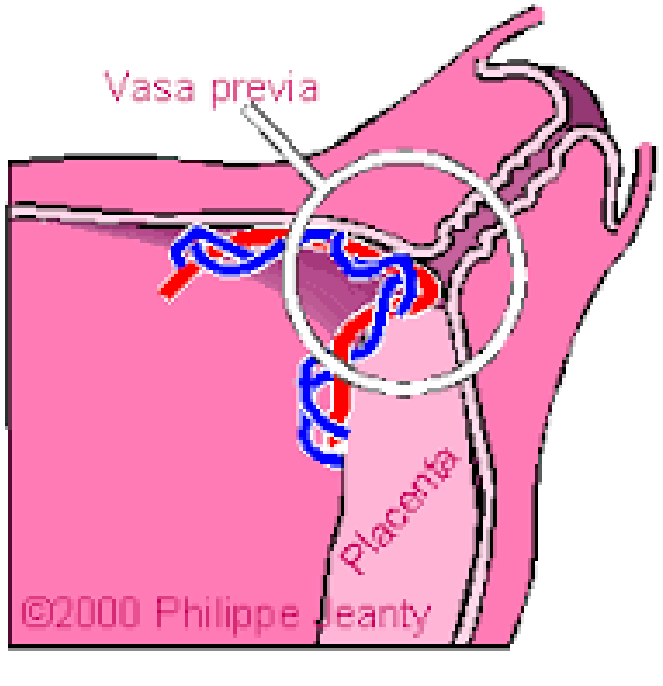
- **Severe hge:**
  - Correction of shock followed by CS.
- **Mild Hge.**
  - Hospitalization.
  - Careful monitoring of maternal & fetal condition.
  - Anti D for Rh -ve mother.
  - Tocolytics contraindicated.

Vasa previa

- Very rare.
- Bleeding of fetal origin.
- Occur due to velamentous insertion of the cord & some fetal vessels pass near the internal os.
- It leads to early fetal distress.
- Treatment by immediate CS.


5 cm


Umbilical cord
Fetal vessels
Internal os
Placenta


Vasa previa
Placenta
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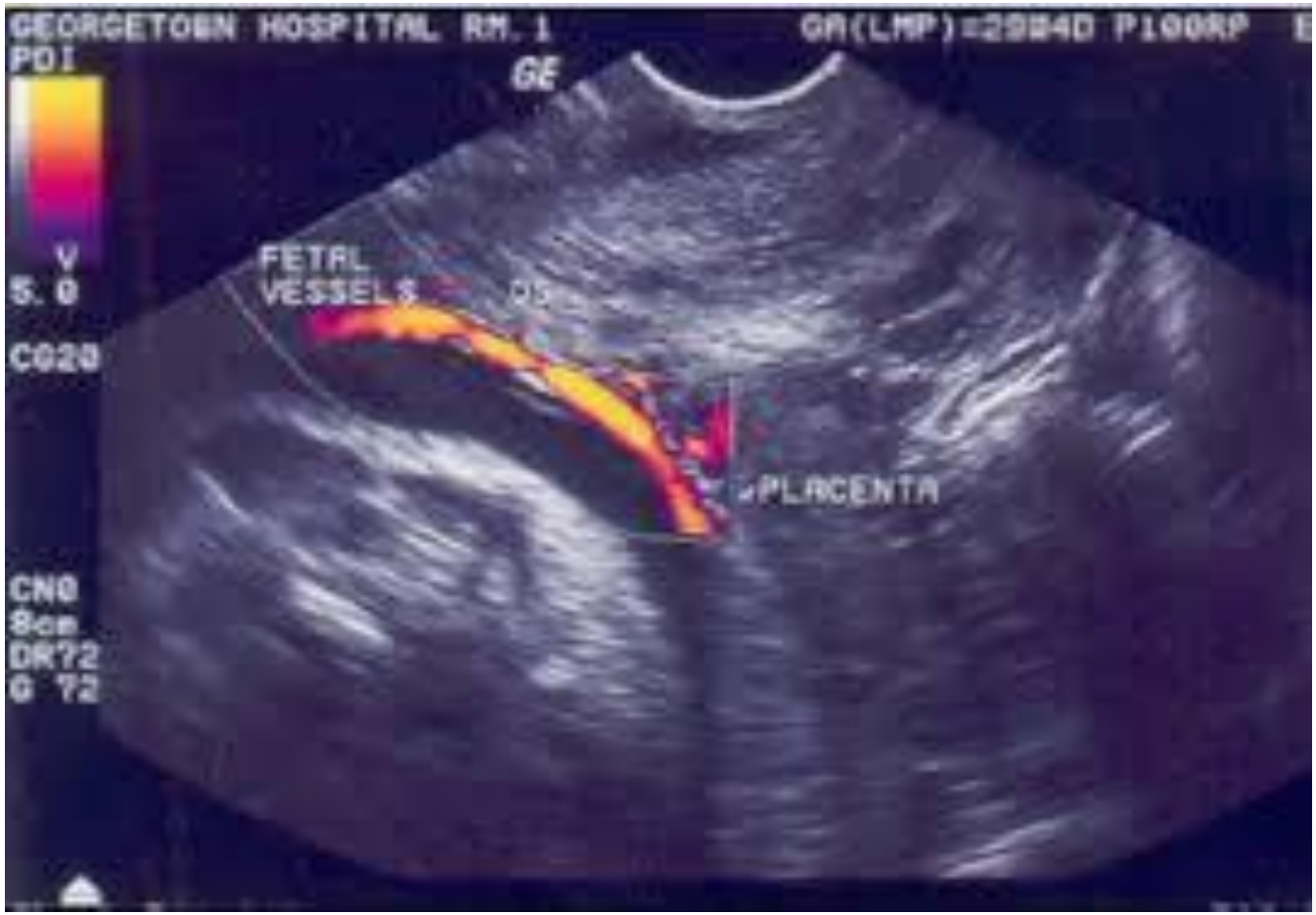
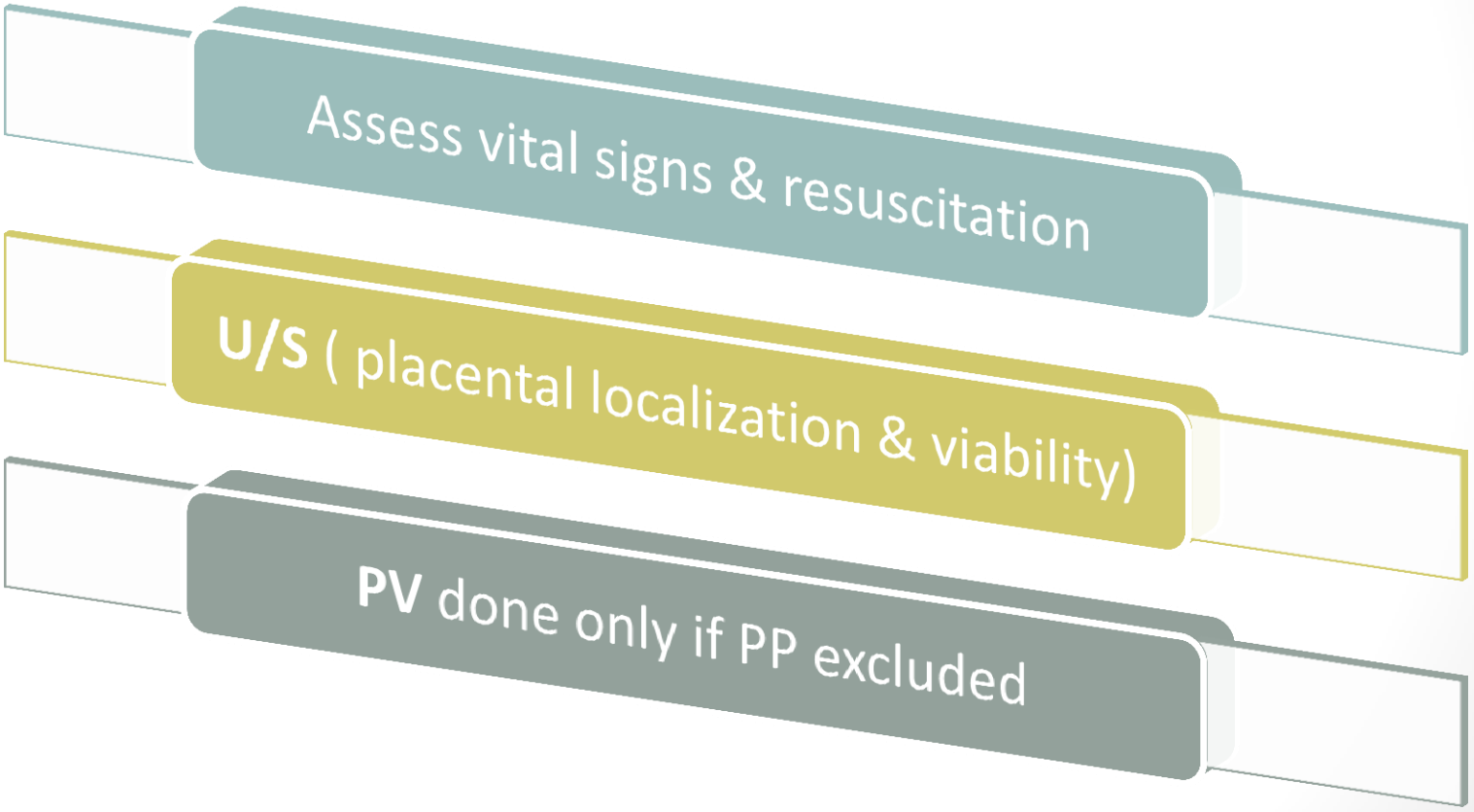

GEORGETOWN HOSPITAL RM. 1
GA(LMP)=2934D P100RP
GE
PDI
V
5.0
C020
FETAL
VESSELS
PLACENTA
CN0
8cm
DR?2
G ?2

SUMMARY OF MANAGEMENT



Thank You