

# Placenta Praevia

Perinatal Services - Maternity

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.



# Introduction

This leaflet has information on what to expect from your maternity care for those who, after 20 weeks of pregnancy, have a low-lying placenta.

## What is the placenta?

The placenta is a sac which develops with the baby in your womb (uterus). It attaches to the wall of your uterus connecting you and your baby.

Oxygen and nutrients pass from your blood through the placenta to your baby. Waste products from the baby also pass back through the placenta so your body can get rid of them.

The placenta, sometimes called the afterbirth, is delivered soon after the baby is born.

## What problems can happen with the placenta in pregnancy?

Sometimes, the placenta attaches low down in the uterus and may cover part of, or all of the neck of your womb (cervix). Usually, as your baby grows in the uterus the placenta moves up and out of the way of the cervix.

Rarely, the placenta stays in the lower part of the uterus. This is called:

- **Low-lying placenta;** when the placenta is lying less than 2cm from your cervix or
- **Placenta praevia;** when your cervix is totally covered by the placenta, blocking the baby's way out

You are more likely to have problems with your placenta if you:

- Smoke
- Have already had a caesarean (your placenta is less likely to move upwards)
- Have had fertility treatment

## What are the risks to me and my baby?

- **Vaginal bleeding;** which can be sudden and very heavy, usually around the end of the pregnancy. Heavy bleeding puts both you and your baby's lives at risk and you may need an emergency caesarean section
- **Having the baby too early;** babies born before 37 weeks of pregnancy (prematurely) may need to be admitted to the Neonatal Unit for specialist care
- **Unable to have a vaginal birth;** if the opening of cervix is blocked, your baby may need to be born by caesarean

## How do you check the position of my baby's placenta?

The position of the placenta is checked at your 20-week ultrasound scan.

- Only one in ten of those who have a low-lying placenta at 20 weeks will still have one at their follow up scan

## What happens if you find my baby's placenta is low-lying?

You will be offered a follow-up ultrasound scan at 32 weeks.

At this appointment you may have a transvaginal scan, this is safe for both you and your baby. This scan involves a probe being gently placed inside your vagina so to see exactly where the placenta is lying.

We may also measure the length of your cervix at your 32 week scan to help us see if you might go into labour early and have a higher risk of a bleed.

### **If your placenta is still low-lying at 32 weeks of pregnancy:**

You will be offered another ultrasound scan at 36 weeks.

- Only 1 in every 200 will have placenta praevia at the end of their pregnancy

## Will I need to come into hospital?

We will talk to you about whether you need to come into hospital as this is different for everybody. Even if you have had no symptoms before, there is a small risk that you could bleed suddenly and heavily, which may mean that you need an emergency caesarean.

## How can I look after myself while pregnant?

To make sure you have enough iron in your blood avoid becoming anaemic

- Eat a healthy diet
- Take iron supplements, if recommended by your healthcare team

We will check your iron levels (haemoglobin) throughout your pregnancy.

See patient leaflet: Increasing iron intake through diet during pregnancy

## What signs of a low-lying placenta should I look out for?

We might check to see if you have placenta praevia if:

- In the second half of your pregnancy you have bleeding (may be after having sex, usually painless)
- Later in your pregnancy the baby is found to be lying in an unusual position, for example bottom first (breech) or lying across the womb (transverse)

## When should I contact the hospital?

If you know you have a low-lying placenta and have any vaginal bleeding, contractions, or pain, call the hospital straight away:

**Maternity Triage Unit 01902 695037**

If you do have bleeding, your doctor may ask if they can examine you using a speculum tool. The speculum gently and safely opens your vagina to help the doctor look inside and see your cervix. They can then check how much blood there is and where it is coming from.

## What if you think my baby will be born early?

If we think you are likely to have your baby early, we will offer you a course of steroid injections between 34 and 36 weeks of pregnancy. The steroids are given to help get your baby's lungs ready for breathing.

If you go into labour early we may offer medication called tocolysis to try to stop your contractions long enough to make time for steroids to be given.

## How will my baby be born?

If you have placenta praevia, towards the end of your pregnancy your maternity doctor will talk with you about the safest way to give birth.

### **Following your 36 week scan:**

- If the edge of the placenta is less than 2cm from the entrance to your cervix a caesarean will be the safest option
- If the placenta is more than 2cm from your cervix you can choose to have a vaginal birth

If you have heavy bleeding before your planned date of delivery, we may recommend having your baby sooner.

### **Caesarean Birth**

- Your caesarean will usually take place between 36 and 37 weeks
- If you have had vaginal bleeding while pregnant, your caesarean may need to happen sooner
- Your anaesthetist will talk you through your options for pain relief (anaesthesia)
- In case you have heavy bleeding, a senior maternity doctor will be there. Heavy bleeding is more likely if you have had one or more caesareans before
- Extra blood must be ready for you in case you need to be given more (transfusion)
- If you would not accept a blood transfusion, talk to your pregnancy healthcare team as soon as possible. This gives a chance for you to ask questions and make other plans with the team

- Your doctors have ways to control bleeding, but very rarely they cannot stop it and may need to remove your uterus (hysterectomy).

## What if I have any questions

Speak to the midwife or doctor caring for you.

Community Midwives Hub - 01902 695140

Monday to Friday 9.00 – 1.30

Maternity Triage Unit - 01902 695037

24 hours, 7 days a week

## Where can I find out more information?

National Childbirth Trust (NCT):

[www.nct.org.uk/pregnancy/low-lying-placenta](http://www.nct.org.uk/pregnancy/low-lying-placenta)

Tommy's:

[www.tommys.org/pregnancy-information/pregnancy-complications/low-lying-placenta-placenta-praevia](http://www.tommys.org/pregnancy-information/pregnancy-complications/low-lying-placenta-placenta-praevia)

RCOG patient information Corticosteroids:

[www.rcog.org.uk/en/patients/patient-leaflets/corticosteroids-in-pregnancy-to-reduce-complications-from-being-born-prematurely/](http://www.rcog.org.uk/en/patients/patient-leaflets/corticosteroids-in-pregnancy-to-reduce-complications-from-being-born-prematurely/)

RCOG patient information Blood transfusion:

[www.rcog.org.uk/en/patients/patient-leaflets/blood-transfusion-pregnancy-and-birth/](http://www.rcog.org.uk/en/patients/patient-leaflets/blood-transfusion-pregnancy-and-birth/)

A glossary of all medical terms used is available on the RCOG website at:

[www.rcog.org.uk/en/patients/medical-terms](http://www.rcog.org.uk/en/patients/medical-terms)

## English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

## Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

## Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

## Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

## Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

## Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。