



BASIC INFORMATION

DESCRIPTION

The placenta (also called the after-birth) separates from the uterine wall. The placenta carries all nutrients and oxygen to the fetus. A separation can cause complications for the mother and the fetus. With a small separation, there may be no or few symptoms. Larger separations usually cause symptoms.

FREQUENT SIGNS AND SYMPTOMS

- Bleeding may be external (vaginal bleeding) or it may be concealed (bleeding remains in the uterus).
- Mild pain or discomfort, or there may be severe pain in the lower abdomen or back.
- Decreased fetal movement.
- Hard, tender abdomen.
- Uterine contractions.

CAUSES

The cause is unknown. Certain risk factors do exist.

RISK INCREASES WITH

- High blood pressure (hypertension).
- Smoking.
- Women over age 35 or younger than 20.
- Women who have had more than 4 or 5 pregnancies.
- A previous pregnancy with placental separation.
- Pregnancy with more than one fetus.
- Excess amniotic fluid (polyhydramnios).
- Chronic disorder (such as diabetes) or renal infection.
- Injury from motor vehicle accident, falls, or abuse.
- Short umbilical cord.
- Abnormal uterus or tumor.
- Premature rupture of the membranes (water breaks before delivery).
- Use of alcohol or drugs of abuse (such as cocaine).

PREVENTIVE MEASURES

- There is no sure way to prevent the problem.
- Avoid risk factors such as smoking, alcohol, or cocaine use. Get treatment for high blood pressure.

EXPECTED OUTCOME

When the separation is less severe and with immediate medical care, the outlook for mother and fetus is good.

POSSIBLE COMPLICATIONS

- Premature delivery of the child. This may lead to other complications for the newborn.
- Intrauterine growth restriction (IUGR) of the fetus.
- Shock or life-threatening bleeding in the mother.
- Blood clotting problems for the mother (disseminated intravascular coagulopathy or DIC).
- Risk of abruptio placentae in a future pregnancy.
- Uncontrolled bleeding after delivery may lead to an emergency hysterectomy.
- Death of child and/or mother.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your obstetric provider will do a physical exam and ask questions about your symptoms. Medical tests will include blood studies and blood clotting tests. An ultrasound may be done.
- Treatment depends on the severity of the separation, the condition of the fetus, and the duration of the pregnancy. Hospital care is usually needed (except for mild cases) so the mother can be observed for any complications. If the placenta separation is slight, you may be able to return home for bed rest and close observation.
- In the hospital, fluids may be given through a vein (IV). A blood transfusion may be needed.
- Labor may be induced, if the pregnancy is at term or if there are signs of fetal distress.
- Surgery to deliver the unborn child by cesarean section, or vaginal delivery (sometimes).

MEDICATION

A drug to induce labor may be used if immediate delivery is required.

ACTIVITY

Whether you are in the hospital or have been able to return home, follow all medical instructions about any activity limits.

DIET

- A liquid-only diet may be prescribed until it is decided if surgery will be needed.
- If you are resting at home, continue with regular diet.



NOTIFY OUR OFFICE IF

- You have bleeding (anything more than slight spotting) during pregnancy. This is an emergency!
- You have any other new symptoms.

Special notes:

More notes on the back of this page