Placenta Praevia

Who is this information for?
This information is for you if you have placenta praevia: a low lying placenta after 20 weeks of pregnancy. It may also be helpful if you are a partner, relative or friend of someone in this situation.

Key Points

- Placenta praevia happens when your placenta (afterbirth) attaches in the lower part of your uterus (womb), sometimes completely covering the cervix (neck of the womb)
- This can cause heavy bleeding during pregnancy or at the time of delivery
- If you have placenta praevia your baby will probably need to be born by caesarean section
- Placenta Accreta is a rare but serious condition when the placenta gets stuck to the muscle of your womb and/or to nearby structures like bladder. This is more common if you have previously had caesarean section/s. It may cause heavy bleeding at the time of your delivery. You may sometimes need to have a hysterectomy to control the bleeding.

A glossary of all medical terms used in this information is available by clicking on the word itself which includes a link to the glossary or you can view the full list on the RCOG website at: http://www.rcog.org.uk/womens-health/patient-information/medical-terms-explained

What is placenta praevia?
The placenta develops along with the baby in your uterus during pregnancy. It attaches to the wall of your uterus and provides a connection between you and your baby. Oxygen and nutrients pass from your blood through the placenta into your baby’s blood. The placenta is delivered after the baby is born and it is sometimes called the afterbirth.

In some women the placenta attaches low down in the uterus and may cover a part or all of the cervix (the entrance or neck of your uterus). In most cases, the placenta moves upwards and out of the way as the uterus grows during pregnancy. For some women however, the placenta continues to lie in the lower part of the uterus as the pregnancy continues. This condition is known as placenta praevia or low lying placenta.

Placenta praevia is more common if you have had one or more previous caesarean sections, if you had had fertility treatment in order to fall pregnant, if you are older or if you smoke.
What are the risks to me and my baby?

There is a risk that you may have vaginal bleeding particularly towards the end of the pregnancy, because the placenta is low down in your uterus. Bleeding from placenta praevia may be heavy, putting both you and your baby at risk.

Your baby may need to be born by caesarean section because the placenta may be in the way of them being born vaginally.

How is placenta praevia diagnosed?

A low-lying placenta is checked for during your routine 20-week ultrasound scan. Most women who have a low-lying placenta at 20 weeks will not go on to have a low-lying placenta later in the pregnancy. 9 out of 10 women with a low lying placenta at their 20 week scan will no longer have a low placenta when they have their follow up scan and only 1 in 200 women will have placenta praevia at the end of their pregnancy. If you have previously had a baby by caesarean section, the placenta is less likely to move upwards.

Placenta praevia is confirmed by having a transvaginal ultrasound scan (where the probe is gently placed inside the vagina). This is safe for both you and your baby and it may be used towards the end of your pregnancy to check exactly where your placenta is lying.

Placenta praevia may be suspected if you have bleeding in the second half of pregnancy. Bleeding from placenta praevia is usually painless and may occur after having sex.

Placenta praevia may also be suspected later in pregnancy if the baby is found to be lying in an unusual position, for example bottom first (breech) or lying across the womb (transverse).

What extra antenatal care can I expect if I have a low-lying placenta?

If your placenta is low lying at your 20 week scan, you will be offered a follow up scan at 32 weeks of pregnancy to see if it is still low lying. This may include a transvaginal scan. You should be offered a further ultrasound scan at 36 weeks if your placenta is still low lying.

The length of your cervix may be measured at your 32 week scan to predict whether you may go into labour early and whether you are at increased risk of bleeding. If you have placenta praevia you are at higher risk of having an early delivery (less than 37 weeks) and you may be offered a course of steroid injections between 34 and 36 weeks of pregnancy to help your baby to become more mature. If you go into labour early you may be offered medication (tocolysis) to try to stop your contractions and to allow you to receive a course of steroids.

Additional care including whether or not you need to be admitted to hospital, will be based on your individual circumstances. 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 section.

You should contact the hospital straight away if you know you have a low-lying placenta and you have any vaginal bleeding, contractions or pain. If you have bleeding your doctor may need to do a speculum examination to check how much blood loss there is and where it is coming from. This is a safe examination.

You should avoid becoming anaemic during pregnancy by having a healthy diet and by taking iron supplements if recommended by your healthcare team. Your blood haemoglobin levels (a measure of whether you are anaemic) will be checked at regular intervals during your pregnancy.

**How will my baby be born?**

Towards the end of your pregnancy, once placenta praevia is confirmed, you will have the opportunity to discuss the options for delivery with your health care professional.

Your healthcare team will recommend the best way for you to give birth based on your own individual circumstances.

If the edge of your placenta is less than 2 centimeters from the entrance to the cervix on your scan at 36 weeks your baby will need to be born by caesarean section. If the placenta is further than 2cm from your cervix you should be able to have a vaginal delivery.

Unless you have heavy or recurrent bleeding, your caesarean section will usually be performed between 36 and 38 weeks. If you have had vaginal bleeding during your pregnancy your caesarean may need to be performed earlier than this.

If you are having a caesarean section, a senior obstetrician and anaesthetic doctor should be present at the time of your delivery and you should give birth in a hospital with facilities available to care for you if you experience heavy bleeding. This is particularly important if you have had one or more caesarean sections before.

Your anaesthetist will discuss the options for anaesthesia if you need a caesarean section.

During your caesarean you may have heavier than average bleeding. There are many different things that your doctors can do to stop the bleeding, but if it continues and cannot be controlled in other ways, a hysterectomy (removal of your uterus) may be needed.

If you have heavy bleeding before your planned date of delivery, you may need to be delivered earlier than expected, as an emergency.
If you have placenta praevia, you are more likely to need a blood transfusion, particularly if you have very heavy bleeding. During a planned delivery, blood should be available for you if needed. If you feel that you could never accept a blood transfusion, then you should explain this to your health care team as early in your pregnancy as possible. This will give you the opportunity to ask questions and to discuss alternative plans as necessary.

What is placenta accreta?
A rare (1:300-1:1000) complication of pregnancy is known as placenta accreta. This is when the placenta grows into the muscle of the uterus, making delivery of the placenta at the time of birth very difficult.

Placenta accreta is more common in women with placenta praevia who have previously had one or more caesarean sections, but it can also occur if you have had other surgery to your uterus, or if you have a uterine abnormality such as fibroids or a bicornuate uterus. It is more common if you are older (more than 35 years old) or if you have had fertility treatment, especially IVF.

Placenta accreta may be suspected during the ultrasounds that you will have in your pregnancy. Additional tests such as magnetic resonance imaging (MRI) scans may help with the diagnosis, but your doctor will only be able to confirm that you have this condition at the time of your caesarean section.

If you have placenta accreta, there may be bleeding when an attempt is made to deliver your placenta after your baby has been born. The bleeding can be heavy and you may require a hysterectomy to stop the bleeding.

If placenta accreta is suspected before your baby is born, your doctor will discuss your options and the extra care that you will need at delivery. Delivery may be planned early, between 34 and 37 weeks of pregnancy, depending on your individual circumstances. You will need to have your baby in a hospital with specialist facilities available and a team with experience of caring for women with this condition. There may be a plan to perform an elective caesarean hysterectomy (to remove your uterus with the placenta still in place, straight after your baby is born) if placenta accreta is confirmed at delivery.

It may be possible to leave the placenta in place after birth, to allow it to absorb over several weeks or months. Unfortunately this type of treatment is often not successful and can be associated with very serious complications such as bleeding and infection. Some women will still go on to need a hysterectomy. Your health care team will discuss a specific plan of care for you depending on your individual situation.

Further information
NCT: https://www.nct.org.uk/pregnancy/low-lying-placenta

Making a choice

### Sources and acknowledgements

This information has been developed by the RCOG Patient Information Committee. It is based on the RCOG GreenTop Guideline, Placenta Praevia, Placenta Praevia Accreta and Vasa Praevia: Diagnosis and Management

The guideline contains a full list of the sources of evidence we have used. You can find it online at: [https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg27/](https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg27/)

This information has been reviewed before publication by women attending clinics in XXXXXXX, and by the RCOG Women’s Network and Women’s Voices Involvement Panel.

A glossary of all medical terms is available on the RCOG website at: [www.rcog.org.uk/en/patients/medical-terms](www.rcog.org.uk/en/patients/medical-terms)