



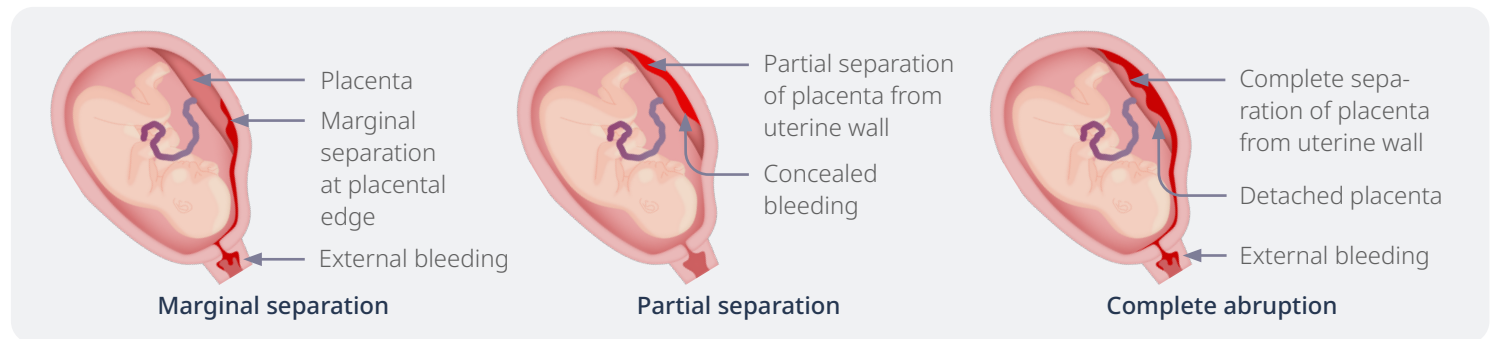
PLACENTAL ABRUPTION



Placental abruption (abruptio placentae) is a premature separation of the placenta from the uterine wall before completion of second-stage labor. This obstetric emergency compromises fetal oxygen supply, prompting fetal distress and possible death. Bleeding from the placental site can lead to shock, disseminated intravascular coagulation (DIC) and possible death for the client without prompt intervention.

Management

Placental separation may be marginal, partial, or complete. Bleeding may be concealed or visible externally.



Pathophysiology and associated risk factors

Placental abruption occurs due to compromise to the vascular structures that support the placenta and connect it to the uterine lining. This vascular compromise may occur due to:

Increased pressure:

- Hypertension
- Preeclampsia

Abnormal vasoconstriction:

- Smoking
- Cocaine use

Over-stretching of the uterus:

- Polyhydramnios
- Multiple gestation

Shearing force:

- Trauma (fall, car wreck, physical abuse)

Other risk factors include:

- Client age > 35
- History of placental abruption in prior pregnancy

Clinical presentation

Symptoms may range from mild to severe based on extent of abruption.

Pregnant client:

- Sudden uterine pain
- Sustained uterine contraction; rigid abdomen
- Bleeding present or absent
- Vital sign alterations, if bleeding severe
- Clotting profile alterations, if bleeding severe
 - Hypofibrinogenemia
 - Coagulopathy

Fetus:

- Decreased fetal movement
- Decreased FHR variability
- Late decelerations
- Sustained bradycardia

Management

- Initiate client vital sign monitoring.
- Initiate continuous fetal monitoring.
- Insert 2 large bore intravenous lines.
- Apply supplemental oxygen, as needed.
- Draw lab work.
- Prepare to assist vaginal birth, if imminent (may occur quickly at term due to uterine hyperstimulation)
- Prepare for cesarean birth, if indicated due to client or fetal compromise.
- Be aware of risk of DIC; proactively prepare for postpartum hemorrhage.

Evaluation

Ultrasound: Identify placental location, rule out previa. However: US has low sensitivity for identifying acute abruption.

Labs: CBC, clotting studies (fibrinogen and PT/a-PTT), type/screen, Kleihauer-Betke

Biophysical profile: Assess fetal well-being. Score of 6 or below indicates fetal compromise.