Abruptio Placentae

Abruptio placentae is an obstetric complication in which the placenta prematurely separates from the uterine wall after the 20th week of gestation and before the fetus is delivered. The three grades of abruption include: mid grade (less than 15% placenta separates with concealed hemorrhage), moderate grade 2 (up to 50% placenta separates with apparent hemorrhage), and severe grade 3 (greater than 50% placenta separates with concealed hemorrhage).



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Mechanism

Premature Separation of Placenta
Placenta-present Separation
The placenta prematurely separates from the uterine wall after the 20th week of gestation.

Assessment

Tearing Pain
Tearing Pain-bolt
A severe sudden onset of abdominal pain occurs.

Bleeding (Often Concealed)
Blood
Dark red vaginal bleeding may be present; however, if separation is in the center of the placenta, then blood may be trapped between the placenta and decidua, concealing the hemorrhage. A concealed hemorrhage occurs in about 10% of patients with resulting uterine tenderness and pain.

Rigid Uterus
Stone Uterus
A rigid uterus, or board-like abdomen may be noted upon assessment. Other patients may present with uterine tenderness accompanied with pain.

Contractions
Contracting-muscle
Frequent uterine contractions or ones with no relaxation in between may occur. Hypertonic uterine activity will lead to poor blood and oxygen exchange for the fetus.

Interventions

Corticosteroids as Needed
Quarter-on-steroids
When the fetus is preterm and the patient is stable with no immediate need for delivery, it's advisable to administer corticosteroids to promote lung development. This can enhance fetal lung maturity and improve neonatal outcomes.

Emergent Delivery
Emergency-lights Stork Delivering-baby
In hemodynamically unstable patients, an immediate cesarean delivery is recommended. If the delivery is rapidly approaching, and conditions are favorable, vaginal birth can also be an option.

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Considerations

Increased Risks for Neonate

Up-arrow Risk with Neon-natal Baby

Increased risks for the neonate include preterm birth, intrauterine growth restriction, hypoxia, anoxia, neurological injury, and fetal death related to hemorrhage.

Rh (Rhesus) Incompatibilities

Recess-playground Incompatibles

Due to possible mixing of maternal and fetal blood, sensitization can occur if the fetus is Rh positive. The mother may be given Rhogam if she is Rh negative.

Increased Risk for Shock

Up-arrow Risk Shocking

Excessive bleeding places the mother at risk for hypovolemic shock. It is important to note that during pregnancy, signs of shock may not be present until 25-30% of maternal blood loss has occurred. Be sure to closely monitor vital signs, maintain IV access with a large bore IV, and provide fluids, blood products, and oxygen as prescribed.

Monitor Fetal Heart Rate

Fetus Heart-Monitor

Monitor fetal heart rate as signs of possible decline include prolonged fetal bradycardia, repetitive late decelerations, or decreased short-term variability.

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