



# Clinical Practice Guidelines: Obstetrics/Placental abruption

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<b>Date</b>	February, 2021
<b>Purpose</b>	To ensure consistent management of a placental abruption.
<b>Scope</b>	Applies to Queensland Ambulance Service (QAS) clinical staff.
<b>Health care setting</b>	Pre-hospital assessment and treatment.
<b>Population</b>	Applies to all ages unless stated otherwise.
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# Placental abruption

February, 2021

**Placental abruption** occurs when a normally situated placenta separates either partially or completely from the uterine wall, resulting in haemorrhage prior to the delivery of the foetus. It is an obstetric emergency that is associated with serious maternal complications such as disseminated intravascular coagulation (DIC), shock, uterine rupture, or acute renal failure, and also contributes to high rates of foetal perinatal mortality.<sup>[1]</sup>

The incidence of placental abruption is approximately one in 100 – 200 pregnancies; however the frequency is increasing, possibly due to a trend towards later motherhood, or a higher incidence of caesarean sections.<sup>[1]</sup>

Although blunt trauma can be a causative factor, the majority of cases are idiopathic.

**Risk factors for placental abruption include:**<sup>[2]</sup>

- gestational hypertension and pre-eclampsia
- previous history of abruption or caesarean section
- multiparity and advanced maternal age
- intrauterine infection
- ruptured membranes in the presence of polyhydramnios
- tobacco or cocaine use

Management is based upon a high index of suspicion and early recognition, especially in occult bleeds, and preventing maternal hypotension in order to avoid foetal hypoxia.

## Clinical features



- Constant pain in the abdomino-pelvic region
- Bleeding may range from absent to profuse, occurring in waves as the uterus contracts
- Tetanic uterine contractions
- Uterine hypertonicity – feels rigid on palpation
- Fundal height may increase due to expanding intrauterine haemorrhage
- Signs of maternal shock

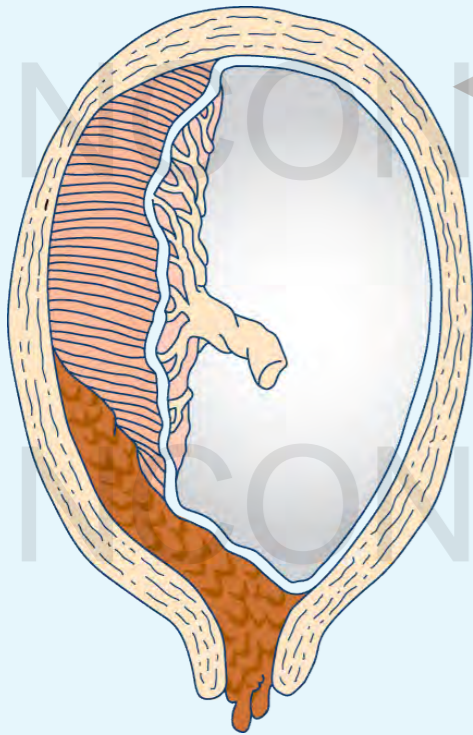
## Risk assessment



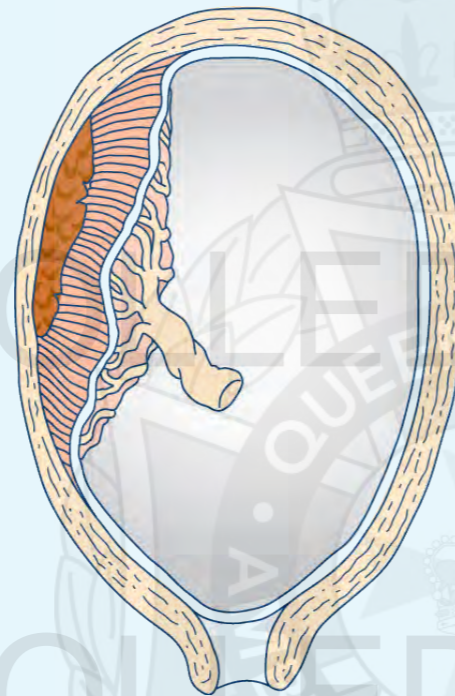
- Due to the possibility of occult bleed, diagnosis of placental abruption should be considered in any pregnant woman with abdominal pain, even without evidence of haemorrhage
- Mild cases may not be clinically obvious

## + Additional information

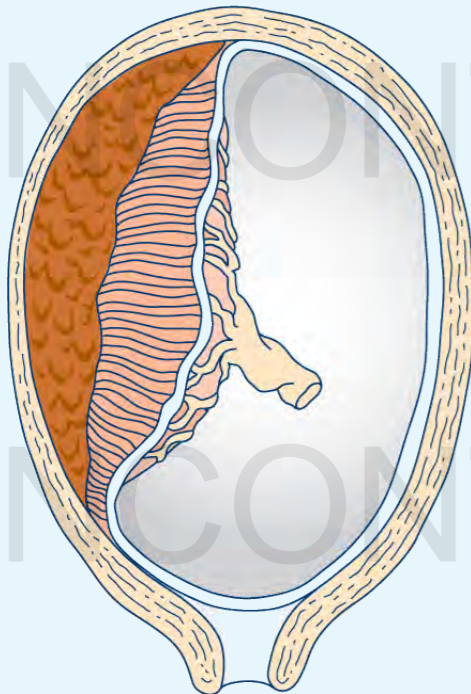
Placental abruption can be classified into **three** categories:<sup>[2]</sup>



**Marginal:** where an edge has separated away



**Central:** where the centre has detached



**Complete:** where the whole placenta has come away from the uterine wall.

**NOTE:** As can be seen from the illustrations, only a marginal abruption is likely to result in a visible PV haemorrhage. It is advisable to transport for assessment to an obstetrics unit.

