

Placenta Previa

A plain-English guide for you and your family

WHAT IS HAPPENING

In a normal pregnancy, the placenta (the thick, blood-rich disc that feeds your baby) attaches high up on the wall of the uterus, far from the cervix (the narrow door at the bottom of the uterus that opens when you give birth). Placenta previa happens when the placenta plants itself too low and covers part or all of that cervix. When you reach the last three months of pregnancy, your uterus stretches and the cervix starts to soften and thin out, getting ready for birth. Because the placenta is stuck right over the door, this stretching tears the edge of the placenta and opens big blood vessels. You'll see sudden, painless, bright-red bleeding—sometimes a lot. It doesn't hurt because the cervix itself has no pain nerves. Your doctor will see the placenta's position on ultrasound. The key rule: no one should ever put fingers, a speculum, or anything else into your vagina, because that could tear the placenta wide open and cause dangerous bleeding. Your baby will be delivered by cesarean section before labor starts, so the placenta never has to peel off a stretching cervix. Things that raise your risk include having had a prior cesarean (the scar changes where the placenta can stick), multiple prior pregnancies (the uterine lining is thinner), being over 35, and smoking (which damages the lining). If you see bleeding, go to the hospital right away—your care team will monitor you and your baby closely and plan a safe delivery.

What you might feel

- Painless bright-red vaginal bleeding in the second or third trimester (especially after 20 weeks)
- Bleeding that stops and starts again (intermittent bleeding)
- The baby is lying sideways or bottom-first (breech or transverse position) late in pregnancy
- The top of the uterus (fundus) feels higher than expected for how far along the pregnancy is
- Uterus feels soft and not tender when pressed
- Sudden heavy bleeding that soaks through pads quickly
- Dizziness, fast heartbeat, pale skin, or feeling very weak (signs of too much blood loss)
- Bleeding that starts during or right after a digital (finger) pelvic exam

Call the doctor right away if...

- Sudden heavy vaginal bleeding that soaks a pad in less than an hour
- Signs of shock: pale or gray skin, cold and clammy, very fast or weak pulse, dizziness, confusion, or trouble staying awake
- Bleeding that starts or gets much worse during labor or after the water breaks
- A digital (finger) pelvic exam was done before ultrasound confirmed where the placenta is (this can cause dangerous bleeding and should NEVER be done when previa is suspected)

What the care team will do

- Place two large-bore IV lines (18 gauge or bigger) and draw blood for type and crossmatch, complete blood count, and coagulation studies immediately
- Place external fetal monitor on mother abdomen to track baby heart rate and check for contractions, and keep monitoring continuously
- Keep the patient on strict pelvic rest with nothing inserted into the vagina - no finger exams, no speculum exams, no tampons, and no intercourse
- Monitor vital signs every 15 minutes during active bleeding, watching especially for a fast heart rate (tachycardia) (fast heart over 100), low blood pressure (hypotension) (low blood pressure), and signs of shock
- Keep at least four units of packed red blood cells typed and crossmatched available at all times, and notify the blood bank to stay ready
- Administer betamethasone 12 milligrams intramuscular injection if the mother is less than 34 weeks pregnant and repeat dose in 24 hours per provider order
- Give RhoGAM 300 micrograms intramuscular injection within 72 hours of bleeding episode if mother is Rh negative per provider order
- Teach the mother complete bed rest during bleeding episodes and pelvic rest throughout pregnancy, with bathroom privileges only, and arrange home support

Medicines you may be given — and why

Betamethasone

Betamethasone is a steroid that crosses from mom's blood into the baby's body through the placenta. It speeds up the baby's lung development by telling the cells in the tiny air sacs (alveoli) to make surfactant, a slippery coating that keeps the air sacs open so the baby can breathe after birth. Without enough surfactant, the air sacs collapse like wet balloons, making it very hard for a premature baby to breathe.

Rho(D) immune globulin (RhoGAM)

RhoGAM is a shot of ready-made antibodies that grab and remove any Rh-positive red blood cells from the baby that may have slipped into the mom's bloodstream during bleeding episodes. If mom is Rh-negative and the baby is Rh-positive, mom's immune system can see those baby cells as foreign invaders and build its own antibodies against them. Those mom-made antibodies can cross the placenta in future pregnancies and attack the next baby's red blood cells, causing severe anemia and organ damage (hemolytic disease of the newborn). RhoGAM acts like a clean-up crew, removing the baby's cells before mom's immune system ever sees them, so she never makes the dangerous antibodies.

Intravenous crystalloid fluids (normal saline or lactated Ringer's solution)

IV fluids are salt-water solutions that go straight into mom's vein to quickly replace the volume of blood lost during vaginal bleeding. When bleeding happens, the amount of liquid in the bloodstream drops, so blood pressure can fall and organs—including the placenta feeding the baby—may not get enough oxygen. Pouring fluid into the veins brings the volume back up fast, keeps blood pressure stable, and buys time until bleeding stops or until the team can give blood transfusions if needed.

Packed red blood cells (PRBCs)

Packed red blood cells are bags of donated blood with most of the plasma (the liquid part) removed, leaving concentrated red cells that carry oxygen. When mom loses a lot of blood from placenta previa bleeding, her red blood cell count drops, and her blood cannot deliver enough oxygen to her organs or the baby. Transfusing PRBCs quickly restores the oxygen-carrying capacity of the blood, bringing hemoglobin (the oxygen-grabbing protein inside red cells) back up and preventing shock and organ damage.

Where this information comes from

- ACOG Practice Bulletin No. 204: Fetal Macrosomia, 2019 (includes management of placenta previa)
- Royal College of Obstetricians and Gynaecologists (RCOG) Green-top Guideline No. 27: Placenta Praevia and Placenta Accreta, 2018
- UpToDate Clinical Guidelines (Placenta Previa)
- Society for Maternal-Fetal Medicine (SMFM) Consult Series

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