BLEEDING EMERGENCIES IN PREGNANCY

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OBJECTIVES

• MANAGEMENT OF PLACENTA PREVIA
• MANAGEMENT OF PLACENTA ACCRETA
• IDENTIFICATION AND MANAGEMENT OF PLACENTAL ABRUPTION
• IDENTIFICATION AND MANAGEMENT OF POSTPARTUM HEMORRHAGE

DISCLOSURES

• WE HAVE NO CONFLICT OF INTERESTS TO DISCLOSURE

PREGNANCY & PLACENTAS

• TEMPORARY ORGAN SUPPLYING NUTRIENTS AND OXYGEN TO A FETUS
• TYPICALLY ATTACHES TO THE TOP OR SIDE OF THE UTERUS
• SOME PLACENTAL ISSUES CAN BE IDENTIFIED EARLY IN PREGNANCY, BY ULTRASOUND
• A HEALTHY PLACENTA IS KEY TO A HEALTHY PREGNANCY
• POTENTIAL PLACENTA-RELATED COMPLICATIONS INCLUDE
  PREVIA
  ABRUPTION
  RETAINED PLACENTA
  CORD ISSUES
  IMPLANTATION ISSUES
PLACENTA PREVIA

- Placenta attaches so that it partially or completely covers the cervix.
- Cause is unknown.
- Cesarean section delivery is indicated.
- Delivery indicated between 36-37 weeks gestation.
- Emergent cesarean may be indicated depending on severity of bleeding, maternal hemodynamic stability or fetal distress.

WHO IS AT RISK AND COMPLICATIONS

- Risk factors: previous deliveries, previous previa, uterine scarring, more than one fetus, maternal age 35 or older, race other than white, smoker, cocaine use.
- Complications: bleeding during pregnancy, hemorrhage during labor, delivery or immediate post partum period.

OTHER ABNORMAL PLACENTA IMPLANTATION

- Placenta accreta: placenta grows too deeply into the uterine wall, placenta does not completely detach from uterine wall after child birth.
- Placenta increta: placenta grows into the uterine muscle.
- Placenta percreta: placenta grows through the uterine wall, potentially into surrounding organs.
- Most often requires cesarean delivery with hysterectomy.

PLACENTAL IMPLANTATION

- Normal
- Accreta
- Increta
- Percreta
MANAGEMENT OF PLACENTA PREVIA

- Monitor maternal hemodynamic status
- Quantify blood loss by weighing (1gm=1ml)
- Prepare for emergency cesarean
- IV site x2
- Type and crossmatch 2-4 units RBC, prepare for massive transfusion protocol
- Prepare for delivery with possible fetal resuscitation, possible preterm delivery

PLACENTAL ABRUPTION

- Placenta abruption definition: premature separation of the placenta from the uterine wall
- Occurrence: 1% of singleton pregnancies. Doubles in twin pregnancies.
- Severity of abruption determines course of action.

CONCEALED VS VISIBLE VAGINAL BLEEDING

WHO'S AT RISK FOR ABRUPTION?

- Advanced maternal age
- Smoking
- Hypertension
- Drug use-cocaine
- Chorioamnionitis
- Preterm rupture of membranes
- Trauma
SIGNS AND SYMPTOMS

TRIAD OF SYMPTOMS
- ABDOMINAL PAIN
- VAGINAL BLEEDING
- UNUSUAL UTERINE TENDERNESS

MANAGEMENT OF PLACENTA ABRUPTION

- SEVERITY OF SYMPTOMS DETERMINES COURSE OF TREATMENT
- MONITOR PATIENTS HEMODYNAMIC STATUS: QUANTIFY BLOOD LOSS, ASSESS LABS, CONSIDER TRANSFUSION
- IV ACCESS
- FETAL ASSESSMENT
- PREPARE FOR DELIVERY: VAGINAL VS CESAREAN

POSTPARTUM HEMORRHAGE

- EXCESSIVE UTERINE BLEEDING AFTER BIRTH OF CHILD
- HAPPENS WITH 1-5% OF DELIVERIES
- 1 OF THE TOP 5 CAUSES OF MATERNAL MORTALITY
- WORLDWIDE, EVERY 4 MINUTES A WOMAN DIES FROM PPH
- MORE COMMON AFTER CESAREAN DELIVERY
- AVERAGE BLOOD LOSS FOR VAGINAL DELIVERY 500ML, CESAREAN 1000ML
RISK FACTORS

- Prolonged labor
- Induction of labor
- Retained placenta
- Macrosomia
- Hypertensive disorders
- Abnormal placentation (placenta accreta or previa)
- Intrauterine fetal demise
- Instrumental delivery

CAUSES OF PPH

- Uterine atony: "Boggy" uterus. Uterus does not contract to compress bleeding vessels
- Trauma-related bleeding can be due to lacerations (including uterine rupture) or surgical incisions.
- Coagulopathy

TREATMENT OF PPH

- Early intervention is key
- Fundal massage
- Medications to contract uterus: oxytocin, cytotec, TXA, methergine, hemabate
- Additional IV site, IV fluids
- Labs: CBC/platelets, PT/INR, PTT, fibrinogen, type I
- Prepare blood products

ADDITIONAL CONSIDERATIONS FOR PPH

- Vital signs
- Preventing hypothermia
- Oxygenation
- Foley catheter
- Discontinue magnesium if applicable
TREATMENT OF PPH

BIMANUAL MASSAGE  
BAKRI BALLOON  
B LYNCH SUTURE

BE PREPARED FOR PPH

• PPH KIT/CART  
• ORDER SET  
• MASSIVE TRANSFUSION PROTOCOL FOR OBSTETRICS

STATISTICS

• EVERY DAY, APPROXIMATELY 830 WOMEN DIE FROM PREVENTABLE CAUSES RELATED TO PREGNANCY AND CHILDBIRTH  
• MATERNAL MORTALITY IS HIGHER IN WOMEN LIVING IN RURAL AREAS AND AMONG POORER COMMUNITIES  
• BETWEEN 1990 AND 2013, THE MATERNAL MORTALITY RATIO FOR THE USA MORE THAN DOUBLED FROM AN ESTIMATED 12 TO 28 MATERNAL DEATHS PER 100,000 BIRTHS  
• UNITED STATES IS THE MOST DANGEROUS OF ALL DEVELOPED COUNTRIES TO GIVE BIRTH

QUESTIONS?