

# Placenta Previa

## What It Is

## Who Can Help

### Questions? Who to Contact

- **If you think you are going into labor, call the hospital's Labor and Delivery unit.** They will be able to take care of you, delay labor if possible, and contact the surgeon if you need a c-section.
- For all other health questions, contact your OB/GYN.
- If you have questions about your medical record, contact the hospital's Health Information Management Office.
- If you have questions about your bill for services already rendered, contact your provider's Medical Billing Office.
- If you have questions about your anticipated costs during your hospital stay, contact the hospital's Patient Access Office.

### Keep in Mind...

- Many women with marginal or partial placenta previa have it resolved before delivery.
- Most women with any type of placenta previa have a successful pregnancy and give birth to a healthy child.
- The best thing you can do for yourself and your baby is to follow the doctor's instructions, avoid straining yourself, and try not to worry!



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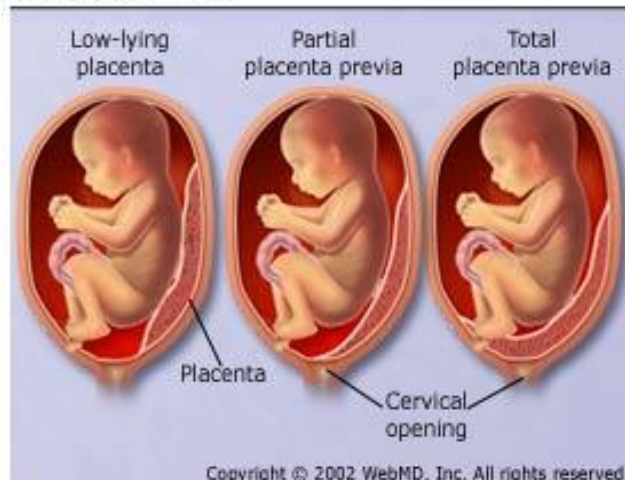
## What is Placenta Previa?

Placenta previa is a condition that can develop in pregnant women. When the placenta grows inside the woman's uterus, it attaches itself to the wall of the uterus. Sometimes the placenta attaches in the wrong place and as it grows, it blocks the cervix.

There are three types of placenta previa: low-lying or marginal, partial, and total or complete. Low-lying means the placenta is close to the cervix, but doesn't block it. Partial means the cervix is partially blocked. Total means the cervix is entirely blocked.

Sometimes placenta previa resolves itself during the pregnancy. As the baby gets bigger, he may push the placenta away from the cervix. However, this is unlikely with a complete placenta previa.

Placenta Previa



What  
to  
Expect!

... when you meet the  
**Post-Partum Nurse**

A post-partum nurse works with mothers and newborn babies while they are still in the hospital. For a mother recovering from placenta previa, the nurse is especially important. You will be recovering from major surgery, and your baby will have been born prematurely, so both of you need special care. You may stay in the hospital for a little bit longer, just to make sure you are both recovered and ready to go home!

The nurse helps you recover from surgery, which can include administering pain medications, checking how the incision is healing, etc. She monitors you for health complications that can arise after delivery, including post-partum depression. Having a complicated pregnancy can increase your risk of post-partum depression.

A post-partum nurse is also responsible for checking the baby's health. Premature babies are at increased risk of jaundice and may have difficulty breathing or adjusting to the outside world. A post-partum nurse will help you identify what is normal for your baby and how to help your baby adjust. For example, your baby may have a harder time breastfeeding, which the post-partum nurse can advise you on. The post-partum nurse can even teach you how to diaper your baby or how to burp the baby. The post-partum nurse plays an important role in helping you through those first days as a new mom!

## What to Expect!

### ... when you meet the OB/GYN Surgeon

The surgeon who will perform your c-section will probably be an OB/GYN who specializes in c-section deliveries. In addition to medical school training, the surgeon is likely to be board certified in obstetrics and may have done additional training in surgical procedures. Typically, the surgeon is on staff at the hospital and focuses primarily on delivering babies.

A cesarean section means that the mother's abdomen is cut open and the baby is removed through the incision. The procedure takes about 30 minutes. You will be awake throughout the procedure, but you receive a "spinal block" anesthetic that numbs you from the waist down. You will feel no pain, but you can feel the surgeon working inside your body. During the procedure, a curtain is hung across your midsection so you cannot see the surgeon operating. The surgeon lifts the baby out, and then stitches you up. A pediatrician checks the baby out immediately.

Afterwards, the surgeon will visit you in the hospital and assess your healing and progress. Both you and your baby need to be doing well before you are released to go home.

*"When it's time to lift the baby out, I lift it up high so that the mom can see it over the curtain. I know she's eager to see her baby."*

Dr. Amy Merchant

## FAQ About Placenta Previa

What causes placenta previa?

*No one really knows. Risk factors include: being over 35, having had multiple children, having had a previous c-section, smoking, or using drugs. Some women just develop it without any risk factors.*

What are the symptoms?

*Some women are diagnosed because they begin bleeding during pregnancy. This blood is coming from the placenta, so it is not a miscarriage. However, as the baby gets heavier, more bleeding may occur. Other women may have no symptoms throughout their pregnancy. They will be diagnosed during a routine ultrasound examination.*

Why does placenta previa cause premature delivery?

*If the mother is bleeding too heavily and doctors cannot stop the bleeding, the baby has to be delivered prematurely. However, even without bleeding, it is dangerous to let the mother carry the baby to term. An asymptomatic mother will likely give birth to her baby before she goes into labor, usually at 36 weeks.*

## Health Professionals You Will Encounter:

Week 1	
Week 8	◀ <b>OB/GYN:</b> once a month from around Week 8 until Week 30, then once every 2 weeks (Week 32, 34)
Week 18	◀ <b>ULTRASOUND TECH:</b> Week 20 (for anatomy scan ultrasound); at least once more to evaluate previa (usually around Week 32) ◀ <b>RADIOLOGIST:</b> Patient never meets the radiologist, but radiologist evaluates the ultrasounds
Week 24	◀ <b>PHLEBOTOMIST:</b> For earlier tests it varies, but the gestational diabetes test is done between Weeks 24-28.
Week 36	◀ <b>SURGEON/PRE-OP NURSE/POST-PARTUM NURSE:</b> C-section will be scheduled for Week 36 if no other complications arise; all three of these professionals would be part of the c-section and recovery

## Time to Meet Your Baby!

If you make it to 36 weeks without bleeding, you will be scheduled for an amniocentesis to check the baby's lung development. If the baby's lungs are sound, you will have the c-section immediately.

The amniocentesis will be done by the surgeon and a radiologist on staff at the hospital. You will be admitted to the hospital before the procedure takes place. The procedure will be done in the hospital's Labor and Delivery Unit, so if everything goes well, you can immediately go into surgery.

During the surgery, you will have a number of professionals in the room with you, including the surgeon, an operating room nurse, an anesthesiologist, and a pediatrician to check on your baby once he is born. Your spouse or support person can be by your side during the procedure.

### What to Expect!

## ... when you meet the Operating Room Nurse

This nurse will prepare you for surgery. You will drink some liquid to help keep your stomach settled during the procedure. The nurse will also shave your abdomen, since the incision is very low on your abdomen. Then she will help you to the operating room and assist the anesthesiologist in giving you the spinal block. During the procedure, she assists the surgeon, and afterward, she cleans up the operating room.

## What to Expect!

### ... when you meet the **Radiologist**

You may not meet the radiologist, but she is an important member of the team caring for you. She is the one who is qualified to diagnose your placenta previa and determine if it has resolved itself. While an ultrasound tech can identify parts of your body or the baby's body in the image, the tech does not have the medical training to make a diagnosis. The radiologist is an MD with special training in reading radiological images. The radiologist will read your ultrasound results and consult with your doctor.

*Ultrasound image: Complete Placenta Previa*



## What to Expect!

### ... when you meet the **OB/GYN**

Your obstetrician has been caring for you since your pregnancy began. She specializes in women's health issues, including pregnancy and post-partum health.

You have already been seeing your OB on a regular basis throughout your pregnancy. Depending on the severity of your previa, you may have an increased number of appointments as your due date approaches.

At these appointments, your OB will ask if you have had any bleeding, contractions, or signs of premature labor. She will also listen to your baby's heartbeat to make sure the baby sounds healthy. Your OB will not do any more vaginal exams until after your baby is born, to reduce the risk of aggravating the placenta.

Your OB will also counsel you about your delivery options. The goal is to prevent premature delivery for as long as possible without risking the mother's health. Your OB will be your primary contact for questions as long as you remain un-hospitalized.

*"The important thing to remember is that most women with placenta previa have successful pregnancies and give birth to healthy babies. If you take the proper precautions, you and your baby will be fine."*

Dr. Helene Spivak, OB/GYN

## What to Expect!

### ... when you meet the **Phlebotomist**

The phlebotomist is the health care worker who draws blood for any blood tests during your pregnancy. While blood tests are not used to diagnose placenta previa, these tests are used to identify other pregnancy complications, such as gestational diabetes. It is extremely important that you get all your lab tests done on schedule, so that you and your doctor are aware of any other potential complications you might be facing.

The phlebotomist is trained in how to take blood safely and (hopefully!) without it hurting too much. The phlebotomist also knows how to use lab equipment to analyze your blood sample.



## What to Expect!

### ... when you meet the **Ultrasound Technician**

An ultrasound technician operates the equipment to scan your belly and get a picture of your baby. An ultrasound bounces sound waves inside your body. The ultrasound technician is trained in how to use the equipment and also how to identify parts of the image.

The ultrasound tech will put a lotion on your belly to help the sound carry. Then the tech will use a tool called a transducer to “see” inside your belly. The tech can see how your baby is developing and might be able to tell you the baby’s gender.

Most pregnant women have an ultrasound around the midpoint of their pregnancy (20 weeks). This ultrasound is used to evaluate the baby’s development and make sure the placenta and amniotic fluid are in the right place to help the baby grow. For some women, this ultrasound is when they will be diagnosed with placenta previa.

Once you have been diagnosed with placenta previa, you will be scheduled for one or more additional ultrasounds later in your pregnancy. These ultrasounds are used to determine if your placenta has shifted. Your placenta would have to move a lot in order for you to be cleared for vaginal delivery, so it’s important to prepare yourself for the possibility of delivering your baby via c-section.