



# Clinical Practice Guidelines: Obstetrics/Placental praevia

<b>Policy code</b>	CPG_OB_PLP_1015
<b>Date</b>	October, 2015
<b>Purpose</b>	To ensure consistent management of placenta praevia.
<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 specifically mentioned.
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# Placenta praevia

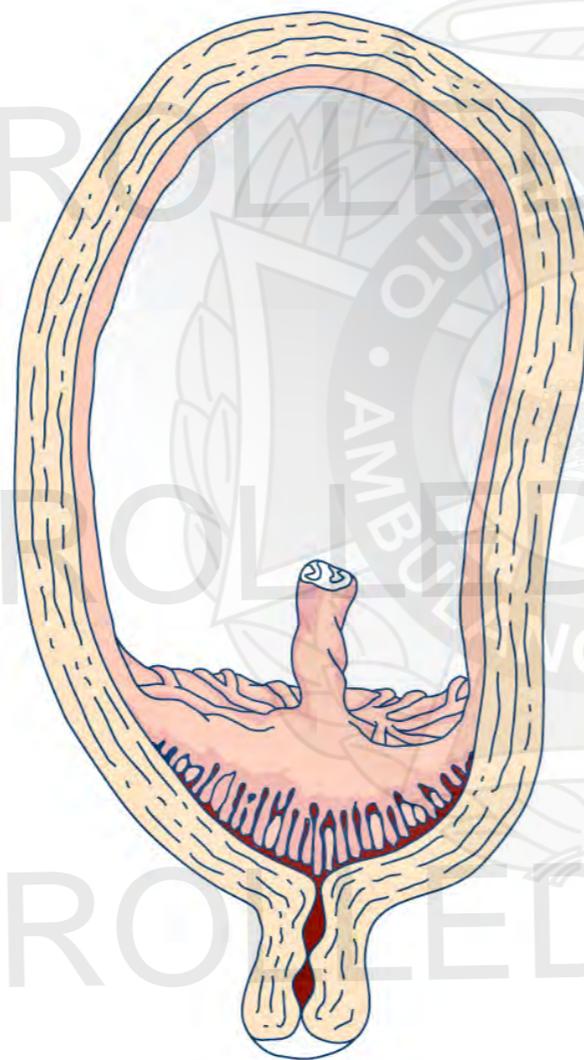
October, 2015

**Placenta praevia** occurs when the placenta is situated either partially or wholly in the lower uterine segment.<sup>[1]</sup> This becomes relevant during the third trimester (28–40 weeks) when the downward and outward thrust of the developing foetus is accommodated by the thinning and stretching of the lower uterine wall. This expansion causes some degree of placental separation and subsequent bleeding.

This can worsen during effacement of the cervix, if the placenta is near or over the cervical os (external opening of the uterus).<sup>[2]</sup>

Furthermore, the position of the placenta may physically prevent normal vaginal delivery (*see additional notes*) and therefore, management relies upon appropriate antenatal assessments and monitoring.<sup>[3]</sup>

The condition becomes an obstetric emergency in the presence of antepartum haemorrhage, as initial small bleeds have the potential to develop into profuse blood loss that can threaten both the mother and the foetus.



**Grade 4** – The placenta completely covering the internal os

Pre-hospital management is focused on preventing maternal hypotension.

## Risk assessment



**NOTE:** Under no circumstances perform a digital internal examination or allow anything to be placed into the vagina to control blood loss as this can result in catastrophic haemorrhage.<sup>[4]</sup>

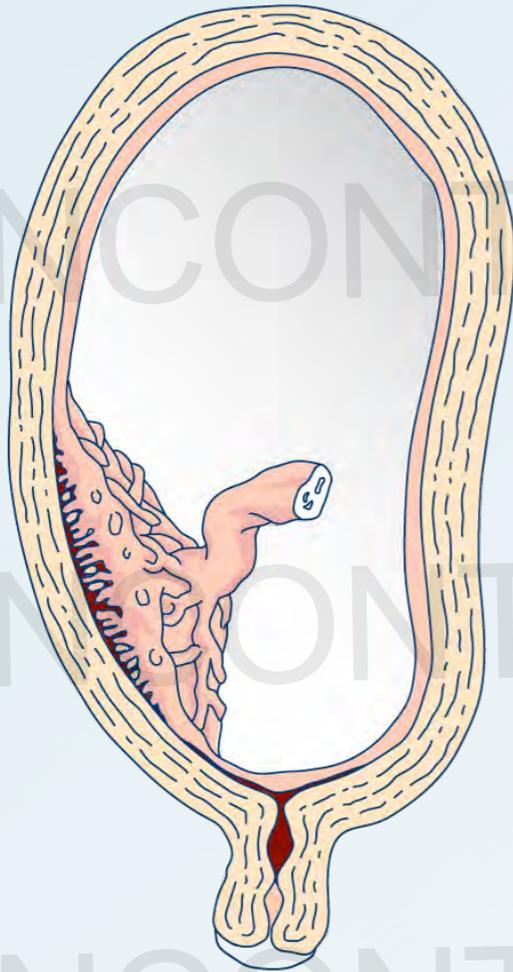
## Clinical features



- several small warning bleeds
- bright red blood
- no pain, other than that associated with contractions
- a soft, non-tender uterus
- significant blood loss, which may lead to hypovolaemic shock

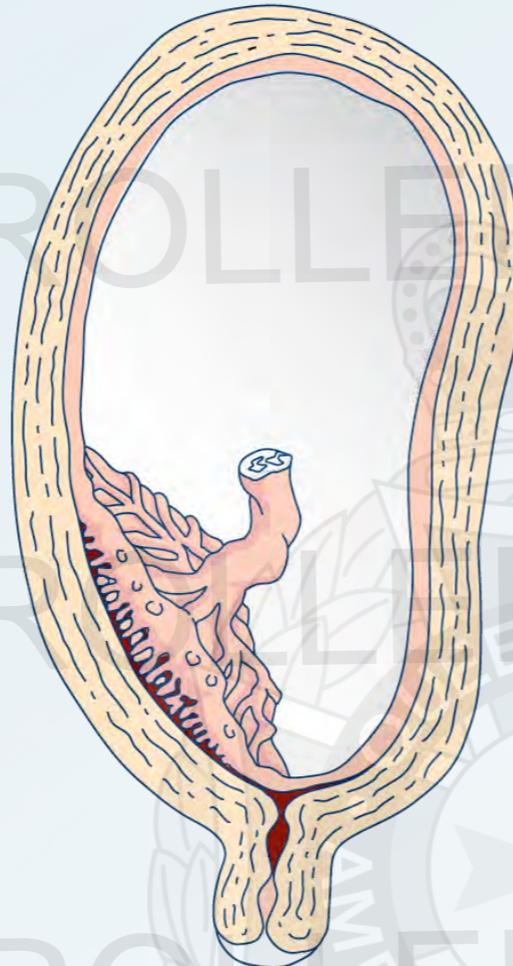


## Additional information



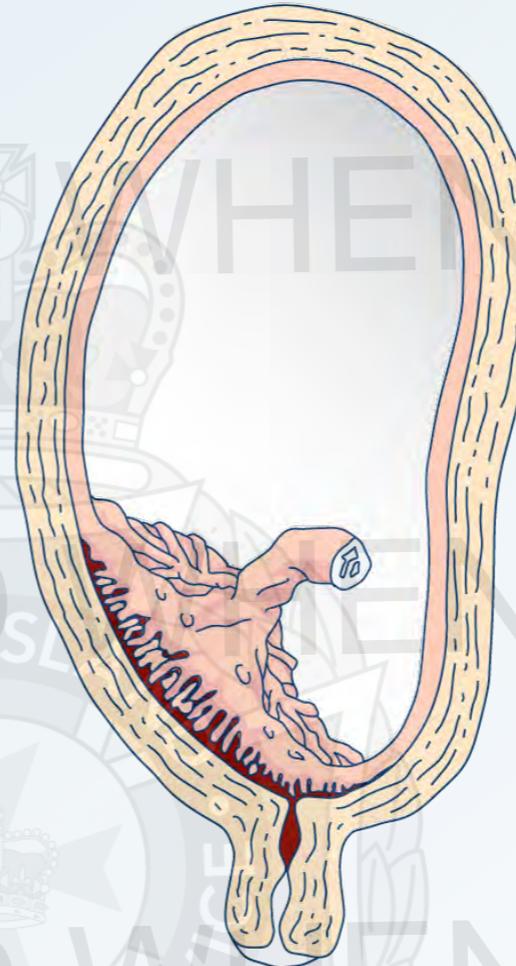
*Grade 1 placenta previa*

**Grade 1** – There is only a small amount of placenta encroaching on the lower uterine segment which is clear of the cervical os. Vaginal birth is possible.



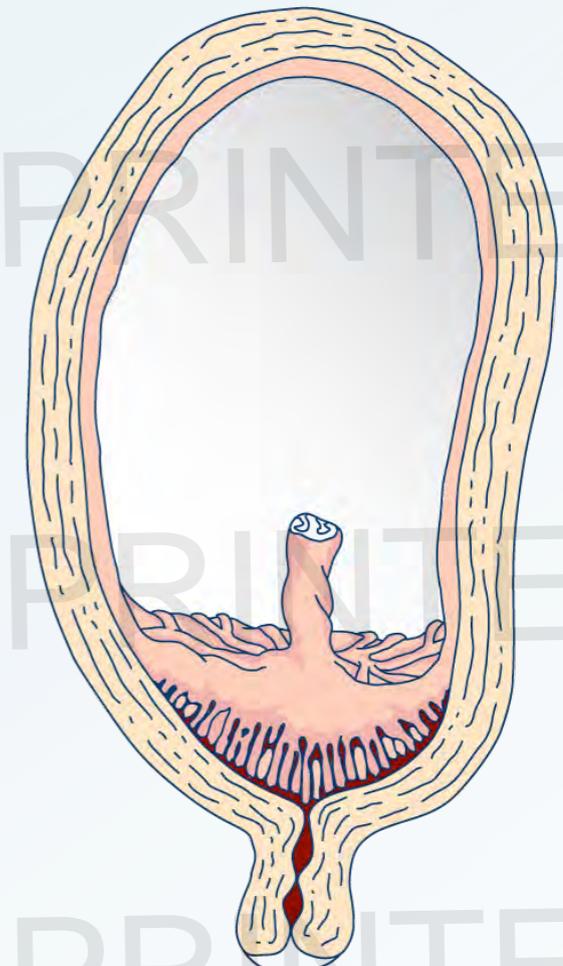
*Grade 2 placenta previa*

**Grade 2** – The placenta extends to the margin of the os but does not cover it. Vaginal birth may be possible.



*Grade 3 placenta previa*

**Grade 3** – The placenta completely covers the internal os, but is not centrally over it. Vaginal birth is not possible as the foetal passage will cause the placenta to separate prematurely, causing catastrophic haemorrhage.



*Grade 4 placenta previa*

**Grade 4** – The placenta completely covers the internal os and is centrally over it. Vaginal birth is not possible because the foetal passage is prevented.

CPG: Clinicians safety  
CPG: Standard cares

Avoid aortocaval  
compression by  
appropriate patient  
posturing

Signs of shock?

Y

Manage as per:  
CPG: Hypovolaemic shock

N

Consider:

- IV access
- IV fluid
- Analgesia
- Antiemetics

Transport to hospital  
Pre-notify as appropriate

**IMPORTANT:**  
*Officers must be prepared  
for spontaneous delivery*

**Note:** *Officers are only to perform  
procedures for which they have  
received specific training and*

