



International Journal of Obstetrics and Gynaecological Nursing

E-ISSN: 2664-2301
P-ISSN: 2664-2298
IJOGN 2024; 6(1): 80-81
Received: 12-11-2023
Accepted: 23-12-2023

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Review on Abruptio Placentae

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DOI: <https://doi.org/10.33545/26642298.2024.v6.i1b.137>

Abstract

About 1% of pregnancies are complicated by placental abruption, which is also the main cause of vaginal bleeding in the second part of pregnancy. Additionally, it contributes significantly to prenatal morbidity and mortality. The impact of abruption on the mother is mostly defined by its intensity, whereas the fetus is affected by both the abruption's severity and the gestational age at which it occurs. Preeclampsia, thrombophilia, smoking, trauma, cocaine use, multifetal gestation, hypertension, preeclampsia, advanced maternal age, early rupture of the membranes, intrauterine infections, and hydramnios are risk factors for abruption. Fatal death is often linked to placental disruption affecting more than 50% of the organ. The diagnosis of abruption is made clinically, and the Kleihauer-Betke test and ultrasonography are not very useful. Depending on the severity of the abruption and the gestational age at which it occurs, the care of abruption should be tailored to each individual instance. Vaginal delivery is preferred when foetal death has occurred. Severe intravascular coagulopathy needs to be treated with extreme caution. Conservative care, with the aim of vaginal delivery, may be justified when abruption occurs at or near term and the mother's and fetal status are encouraging. Nonetheless, an expeditious caesarean delivery is frequently recommended when there is foetal or maternal compromise. Similar to this, in certain stable situations, abruption at extremely preterm gestations may be handled conservatively, with close observation and prompt delivery in the event that deterioration arises. The majority of placental abruption cases are unpredictable and unpreventable. Still, occasionally, mother and child. Placental separation happens right after birth in normal pregnancies, although it starts to separate earlier in pregnancies disrupted by abruption (1). About 0.6–1.0 percent of pregnancies result in this premature detachment, which typically causes discomfort and vaginal bleeding—the clinical hallmarks of placental abruption (2). Massive blood loss, disseminated intravascular coagulopathy, renal failure, and, less frequently, maternal death is among the maternal hazards connected to abruption (1, 3). With perinatal mortality rates as high as 60%, disruption can also have catastrophic effects on the developing foetus (4–7). The underlying aetiology of abruption is surprisingly poorly understood. In order to investigate the relationships between abruption and foetal growth limitation, preterm delivery, and perinatal survival, we present new data from the United States.

Keywords: Placental abruption, Vaginal bleeding, Abdominal pain, Fetal distress, Fetal distress, Trauma, Smoking, Preterm labour, Uterine rupture, Fetal death, Emergency caesarean section, DIC (Disseminated Intravascular Coagulation)

Introduction

Abruptio placentae, also known as placental abruption, is a rare but dangerous pregnancy condition. During pregnancy, the placenta develops inside the uterus. It provides the foetus with nourishment and oxygen by adhering to the uterine wall.

When the placenta splits off from the uterine wall entirely or partially before to delivery, this is known as placental abruption. This may result in severe bleeding in the mother as well as a reduction in or obstruction of the baby's oxygen and nutrition supply.

An organ that grows inside the uterus during pregnancy is the placenta. When the placenta detaches from the uterine wall prior to delivery, this condition is known as placental abruption. A placental abruption may cause the mother to bleed profusely and deprive the unborn child of oxygen and nourishment. Sometimes an early birth is required. Placental abruption frequently occurs unexpectedly. If left untreated, it puts the mother and the unborn child in danger.

Signs and symptoms

Placental abruption is most likely to occur in the last trimester of pregnancy, especially in the

last few weeks before birth. Signs and symptoms of placental abruption include:

- Vaginal bleeding, although there might not be
- Abdominal pain
- Back pain
- Uterine tenderness or rigidity
- Uterine contractions, often coming one right after another

Back discomfort and stomach pain frequently start out abruptly. Vaginal bleeding is a highly variable phenomenon that does not always reflect the extent to which the placenta has detached from the uterus. There may not be any obvious bleeding even in cases of severe placental abruption since the blood can become trapped inside the uterus. Sometimes placental abruption (chronic abruption) progresses slowly and results in mild, sporadic vaginal bleeding. You may have little amniotic fluid or other issues, and your baby may not grow as quickly as anticipated

Causes

Placental abruption frequently has an unclear aetiology. A possible cause could be abdominal trauma or damage, such as from a fall or car accident, or it could be the sudden loss of amniotic fluid, which surrounds and cushions the developing baby in the uterus.

RISK Factors

The following variables may make placental abruption more likely:

- prior pregnancy-related placental abruption unrelated to abdominal trauma
- Chronic hypertension, or elevated blood pressure
- pregnancy-related hypertension issues, such as HELLP syndrome, eclampsia, or preeclampsia
- An abdominal blow from a fall or other incident
- Using cocaine when pregnant and smoking
- Early membrane rupture that results in amniotic fluid spilling before the pregnancy's end.

Complications

Placental abruption can cause life-threatening problems for both mother and baby.

For the mother, placental abruption can lead to:

- Shock due to blood loss
- Blood clotting problems
- The need for a blood transfusion
- Failure of the kidneys or other organs resulting from blood loss
- Rarely, the need for hysterectomy, if uterine bleeding can't be controlled

For the baby, placental abruption can lead to:

- Restricted growth from not getting enough nutrients
- Not getting enough oxygen
- Premature birth
- Stillbirth

Prevention

Placental abruption cannot be avoided, but some risk factors can be reduced. Don't take cocaine or other illegal drugs, for instance, or smoke. Collaborate with your physician to keep an eye on your blood pressure if it is elevated. Whether you

have previously experienced a placental abruption and are considering becoming pregnant again, consult your doctor before getting pregnant to find out whether there are any preventative measures you can take.

Conflict of Interest

Not available

Financial Support

Not available

Reference

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How to Cite This Article

Shafti SS, Singh J. Suicidal behavior among Iranian psychiatric patients. International Journal of Obstetrics and Gynaecological Nursing. 2022;4(1):xx-xx

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