Placental abruption means the placenta has detached from the wall of the uterus, either partly or totally resulting in bleeding and interference in the supply of oxygen and nutrients to the fetus.
SYMPTOMS

• Bleeding – vaginal (but not if concealed retroplacental clot)
• Continuous abdominal pain
• Continuous lower back pain
• Painful abdomen during palpation, tender and hard uterus
• Frequent contractions irritable uterus
• Fetal distress
CAUSES

• Abdominal trauma:
  • injury to the abdomen
  • car accident seat belt trauma
  • Assault
  • Fall

• Uterine decompression — sudden loss of amniotic fluid

• In most cases the cause is unknown, it is thought an abnormal blood supply to the uterus or placenta may play a role i.e. raised blood pressure
RISK FACTORS

- Multiple fetuses
- Hypertension
- Polyhydramnios
- Substance misuse: cocaine, methamphetamines, smoking, alcohol
- Maternal blood disorders
- Amniocentesis also amnioreduction
- External Cephalic Version
- Maternal age older mothers have an increased risk of a range of pregnancy complications
- Previous placental abruption
- Abnormalities of the uterus
DIAGNOSIS

- History taking
- Examination
- Blood tests
- Scan
TREATMENTS

• Mild cases – conservative management
• Moderate – hospital stay, observations dependent on gestations steroids to mature fetal lungs less than 36 weeks consider delivery.
• Severe- immediate delivery stabilise mother, LSCS, neonatal support can cause life threatening problems for both mother and fetus shock – blood clotting problems disseminated intravascular coagulation