

Low-lying placenta



NCT Information sheet

If you have had an ultrasound scan in pregnancy, you may have been informed that you have a low-lying placenta. This sheet provides some information about this condition, and questions you can ask your doctor or your midwife.

What is the placenta?

The placenta is your baby's 'life support' system during pregnancy. It is shaped a bit like a pancake attached to the inside of your womb (uterus), and your baby's umbilical cord emerges from the centre. The cord is like a lifeline with blood going in two directions.

The uterus and the placenta have a fine membrane separating them, so that the blood of the mother does not mix with the baby's blood but oxygen and nourishment are passed from the mother to the baby, and waste molecules are passed back. When the placenta separates after birth, there can be bleeding from the placental site. Normally the separation does not occur until after the baby has been born, and strong contractions close the blood vessels in the uterus, minimising the loss of blood.

What is a low-lying placenta?

A low-lying placenta is one where the placenta is lying in the lower part of the uterus near, or over, the cervical os (the opening of the womb). Most low-lying placentas are near but not covering the os. If your placenta is partially or completely covering the cervical os at the end of pregnancy, your baby will need to be born by caesarean section. When this happens, it is known as 'placenta praevia' (pronounced 'preev-ee-ah'). Low-lying placenta in early or mid pregnancy is a very different condition from placenta praevia later on.

Why is placenta praevia at the end of pregnancy a problem?

During labour the cervix opens to let the baby move down into the vagina and be born. If the placenta overlaps the cervical os, the placenta will begin to separate as the cervix opens, causing bleeding, usually from the mother. Bleeding can be extensive

and can occasionally lead to shock if it is not treated promptly. A blood transfusion may be needed.

If my placenta is low-lying in the middle of pregnancy, could this change?

Yes. The vast majority of women who have a low-lying placenta in the middle of pregnancy will not be affected in the later weeks. At the end of pregnancy, only a tiny percentage of women have the condition. One study of 6,428 women found that only 0.16 per cent of women (around 1 in 600) had placenta praevia at the time of birth.¹ In most cases the placenta, even if relatively low in the uterus, will not be affected by the cervix opening during labour.

How accurate are scans to identify a low-lying placenta at around 20 weeks?

It does seem that screening by ultrasound in mid-pregnancy is often not very accurate and low-lying placenta is over-diagnosed. First, if the placenta is not actually covering the cervical os at 20 weeks of pregnancy, it is unlikely that there will be a problem later in the pregnancy. Second, the report of evidence used to inform the *Antenatal Care* guideline for the NHS says, 'Many placentas that appear to cover the cervical os (the opening in the cervix inside the womb) in the second trimester will not cover the os at term'.² This is partly because as the weeks of pregnancy go by and the lower part of the uterus grows and stretches, the placenta appears to move away from the cervix.

An ultrasound scan through the vagina is more accurate in diagnosing the position of the placenta than a scan taken from the abdomen, as the internal os and edge of the placenta can be seen more clearly (see 'What if I have a low-lying placenta in the middle of pregnancy?' overleaf).

Why does the position of the placenta change?

The earlier a scan is carried out during pregnancy, the more likely the placenta is to appear close to the cervical os. This is




Natal Hypnotherapy is an award-winning range of self-hypnosis CDs, providing relaxation and pain management techniques designed to help you cope with your pregnancy and birth.

Available from NCT Shop at www.nctshop.co.uk or 0845 8100 100.

NCT Pregnancy & Birth Line

0300 330 0772

NCT Breastfeeding Line

0300 330 0771

Find support near you

www.nct.org.uk

because the lower segment of the uterus is still underdeveloped.³ As the pregnancy progresses, the uterus grows, particularly the lower part of the uterus, so the placenta moves with the growing uterus away from the cervix.

What if I have a low-lying placenta in the middle of pregnancy?

In England and Wales, the *Antenatal Care* guideline recommends that as 'most low-lying placentas detected at the anomaly scan [a detailed scan at around 20 weeks] will have resolved by the time the baby is born, only a woman whose placenta extends over the internal cervical os should be offered another transabdominal [from the abdomen] scan at 32 weeks.² If the transabdominal scan is unclear (at 32 weeks), you should be offered a scan via the vagina, according to these guidelines.²

What are the risks of placenta praevia?

Placenta praevia is associated with a higher rate of pregnancy complications, including separation of the placenta, bleeding and reduced growth for the baby, so additional monitoring will be offered to women who do have a placenta that overlaps the cervical os.

Bleeding during pregnancy is fairly common; it is more likely to occur in women with a low-lying placenta. If you have any bleeding, your midwife, GP or obstetrician can advise you. If you have any concerns call them and explain your symptoms.

What if I have placenta praevia at the end of pregnancy?

If you have placenta praevia at the end of pregnancy, you may be advised to rest in bed and avoid having sex and orgasms. You may also be advised to spend the last few weeks of pregnancy in hospital, particularly if you have had any bleeding, so that you can have a caesarean section straightaway, if necessary. Home-based care is also possible if the hospital can be reached easily. Medical care is needed if you have bleeding or show any signs of going into labour.

If the edge of the placenta at the end of pregnancy is less than 2cm from the cervical os, your obstetrician will advise you to have a caesarean section³ to prevent major bleeding and to ensure that your baby can be born safely. If the placenta is lying towards the back, a slightly wider margin (3cm) may be recommended.³

Are some women more at risk than others?

The chance of having placenta praevia is greater for:

- women who have previously had placenta praevia
- women who have had a previous caesarean
- older women
- women expecting twins
- women who have had several babies
- women who smoke
- women who use cocaine
- women who have had a miscarriage.

If you have had a previous caesarean section, the placental position must be assessed by an ultrasound at around 20 weeks placenta and if it low lying, a repeat US at 32 weeks is recommended to assess the position, not just from the cervical os but the old scar. If the placenta is over the scar, a 'placenta accreta' may occur where the placenta grows deeply into the wall of the uterus and will not separate normally at delivery. A detailed imaging scan can be performed to try and rule this out but it cannot be excluded absolutely.³ If the placenta is thought to be possibly involve the old scar, there is an increased risk of significant complications such as bleeding and a hysterectomy may be needed to control this at birth. The hospital may want to make preparations for the delivery and a consultant obstetrician and anaesthetist should be present at the birth.³

References

1. Taipale P, Hiilesmaa V, Ylostalo P. *Diagnosis of placenta previa by transvaginal sonographic screening at 12-16 weeks in a nonselected population. Obstetrics and Gynecology* 1997;89(3):364-7.
2. National Collaborating Centre for Women's and Children's Health. *Antenatal care: routine care for the healthy pregnant woman*. 2nd edition. London: RCOG Press; 2008. Available from: <http://www.nice.org.uk/CG062>
3. Royal College of Obstetricians and Gynaecologists. *Placenta praevia and placenta praevia accreta: diagnosis and management Clinical green top guidelines: 27 – Oct 2005*. Available from: www.rcog.org.uk/index.asp?PageID=527

Further Information

National Collaborating Centre for Women's and Children's Health. *Antenatal care: routine care for the healthy pregnant woman. Clinical guideline. 2nd edition*. London: RCOG Press; 2008.

Available from:

www.nice.org.uk/guidance/index.jsp?action=download&o=40145

A low-lying placenta after 20 weeks (placenta praevia) – information for you (2007). Royal College of Obstetricians and Gynaecologists

Available from:

www.rcog.org.uk/index.asp?PageID=1309

For further information contact the NCT Information Officer, at library@nct.org.uk or phone **0844 243 6000**.

NCT's full range of information sheets are available from NCT Shop at www.nctshop.co.uk

Support the NCT's evidence-based information work by becoming a member. We provide helplines, services and support for all parents. Visit www.nct.org.uk/join or call **0844 243 7000**

NCT
Alexandra House, Oldham Terrace,
London W3 6NH

National Childbirth Trust is a registered charity (801395)

© NCT 2010