Chapter 16
Second and Third Trimester Bleeding
16.1. PLACENTA PREVIA (PP)

16.1.1. Low-Lying PP

This condition represents a low-segment placentation. The placenta, however, does not reach the internal os of the cervix (see Fig. 16.1.1A).

16.1.2. Partial PP

The placenta covers part of the internal os of the cervix (see Fig. 16.1.1B).

16.1.3. Complete PP

The placenta fully covers the internal os of the cervix reaching from the anterior to posterior wall of the uterus (see Figs. 16.1.1C and 16.1.2).

- Routine sonography during the second trimester will determine 20% of all pregnancies to have PP. However, the vast majority of these will assume normal positions by term. Only 12% of central PPs discovered during the mid-trimester will remain as such, correcting to a total incidence of 0.5% PPs at term.

- In order to establish the relationship between placenta and internal cervical os, the bladder needs to be filled with approximately 200–250 ml of fluid. It is important to fill the bladder but not to overdistend it; otherwise posterior rotation of the uterus may result, giving the false impression of PP (see Fig. 16.1.3).

- Recognition of a fundal insertion generally precludes the diagnosis of PP.

- Evaluation of a posterior PP is often difficult because of shadowing of fetal parts, particularly the fetal head, when in a vertex presentation.

- The final diagnosis of PP is supported by sonography, but clinical parameters always determine the final diagnosis.