PLACENTAL ABRUPTION AS THE OBSTETRIC EMERGENCY

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The placenta is a structure that develops in the uterus during pregnancy to nourish the growing baby. If the placenta peels away from the inner wall of the uterus before delivery – either partially or completely – it's known as placental abruption. Placental abruption can deprive the baby of oxygen and nutrients and cause heavy bleeding in the mother. Placental abruption often happens suddenly.

Placental abruption is a complication of pregnancy, wherein the placental lining has separated from the uterus of the mother. It is the most common pathological cause of late pregnancy bleeding. In humans, it refers to the abnormal separation after 20 weeks of gestation and prior to birth. It occurs in 1 % of pregnancies worldwide. Placental abruption is a significant contributor to maternal mortality worldwide; early and skilled medical intervention is needed to ensure a good outcome, and this is not available in many parts of the world. Treatment depends on how serious the abruption is and how far along the woman is in her pregnancy.

Placental abruption has effects on both mother and fetus. The effects on the mother depend primarily on the severity of the abruption, while the effects on the fetus depend on both its severity and the gestational age at which it occurs. The heart rate of the fetus can be associated with the severity.

Although the risk of placental abruption cannot be eliminated, it can be reduced. Avoiding tobacco, alcohol and cocaine during pregnancy decreases the risk. Staying away from activities which have a high risk of physical trauma is also important. Women who have high blood pressure or who have had a previous placental abruption must be closely supervised by a doctor. The risk of placental abruption can be reduced by maintaining a good diet including taking folic acid, regular sleep patterns and correction of pregnancy-induced hypertension. Placental abruption is suspected when a pregnant mother has sudden localized abdominal pain with or without bleeding. An ultrasound may be used to rule out placenta praevia but is not diagnostic for abruption. Treatment depends on the amount of blood loss and the status of the fetus. If the fetus is less than 36 weeks and neither mother nor fetus is in any distress, then they may simply be monitored in hospital. Immediate delivery of the fetus may be indicated if the fetus is mature. Blood volume replacement to maintain blood pressure and blood plasma replacement to maintain fibrinogen levels may be needed. Vaginal birth is usually preferred over caesarean section. Caesarean section is contraindicated in cases of disseminated intravascular coagulation. Excessive bleeding from uterus may necessitate hysterectomy.

The prognosis of this complication depends on whether treatment is received by the patient, on the quality of treatment, and on the severity of the abruption. In the Western world, maternal deaths due to placental abruption are rare; for instance a study done in Finland found that, between 1972 and 2005 placental abruption had a maternal mortality rate of 0.4 per 1,000 cases (which means that 1 in 2,500 women who had placental abruption died); this was similar to other Western countries during that period. The prognosis on the fetus is worse, currently, in the UK, about 15 % of fetuses die following this event. Without any form of medical intervention, as often happens in many parts of the world, placental abruption has a high maternal mortality rate. So having analized the situation with placental abruption cases in Europe and in Ukraine in particular we came to the conclusion that prognosis can be improved with proper modern treatment and early diagnosis as well.

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