A low lying placenta after 20 weeks

*(What does this mean)*
You have just had your 20 week scan. This scan is performed primarily to examine your baby in detail, but we also look at the position of the placenta (afterbirth) at the same time.

In the majority of cases the placenta is situated in the upper part of the uterus (womb). However at 20 weeks in 5 - 6 % *of cases, the placenta is classed as “low lying”.

**What is low lying placenta?**
The placenta connects the baby with the mother’s blood system and provides the baby with oxygen and nutrients.

In some women the placenta attaches low in the uterus and covers a part or all of the cervix (entrance to the womb). In most cases the placenta moves upwards as the uterus enlarges. However in some women the placenta remains low in the last months of pregnancy. This is known as placenta praevia. If it completely covers the cervix then it is known as major placenta praevia.
Is there a problem if my afterbirth is low lying?
In most cases a low lying placenta at 20 weeks of pregnancy causes no problems at all. By 36 weeks, due to the increase in the size of the uterus, the vast majority are more than 2cm away from the entrance to the birth canal (internal os) and are no longer classed as low lying (RCOG).

In a small percentage of women (1 in 10, 10%*) the afterbirth remains low lying, which means the birth canal cannot open fully in labour without causing bleeding. If you had a previous caesarean section and the placenta is low lying at 20 weeks scan then it is less likely to move upwards. 50%* of women will go on to have placenta praevia.

How a placenta praevia diagnosed and documented?
Placenta praevia is diagnosed on a routine transabdominal scan (TA scan), however it is not always possible to see the position of the lower edge of the placenta on TA scan and may require a transvaginal scan. (TV scan, a probe is placed inside the vagina) for clearer views of the lower edge of placenta. This procedure is safe and painless and will be fully explained to you. It will only be performed with your full consent. The position of the placenta is documented on your scan report. One copy of the report is kept in your hospital notes and one in your hand held notes, which you should carry with you at all times.
What happens next?
A repeat scan will be arranged at either 32 or 36 weeks depending on how low the placenta is situated.

If your placenta does not cover the cervix and you have no bleeding, a repeat ultrasound scan will be arranged at 36 weeks. However, a repeat ultrasound is recommended at 32 weeks if:

• Your placenta covers the cervix at 20 weeks scan.
• You had a previous caesarean section and your placenta is low lying at the front of the womb.

If the placenta is still low at 32 weeks a further re-scan will be arranged at 36 weeks. When the placenta is more than 2cms away from the internal os, it is no longer classed as low lying.

What if the placenta is still low lying at 36 weeks?
You will be seen by a doctor in the hospital antenatal clinic and the delivery of your baby will be discussed with you.
If the placenta has not moved sufficiently by the 36th week of pregnancy, a Caesarean Section will normally be arranged between 37 and 39 weeks. You will be offered a course of steroids to help mature your babies’ lungs if you need delivery before 39 completed weeks.
A consultant obstetrician and anaesthetist would be in attendance at the time of your delivery. This is particularly important if you have previously had a caesarean section.
Your anaesthetist will discuss the options of anaesthesia in case of caesarean section. You may need general anaesthetic, especially in an emergency situation. If significant bleeding occurs at any time during your pregnancy an emergency Caesarean Section may be performed. You might need a blood transfusion to save your life and if you have any objections about blood transfusion then you should explain this to your obstetrician and midwife as early as possible. In extreme circumstances if bleeding cannot be controlled then a hysterectomy (removal of the womb) may be the only means of controlling the bleeding.

What is placenta accreta?
This is when the placenta grows into the muscle of the uterus, making separation at the time of birth difficult. Placenta accreta is more commonly found in women with placenta praevia who have previously had a caesarean section.
Placenta accreta may be suspected in the antenatal period when undergoing an ultrasound scan, but while additional tests such as magnetic resonance imaging (MRI) scans may help with the diagnosis, your doctor will only be able to tell for sure if you have this condition at the time of your caesarean section.
Placenta accreta causes bleeding when an attempt is made to remove your placenta. The bleeding may be severe and you may require a hysterectomy (removal of the womb) to stop the bleeding. It may be possible to
leave the placenta in place after birth, to allow it to absorb over a few weeks and months.
If placenta accreta is suspected before your baby is born, your doctor will discuss your options and the extra care that you will need at delivery.

If your placenta is classed as low lying at 20 weeks and you experience any bleeding you must ring the maternity triage at Pinderfields Hospital: 01924 543003

We are committed to providing high quality care. If you have a suggestion, comment, complaint or appreciation about the care you have received, or if you need this leaflet in another format please contact the Patient Advice and Liaison Service on: 01924 542972 or email: pals@midyorks.nhs.uk