Placenta Abruption

Abruptio placenta is the term for the premature detachment of a properly positioned placenta after the 20th week of pregnancy, which frequently results in significant bleeding.

The cause of abruptio placentae.

The etiology of abruptio placenta remains elusive.

Factors that increase the likelihood of risk include:

Abnormalities of the uterus

Multiparity refers to the condition of having given birth to multiple offspring.

Preeclampsia

History of prior cesarean section

Conditions affecting the kidneys or blood vessels

Abdominal trauma

Antecedent third trimester hemorrhage

Excessively enlarged placenta

Insufficiently long umbilical chord

Pathophysiology of placenta praevia

The placenta may detach either completely or partially from the site of implantation. This phenomenon takes place within the region known as the deciduas basalis.

Evaluation Results

Correlated observations. Severe placental abruption can lead to several problems, including:

Kidney failure

Disseminated intravascular coagulation (DIC)

Mortality of both the mother and the fetus

Typical clinical presentations include:

Severe, concentrated uterine discomfort, accompanied by or without vaginal hemorrhaging.

Covert or superficial hemorrhaging of a deep red color
The uterus is rigid and hard, accompanied by intense and constant pain.

Uterine contractions

The contour of the uterus may be larger or undergoing alterations in shape. The presence or absence of fetal heart rate (FHR) is being observed.

The fetal presenting part may be firmly positioned in the birth canal.

Results of laboratory and diagnostic investigations.

Ultrasound has the potential to determine the magnitude of abruption. Nevertheless, the lack of an ultrasound detection does not definitively exclude the existence of abruption.

Nursing Management: Consistently assess the physiological condition of both the mother and the fetus, with particular emphasis on:

Physiological indicators

Hemorrhaging

Tracings of electronic monitoring for prenatal and maternal conditions
Signs of shock include a quick pulse, paleness, cold and moist skin, and a reduction in blood pressure.

Reduced urinary excretion

Avoid doing vaginal or rectal examinations or engaging in any activity that may induce uterine contractions.

Evaluate the necessity for prompt delivery. If the patient is experiencing active labor and the bleeding persists despite bed rest, it may be necessary to have an emergency cesarean delivery.

Implement effective management strategies.

Upon admission, arrange the woman in a lateral posture on bed rest to avoid exerting strain on the vena cava.

Place a wide-bore intravenous catheter into a major vein to administer fluids for replenishment. Collect a blood sample to measure the level of fibrinogen.

Perform external monitoring of the fetal heart rate (FHR) and measure the vital signs of the mother at intervals of 5 to 15 minutes. Administer oxygen to the mother using a mask.

Get ready for a cesarean section, which is the preferred way for giving birth.

Deliver instruction to clients and their families.

Attend to the emotional and psychosocial requirements. The prognosis for both the mother and fetus is contingent upon the degree of separation, level of fetal hypoxia, and volume of blood.