Antepartum Haemorrhage (APH)

For the reluctant obstetrician...
Antepartum Haemorrhage

• PV Bleeding > 20 weeks*

• 2-5% of pregnancies

• Classification:
  • PV Spotting
  • Minor APH < 50mL and settled
  • Major APH 50-1000mL with no shock
  • Massive APH >1000mL and/or signs of shock
Antepartum Haemorrhage

• Causes of APH

<table>
<thead>
<tr>
<th>Upper Genital Tract (Uterine/Placental)</th>
<th>Lower Genital Tract</th>
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</thead>
<tbody>
<tr>
<td>Placenta Praevia</td>
<td>Cervix – cervicitis, ectropion, cancer</td>
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<tr>
<td>Placental Abruption</td>
<td>Vagina &amp; other</td>
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<tr>
<td>Marginal Haemorrhage</td>
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<tr>
<td>Vasa Praevia</td>
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<tr>
<td>Others: Placenta accreta / uterine rupture</td>
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Antepartum Haemorrhage

• Assessment
  • Hx
  • Examination
    • Vitals / general
    • Abdominal exam
    • Avoid PV/Spec until placenta praevia excluded
  • Investigations
    • Mum: Bloods: FBC, Group&Hold +/- crossmatch, Kleihauer*, coagulation profile
    • Baby: CTG / Ultrasound

• Mx principles
  • Resuscitate / Call for help
  • Assess fetal and maternal condition – deliver if either compromised
  • Seek and treat cause
Placenta Praevia

• Definition = placental location below presenting part of fetus
• Usually means adjacent to, or covering internal cervical os
  • Grade 1 – 4: Depending on degree of coverage
  • 2cm from os considered “clear”
• Hallmark = painless bleeding
  • Small bleed can ‘herald’ a bigger bleed
• Management
  • Admit all, if time & gestation <35/40, give/consider corticosteroids/MgSO4
  • Resuscitate if required
  • Assess maternal & fetal condition (C/S if either is compromised)
  • Elective C/S at 37/40 if stable
Placental Abruption

- Separation of placenta with associated bleeding from exposed vessels
  - Also reduced functional surface area of placenta
- Can be spontaneous or following trauma (direct abdominal trauma or even deceleration/seat-belt injury)
- Typically associated with abdominal pain & uterine tenderness/irritability
- Concealed vs. revealed abruption

**Management**
- Resuscitate if required (coagulopathy can occur early)
- Assess maternal & fetal condition & usually deliver
  - Often labour well & can deliver vaginally
  - C/S if maternal/fetal compromise

**TYPES OF ABRUPTION**

- Partial separation
- Marginal separation
- Complete separation with concealed
Antepartum Haemorrhage: Rarer Causes

- Uterine Rupture
- Vasa Praevia
- Placenta: Accreta, Increta, Percreta
- Cervical Ectropion
- Cervical Cancer
Antepartum Haemorrhage

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