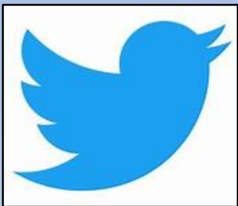
Antepartum Haemorrhage (APH)

For the reluctant obstetrician…



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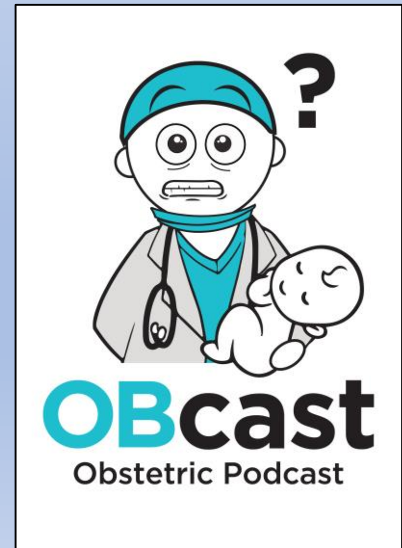
Antepartum Haemorrhage

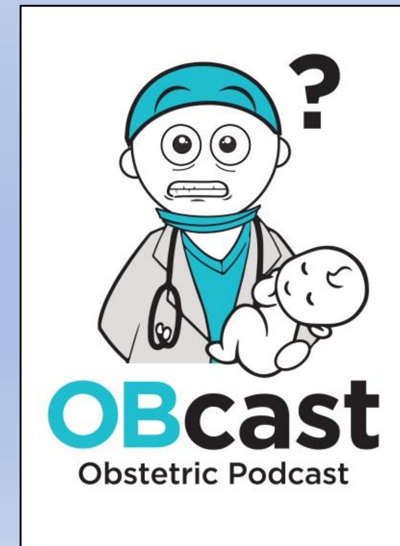
- PV Bleeding > 20 weeks*
- 2-5% of pregnancies
- Classification:
    - PV Spotting
    - Minor APH < 50mL and settled
    - Major APH 50-1000mL with no shock
    - Massive APH >1000mL and/or signs of shock



Antepartum Haemorrhage

- Causes of APH

Upper Genital Tract (Uterine/Placental)	Lower Genital Tract
Placenta Praevia	Cervix – cervicitis, ectropion, cancer
Placental Abruption	Vagina & other
Marginal Haemorrhage	
Vasa Praevia	
Others: Placenta accreta / uterine rupture	

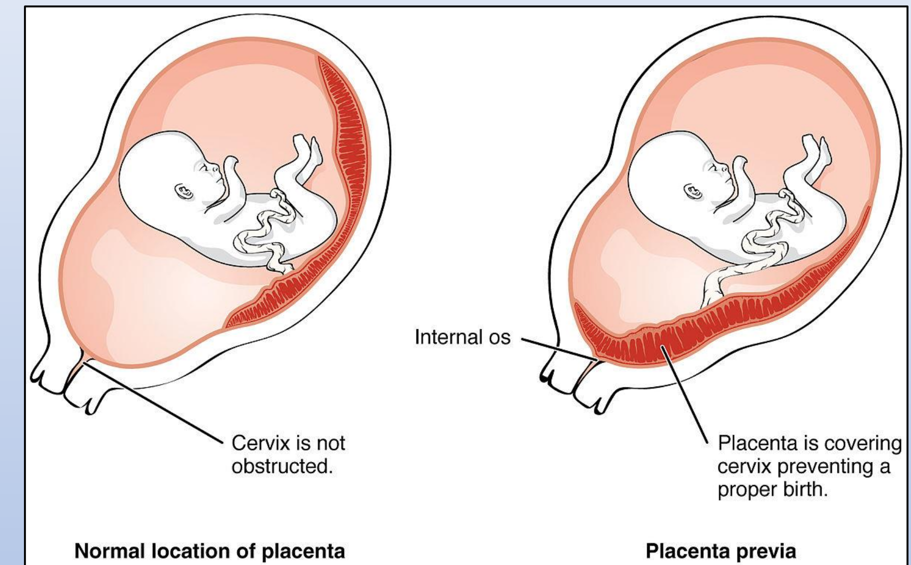


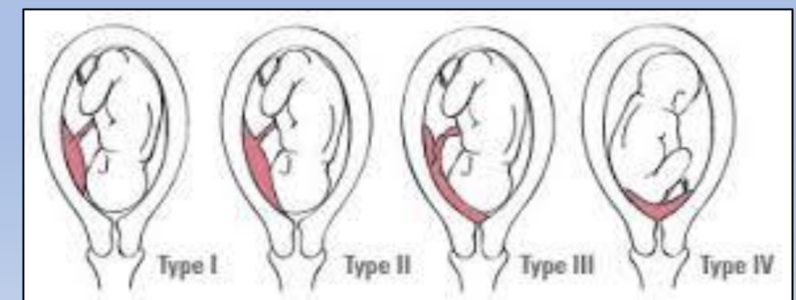
Antepartum Haemorrhage

- 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

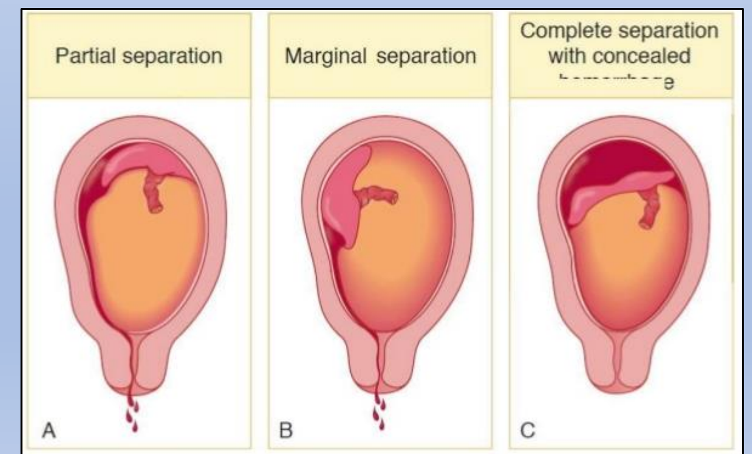




Placental Abruption

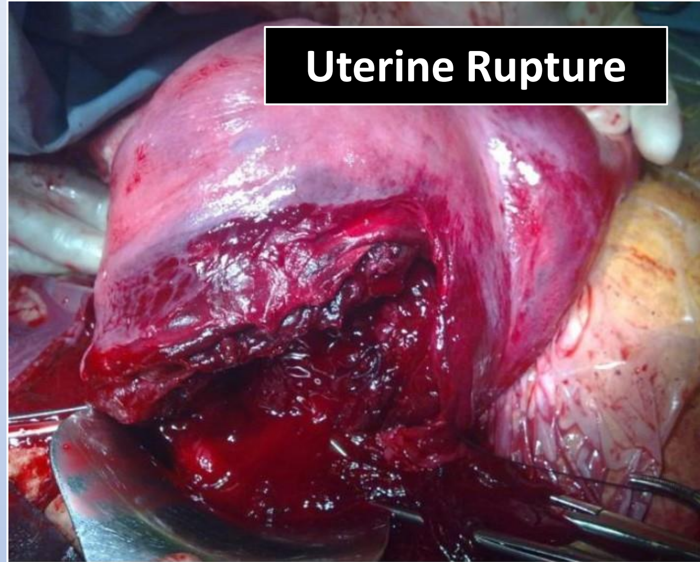
- Separation of placenta with associated bleeding from exposed vessels
  - Also reduced functional surface area of placenta
- Can be spontaneous or following trauma (direct abdominal trauma or even deceleration/seat-belt injury)
- Typically associated with abdominal pain & uterine tenderness/irritability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

TYPES OF ABRUPTION

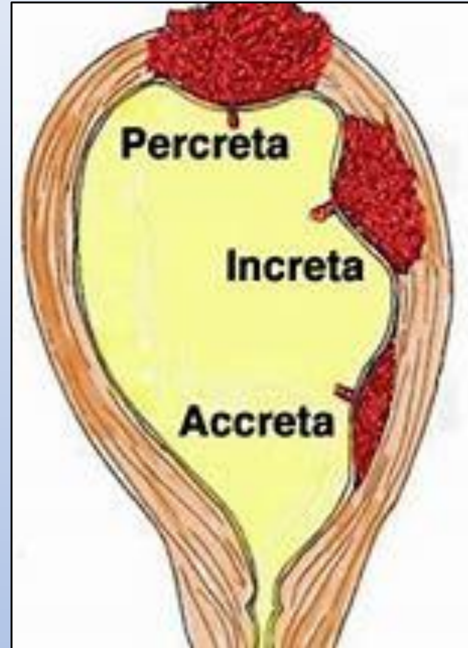


- Management
  - Resuscitate if required (coagulopathy can occur early)
  - Assess maternal & fetal condition & usually deliver
    - Often labour well & can deliver vaginally
    - C/S if maternal/fetal compromise

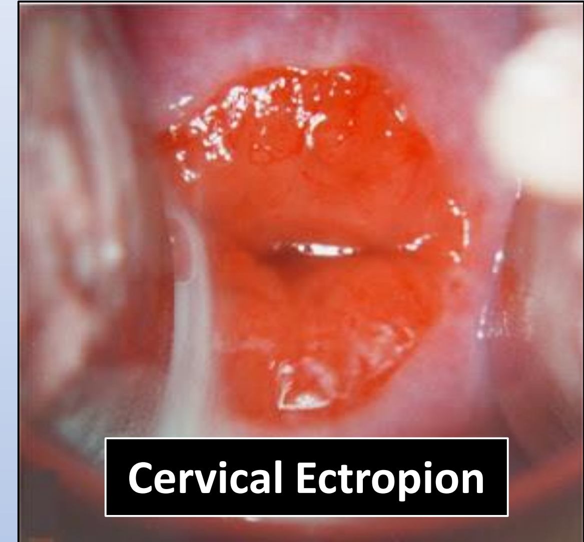
Antepartum Haemorrhage: Rarer Causes

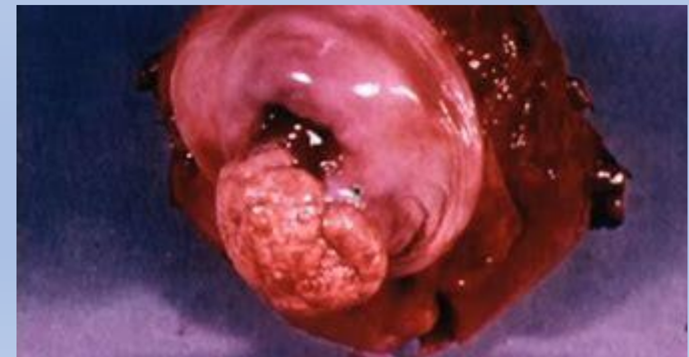

Uterine Rupture

Vasa Praevia



Placenta:
-Accreta
-Increta
-Percreta


Cervical Ectropion


Cervical Cancer

Antepartum Haemorrhage

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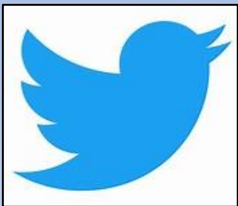

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