

PLACENTA CONDITIONS

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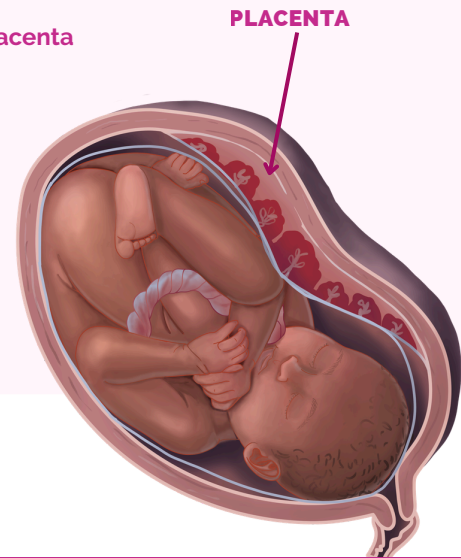
The placenta is a temporary organ that exists in the uterus only during pregnancy. It develops in the uterus 7 to 10 days after conception and attaches to the uterine wall away from your cervix (V1, V3).

Complications can happen with how and when the placenta grows or separates from the uterus. These can include life-threatening bleeding, need for blood transfusion during birth, preterm birth via C-section, removal of the uterus, and in rare cases, stillbirth. Regular follow-ups with routine ultrasounds can help identify health issues early and develop treatment options that are right for you.

Developing baby - full-term - normal placenta

The placenta continuously grows to support your baby and remains in your uterus until the final stage of childbirth.

VISUAL 1



PLACENTA CONDITIONS

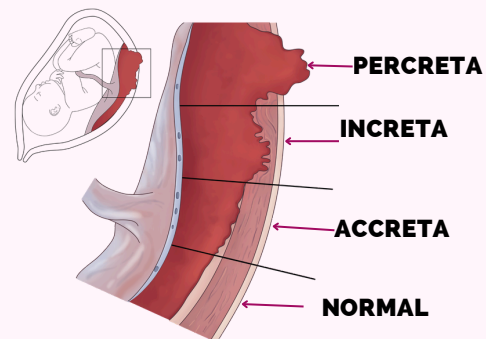
- **Placenta previa:** the placenta **develops over the cervix and covers** all or parts of it. Placenta previa can cause severe bleeding during pregnancy and delivery.
- **Placental abruption:** the placenta completely or partially detaches from the uterine wall **too soon**. This causes fetal distress and can lead to fetal death because the baby's oxygen and food supply has been compromised.
- **Subchorionic Hemorrhage/Hematoma (SCH):** This is a common cause of bleeding between 10-20 weeks and is caused by bleeding between the placenta and the wall of the uterus. Most resolve on their own without affecting the baby but hematoma can increase the risk of miscarriage, preterm labor, placental abruption and premature rupture of membranes.
- **Placenta accreta spectrum:** the placenta grows too deeply into the uterine wall and does not separate from it during the final stage of labor (V2). The spectrum for placenta accreta complications includes: percreta, increta, accreta.
- **Retained placenta:** parts of the placenta **remain inside the uterus after delivery or the end of pregnancy**. Retained placenta can occur in full-term births, in miscarriages, or in abortions.

VISUAL 2

Shows **the placenta accreta spectrum**. In this case the placenta is on the front of the uterus, closest to the belly (placenta anterior)

VISUAL 3

Shows normal placenta attachment. In this case the placenta is on the front of the uterus, closest to the belly (placenta anterior)

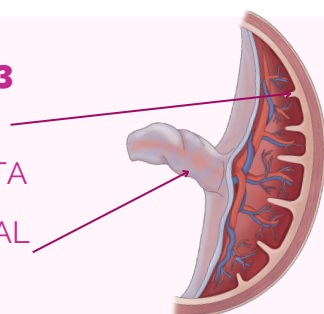


VISUAL 2

PLACENTA ACCRETA SPECTRUM

VISUAL 3

NORMAL PLACENTA
UMBILICAL CORD



SIGNS OF PLACENTAL CONDITIONS

Vaginal bleeding and abdominal back pain are main warning signs of placenta conditions. If you experience bleeding at any point during your **pregnancy**, or **heavy bleeding in the first 6 days after birth**, contact your healthcare provider immediately.

RISK FACTORS

Some factors can increase the chances of developing a placental condition. These include:

- **Smoking** including vaping, cigarette, cigar, and marijuana (pot, weed, MJ edibles)
- Blood pressure higher than 140/90
- Clotting disorders
- Pregnancy **complication** such as preeclampsia
- **Invitro fertilization** (IVF)
- **Previous C-section**
- **Drug use** such as cocaine and methamphetamine during pregnancy
- **Uterine surgery, injuries and past pregnancy complications**
- **Sickle cell disease (SCD)***
- **Lupus**
- **Being 35 or older**
- **Excessive exercise or heavy lifting**

*Sickle cell disease is an inherited group of disorders that affects the shape of red blood cells.



Control what you can! While some of the causes are unknown, there are steps you can start taking right away:

- **Listen to your body** - watch for any signs of unwellness and bleeding
- **Talk to your provider** about how to be your healthiest self and what you can do to decrease your risks of developing placental conditions.
- **Attend all recommended prenatal visits and ultrasounds appointments.** Those can be key in early detection and treatment.

Sources:

- **Cleveland Clinic:** cle.clinic/3Riqcnf
- **March of Dimes:** bit.ly/3rckmZZ

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