

Bleeding in pregnancy

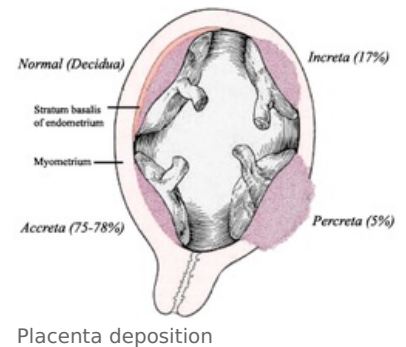
The main causes of bleeding in pregnancy:

- **abortion;**
- **pathology of the placenta;**
 - placenta praevia;
 - placental abruption
 - **extrauterine pregnancy;**
- **disseminated intravascular coagulation.**

Pathological placement of the placenta

Types of pathological storage

1. **Insertio placentae profunda** - the placenta extends from the body a little into the lower uterine segment, but does not reach the internal gate;
2. **placenta praevia marginalis** - its edge extends to the inner gate:
 - during delivery, the lower segment comes up, thus the marginal placement can become partial (exceeds the edge of the goal);
3. **placenta praevia partialis** - the edge partially overlaps the gate, when the gate is dilated, the edge of the placenta can be seen;
4. **placenta praevia centralis (totalis)** - the placenta covers the inner gate:
 - it can be pulled up during childbirth together with the lower segment and ceases to be an obstacle to childbirth.



Causes

- Disturbances in the transport of a fertilized egg - the egg is only capable of nesting from a certain time after ovulation. If transport through the tube is too fast, it reaches nidation maturity only in the region of the isthmus.
- Changes in the morphology of the uterine wall - the wall may be lax after previous births and the egg will pass into the lower segments of the uterus
- endometrial disorders:
 - the result of abrasive curettage (the endometrium may be completely absent);
 - insufficient decidual transformation (e.g. over a myoma) - *placenta membranacea* is often formed, which grows into the surrounding area, up to 1/3 of which is entrapped.

Symptoms

Bleeding

- Main symptom;
- usually also as the first symptom at the end of the 1st trimester.

Abortion

- It can arise because the placenta does not find as much space to grow in the lower segment, the production of hCG decreases and the corpus luteum can disappear. More often, however, the abortion does not occur and the pregnancy continues.

Continuation of pregnancy with pathological localization of the placenta

- If the pregnancy continues, in the second trimester, the lower segment begins to grow, which leads to partial separation of the bed and bleeding again;
- repeated blood losses lead to anemization;
- the closer to childbirth, the more contractions (dilation of the throat), the more frequent and stronger the bleeding;
- but sometimes it can be completely asymptomatic;
- the occurrence of pathological positions of the fetus is more common (the placenta prevents the head from entering the pelvis) - if we find a pathological position towards the end of the pregnancy, we should exclude the en route bed.

Links

Related Articles

- Bleeding conditions in obstetrics

External links

- Peripartum life-threatening bleeding 2018 - interactive algorithm + test (<https://www.akutne.cz/algorithm/cs/327--/>)
- Surgery during pregnancy — interactive algorithm + test (<https://www.akutne.cz/algorithm/cs/387--/>)
- Resuscitation of a pregnant woman — interactive algorithm + test (<https://www.akutne.cz/algorithm/cs/239--/>)

References

- ČECH, Evžen, et al. *Obstetrics*. 2. edition. Prague : Grada, 2006. ISBN 80-247-1303-9.
- Quadruplets of developed questions according to the study materials of J. Beneš, L. Mikšík, e-learning and the book of gynecology and obstetrics / Martius 2005 /.