PLACENTA PREVIA: CLINICAL COURSE, DIAGNOSIS AND DELIVERY TACTICS

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Abstract:
Placenta previa remains one of the most dangerous pregnancy pathologies, associated with a high risk of antenatal and intrapartum bleeding, anemia, and perinatal complications. The increasing incidence of this pathology is associated with the increasing number of uterine surgeries, primarily cesarean sections. The aim of this study was to investigate the clinical features of pregnancy with placenta previa, evaluate the diagnostic capabilities of ultrasound methods, and develop optimal labor management strategies.

Keywords: placenta previa, pregnancy, cesarean section, bleeding, diagnosis, labor management strategies.

Study Objective

To determine the clinical features of pregnancy and labor with various forms of placenta previa, identify risk factors, and evaluate the effectiveness of the chosen management strategies.

Study Materials and Methods

The study was conducted in the obstetrics department from 2022 to 2024. The study involved 90 pregnant women divided into three groups:

- Group I (control) – 30 women with a normal pregnancy and a normally located placenta.
- Group II – 30 women with partial (marginal or low) placenta previa.
- Group III – 30 women with complete placenta previa.

All pregnant women underwent a clinical examination, ultrasound diagnostics, laboratory tests, and an assessment of birth outcomes. The analysis included an assessment of their medical history, timing and nature of bleeding, ultrasound data (location, thickness, and structure of the placenta), blood counts, and the newborn's condition according to the Apgar score.

Study Results

The average age of the women was 30.8 ± 4.6 years. Placenta previa was most common in multiparous women (68.9%). Forty percent of patients in Group II and 60% in Group III had a history of cesarean section. Painless bleeding was observed in 73.3% of women with

complete placenta previa and 46.7% with partial placenta previa. The average blood loss during pregnancy was: Group II – 310 ± 120 ml, Group III – 540 ± 150 ml, and the control group – no blood loss.

According to ultrasound data, in women with partial placenta previa, the placenta overlapped the internal os by 1/3–1/2 its diameter, compared to 100% for complete placenta previa, with evidence of placenta accreta in 16.7% of cases. Placental thickness in the area of placenta previa was increased (43.2 ± 5.1 mm versus 36.7 ± 4.8 mm in the control group). Pregnancy was prolonged to 37 weeks in 70% of women in Group II, and all women in Group III underwent a planned cesarean section at 37–38 weeks. Average blood loss during childbirth was: Group I – 350 ± 80 ml, Group II – 620 ± 160 ml, Group III – 910 ± 240 ml. No perinatal losses were recorded, and the average Apgar score was 7.5 ± 0.6 points.

Conclusions

Placenta previa most often develops in women with a uterine scar, inflammatory endometrial disease, and multiple pregnancies. The clinical course is characterized by recurrent painless bleeding, the severity of which depends on the type of placenta previa.

Ultrasound allows for precise determination of the location and degree of placenta previa, as well as signs of placenta accreta. For complete placenta previa, the optimal approach is a planned cesarean section; for partial placenta previa, the optimal approach is individualized. Early diagnosis and planned pregnancy management can reduce the incidence of complications and improve outcomes for mother and child.