Antepartum Hemorrhage
Defined as vaginal bleeding from 24 wk to delivery of the baby. Complicated 2-5% of pregnancy. The causes are placental and local.
Placental causes:
Placenta raevia.
Placental abortion.
Vasa reavia.

Local causes:
Cervicitis.
Cervical erosion.
Cervical carcinoma.
Vaginal trauma.
Vaginal infection.
Vaginal bleeding in the first trimester may result from a spontaneous abortion (miscarriage).

Vaginal bleeding in the second or third trimester may indicate an abnormal location of the placenta.
Sequelea:
- Oor placental function.
- IUGR.
- Preterm labor.
Antepartum hemorrhage must always be taken seriously and any women resenting with a history of vaginal bleeding must be investigated promptly. Do not perform digital vaginal examination until the diagnosis is established.
History:
• History taking.
• Triggering factors.
• Associated with pain or contraction?
• Is the baby moving?
• Last cervical smear.
Examination:

- uls, blood pressure.
- Is the uterus tender or soft?
- Fetal heart auscultation/CTG.
- Speculum vaginal examination.
Investigations:

- Blood count, clotting, cross match.
- Ultrasound.
Effective management of major hemorrhage requires aggressive supportive measure:

- Call for help (obstetrician and anesthetic).
- Notify blood bank and consult hematologist.
- Cross matches at least 6 units of blood.
- Full blood count and clotting.
- RFT & LFT.
- O2 & mask.
- 2x 14-gauge IV line.
- Foleys catheter.
- Plasma expander.
- Transfuse blood.
- Central venous pressure.
- Fresh frozen plasma, cryorisitate, platelet.
- Eliminate the cause (deliver the baby).
- Manage postpartum hemorrhage.
Placenta Previa:
Placenta previa is used to describe a placenta that is implanted over or very near the internal cervical os. Incidence 5:1000. There are several possibilities:
• Total placenta previa—the internal os is covered completely by placenta
• Partial placenta previa—the internal os is partially covered by placenta
• Marginal placenta previa—the edge of the placenta is at the margin of the internal os
• Low-lying placenta—the placenta is implanted in the lower uterine segment such that the placental edge does not reach the internal os, but is in close proximity to it
• Vasa previa—the fetal vessels course through membranes and present at the cervical os.
RISK FACTORS:

- Multiple gestations.
- Previous cesarean section.
- Uterine structural anomaly.
- Assisted conception.

Delivery is by caesarian section, performed by senior consultant obstetricians.
Placental Abruption
Placental separation from its implantation site before delivery has been variously called placental abruption, abruptio placentae, The bleeding of placental abruption typically insinuates itself between the membranes and uterus, ultimately escaping through the cervix, causing external hemorrhage. Less often, the blood does not escape externally but is retained between the detached placenta and the uterus, leading to concealed hemorrhage.
Sequels of abruption placenta:
• Fetal hypoxia & preterm delivery.
• Mother at risk of hypovolemic shock, clotting disorder, organ damage.
The management depend on recognition to the case. In sever case baby dead and vaginal delivery can be accelerated.
### Comparison between them:

<table>
<thead>
<tr>
<th>Placenta revia</th>
<th>lacteal abortion</th>
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<tbody>
<tr>
<td>Painless</td>
<td>Painful</td>
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<tr>
<td>Patient is less distress</td>
<td>Patient distress</td>
</tr>
<tr>
<td>Soft abdomen</td>
<td>Tens abdomen</td>
</tr>
<tr>
<td>Abnormal lie &amp; presentation</td>
<td>Normal lie &amp; presentation</td>
</tr>
<tr>
<td>CTG normal</td>
<td>CTG abnormal</td>
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<tr>
<td>No association with preeclampsia or clotting defect</td>
<td>Associated with preeclampsia, clotting defect may occur</td>
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