PIPADOR REVISION

MRCOG Part 1 Revision Notes

Abruption

CLINICAL MANAGEMENT • LECTURE 475

VISUAL EXAMINATION REVISION NOTES

2026 Edition

475

MRCOG PART 1 REVISION NOTES | CLINICAL MANAGEMENT

Abruption

Placental abruption — definitions, risk factors, clinical features and management (RCOG GTG 63)

≈ 1%	Concealed	DIC	≈ 5–15%
Pregnancies	Blood loss may be hidden	Key complication	Recurrence

■ KEY FACTS: Learning objectives

- Define placental abruption (revealed, concealed, mixed) and Couvelaire uterus.
- Describe risk factors, clinical features and complications.
- Describe management according to fetal status and maternal condition (RCOG GTG 63), including DIC and follow-up.

475.1 Key definitions

Term	Definition
Placental abruption	Separation of a normally sited placenta, partially or completely, before the birth of the fetus
Revealed abruption	Blood tracks down and is seen vaginally
Concealed abruption	Blood remains behind the placenta — little or no visible bleeding despite significant loss
Mixed	Both revealed and concealed
Couvelaire uterus	Blood infiltrating the myometrium — bruised, poorly contracting uterus
DIC	Disseminated intravascular coagulation — consumption of clotting factors and platelets (thromboplastin release)

■ IN PLAIN ENGLISH: Abruption

In abruption the placenta peels off the uterine wall and bleeds behind it. The **visible blood often underestimates the true loss**; the mother can become shocked and develop clotting problems, and the baby can rapidly become compromised.

475.2 Risk factors and features

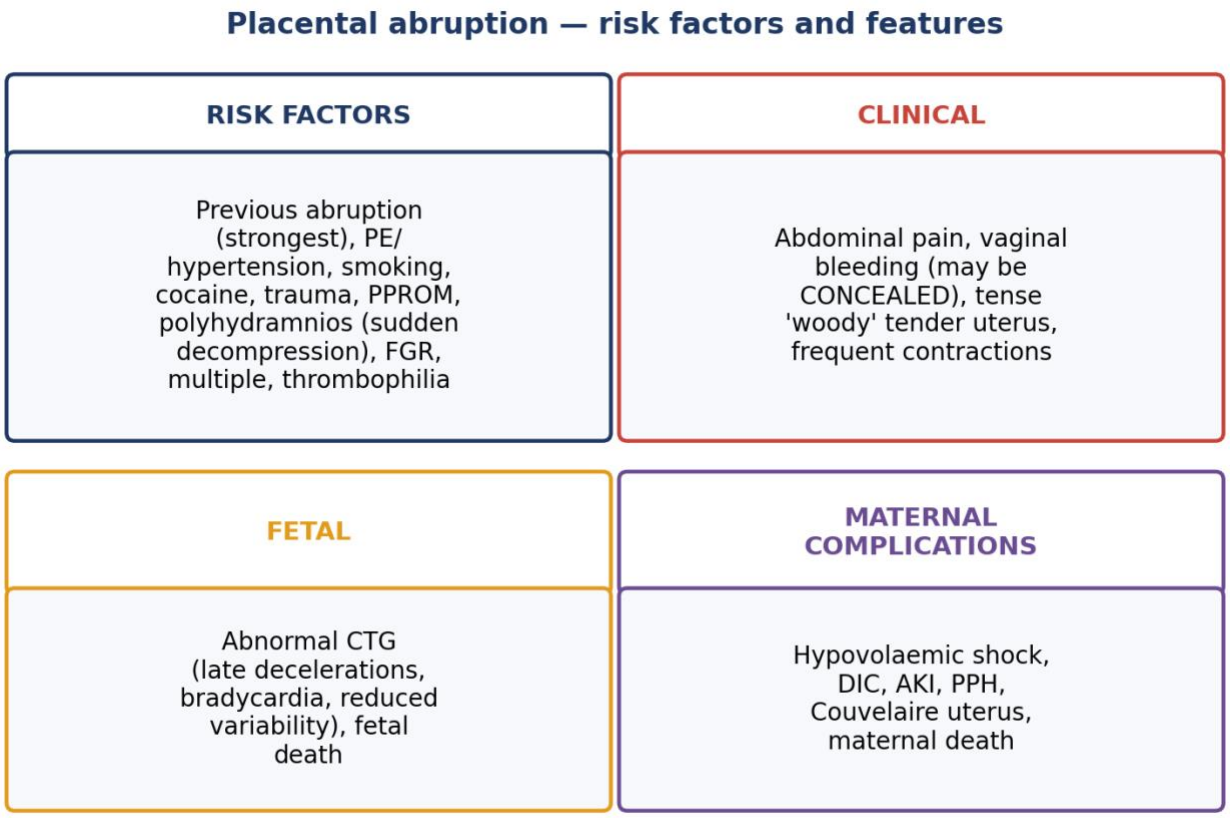


Figure 475.1 — Risk factors and clinical features

- Abruption is a **clinical diagnosis** — ultrasound has poor sensitivity (a normal scan does not exclude it); the Kleihauer test is not diagnostic.
- Severity ranges from small abruptions (minor bleeding, normal CTG — may be managed expectantly preterm) to massive abruption with fetal death and DIC.

475.3 Management

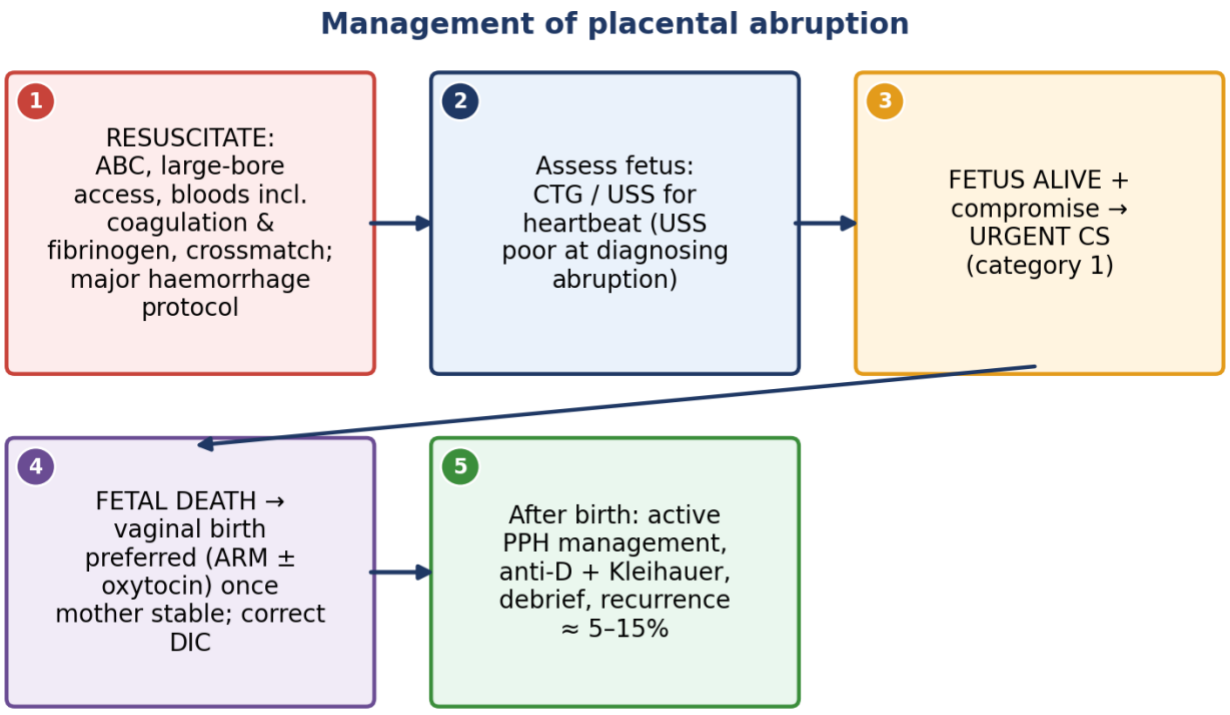


Figure 475.2 — Management of placental abruption

Situation	Management
All	• Resuscitation (ABCDE), two large-bore cannulae, FBC, coagulation screen incl. fibrinogen, crossmatch, U&E, LFT, Kleihauer • Fluid balance • Senior obstetrician, anaesthetist, haematologist
Fetus alive, compromised (abnormal CTG)	Category 1 CS
Fetus alive, no compromise, term/near term	• Expedite birth — usually ARM/induction with continuous CTG • Low threshold for CS
Fetus alive, preterm, mild abruption, stable	• Admit, steroids (± $MgSO_4$), close maternal/fetal monitoring • No tocolysis
Fetal death	• Vaginal birth preferred (ARM ± oxytocin — labour often rapid) • Correct DIC before any surgery • Blood loss often > 2,500 mL
DIC / massive haemorrhage	• Major haemorrhage protocol: red cells, FFP, cryoprecipitate (fibrinogen < 2 g/L), platelets (< 75 × 10^9/L) • Tranexamic acid • Viscoelastic testing (ROTEM/TEG)
After birth	• Active management of 3rd stage (PPH risk — Couvelaire uterus) • Anti-D (RhD−) based on Kleihauer • VTE prophylaxis once bleeding controlled • Debrief

475.4 Complications and follow-up

- Maternal: hypovolaemic shock, DIC, AKI, PPH, transfusion, hysterectomy, maternal death.
- Fetal: hypoxia, preterm birth, FGR (chronic abruption), stillbirth.
- Future pregnancy: recurrence ≈ 5–15% (higher after two)
  - Stop smoking/cocaine
  - Consultant-led care, serial growth scans
  - Consider earlier planned birth.

■ COMMON PITFALLS

Being falsely reassured by little visible bleeding or a normal ultrasound.

Underestimating blood loss and delaying blood products.

Delaying vaginal birth after fetal death for CS (DIC risk).

475.5 Must-know summary

■ EXAM TIP

- Abruption = premature separation of a normally sited placenta; may be concealed.
- Risk factors: previous abruption, PE, smoking, cocaine, trauma, PPROM, polyhydramnios decompression.
- Painful bleeding, woody tender uterus, fetal compromise, shock out of proportion; clinical diagnosis.
- Resuscitate; fetus alive + compromise → cat 1 CS; fetal death → vaginal birth; treat DIC; anti-D; recurrence 5–15%.

■ MNEMONIC / MEMORY AID

Abruption — 'Pain, Bleeding, Board-like uterus, Baby in distress'.