

SNS COLLEGE OF NURSING
Saravanampatti (po), coimbatore

DEPARTMENT OF NURSING
VASA PREVIA



DEFINITION

- **Obstetrical emergencies are life threatening medical conditions that occur in pregnancy or during labor or after delivery.**



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VASA PREVIA

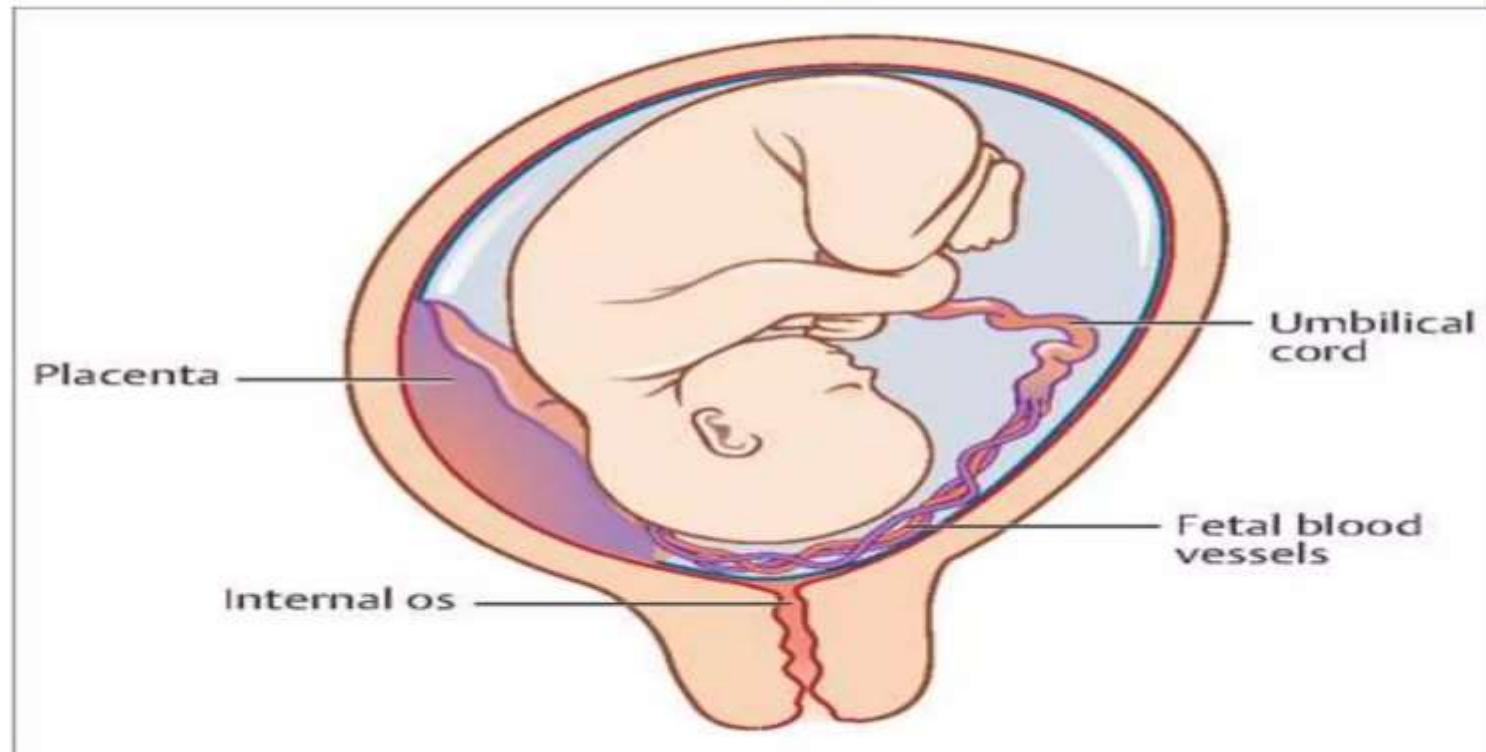
INCIDENCE

The actual incidence is extremely difficult to estimate, it appears that vasa previa complicates approximately 1 in 2,500 births.



DEFINITION

- It is an abnormality of the cord that occurs when one or more blood vessels from the umbilical cord or placenta cross the cervix but it is not covered by Wharton's jelly.
- This condition can cause hypoxia to the baby due to pressure on the blood vessels.
- It is a life threatening condition.



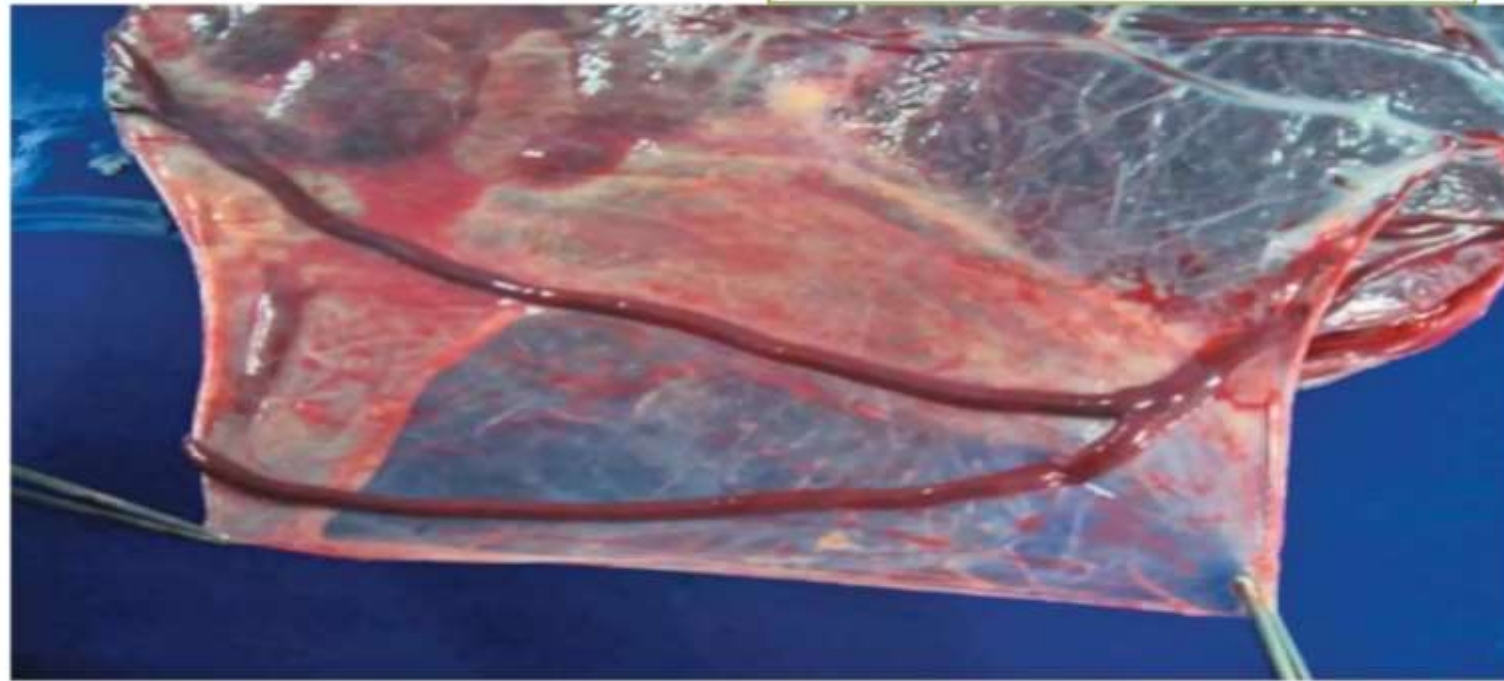


FIGURE 2 Placenta after delivery showing vasa previa. Vessels are seen running through the membranes.

ETIOLOGY

These vessels may be from either

- **Velamentous insertion of umbilical cord**
- **placental lobe joined to the main disk of the placenta.**
- **Low-lying placenta**
- **Previous delivery by C-section.**

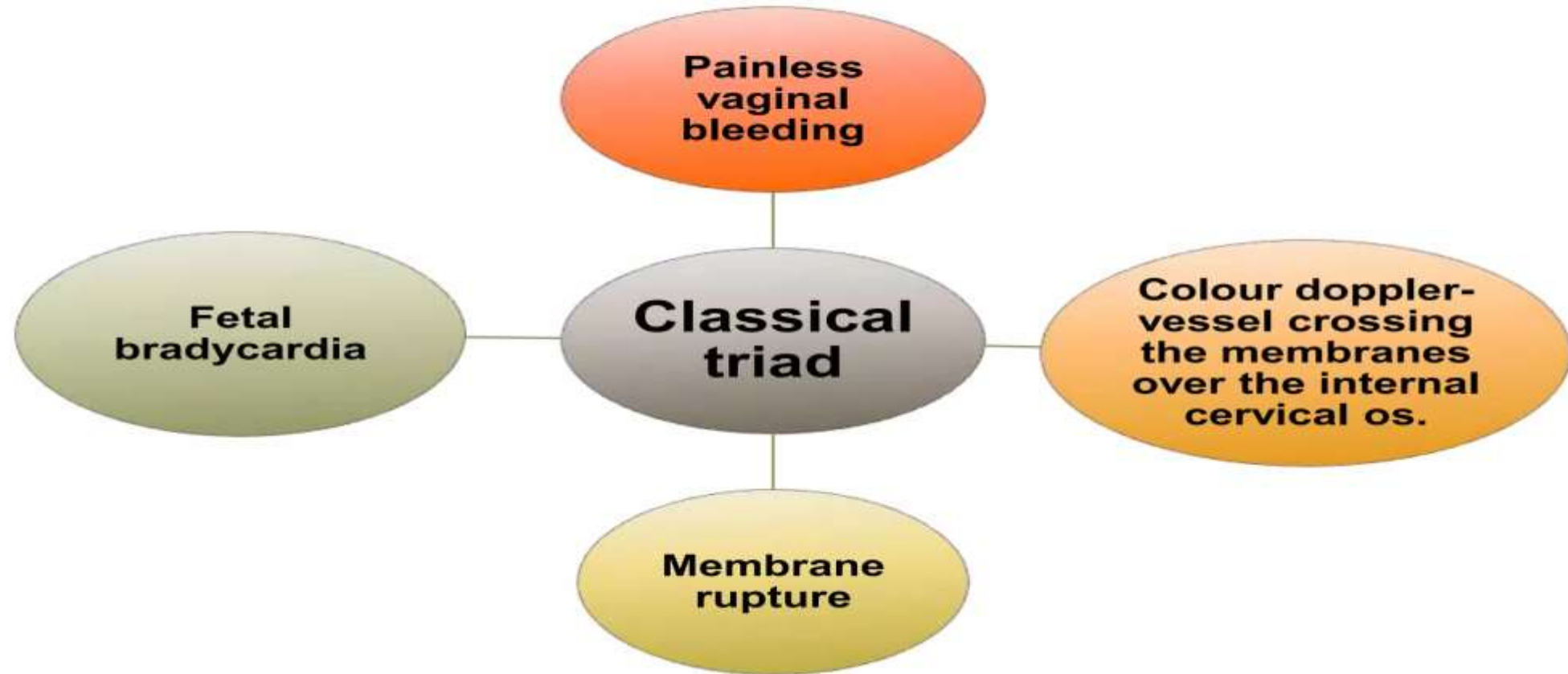


_SYMPTOMS

- **The baby's blood is a darker red color due to lower oxygen levels of a fetus**
- **Sudden onset of painless vaginal bleeding, especially in their second and third trimesters**
- **If very dark burgundy blood is seen when the water breaks, this may be an indication of vasa previa**



DIAGNOSIS



MANAGEMENT

- Antepartum
- The patient should be monitored closely for preterm labor, bleeding or rupture of membranes.
- Steroids should be administered at about 32 weeks.
- Hospitalization at 32 weeks is reasonable .
- Take patient for emergency cesarean section if membranes are ruptured.
- Fetal growth ultrasounds should be performed at least every 4 weeks.
- Cervical length evaluations may help in assessing the patient's risk for preterm delivery or rupture of the membranes



Intrapartum

- The patient should not be allowed to labor. She should be delivered by elective cesarean at about 35 weeks
- Delaying delivery until after 36 weeks increases the risk of membrane rupture.
- Care should be taken to avoid incising the fetal vessels at the time of cesarean delivery.
- If vasa previa is recognized during labor in an undiagnosed patient, she should be delivered by urgent cesarean. The placenta should be examined to confirm the diagnosis



Postpartum

- Routine postpartum management as for cesarean delivery.
- If the fetus is born after blood loss, transfusion of blood without delay may be life-saving.
- It is important to have O negative blood or type-specific blood available immediately for neonatal transfusion



NURSING MANAGEMENT

- Assess bleeding, color, amount
- Administer iv fluids.
- Administer oxygen.
- Strict vitals and FHS monitoring.
- Prepare patient for caesarean section.
- Reserve blood if (Hct >30%)



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