How can I help reduce Healthcare Associated Infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming into and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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If you require a translation of this leaflet please call your community midwife.
What is the placenta?
After conception, your placenta grows alongside your baby in the uterus (womb) and provides your baby with all the oxygen and nutrients it will need to reach maturity. When your baby is born the placenta is delivered afterwards and is commonly known as the afterbirth.

What is a low lying placenta/placenta praevia?
Sometimes the placenta grows close to the cervix (the opening to the birth canal). This is often diagnosed at the 20 week ultrasound scan and is referred to as either low lying placenta or placenta praevia. About 1 in 200 women have some degree of placenta praevia at this stage of pregnancy.
If this happens to you, try not to worry as the placenta can still move out of the way during the rest of the pregnancy. For 9 out of 10 women the placenta will move as the pregnancy progresses.
If a low lying placenta is identified at about 20 weeks it will be checked again at 32 weeks and possibly 36 weeks by ultrasound scan to see if it has moved.
If the placenta moves away from the birth canal, vaginal birth can be planned. However, when the placenta completely or partially covers the cervix at the end of your pregnancy (persistent placenta praevia), vaginal birth is not possible and caesarean section will be needed.

You are more likely to have a placenta praevia if:
• You are a smoker.
• You are over 35 years old.
• Have had a previous caesarean section (50% more likely).

How will this affect me and my baby?
If you are diagnosed with placenta praevia, your antenatal care will be coordinated by an obstetrician and plans will be made with you based on your individual circumstances. Your obstetrician will also plan with you the safest way to give birth.

One of the complications of placenta praevia is sudden painless bleeding in pregnancy or labour. If this happens it is essential to attend the labour ward at Stoke Mandeville Hospital immediately.
If you have an episode of bleeding in the second half of your pregnancy you may be advised to be admitted to hospital. This may be until the birth of your baby. This would be a precautionary measure and would take place at 34-36 weeks. It is important to consider how this would affect you eg. need for childcare, sickness absence from work. If you have not had any bleeding in pregnancy you may be able to remain at home during pregnancy, but this can depend on the type of placenta praevia you have.
Whilst serious complications are rare, you must attend the hospital as soon as possible if bleeding occurs. This is essential in order that any bleeding can be managed safely. If bleeding is excessive it may sometimes be necessary to offer you a blood transfusion or make plans to deliver your baby.
NB it is important to note that any bleeding from placenta praevia is not from your baby.

How can I help myself?
You cannot do anything that will encourage the placenta to move but you can do a lot to stay healthy in pregnancy. Because of the risk of bleeding in pregnancy it is ideal that you maintain good iron stores in your blood by eating iron rich foods such as:
• Dried fruits (apricots, prunes, raisins).
• Beans.
• Egg (yolk).
• Red meat.
• Dark leafy greens (spinach, kale).

Useful Contact Numbers
Stoke Mandeville Hospital (SMH)
Labour Ward Triage 01296 316103/316104