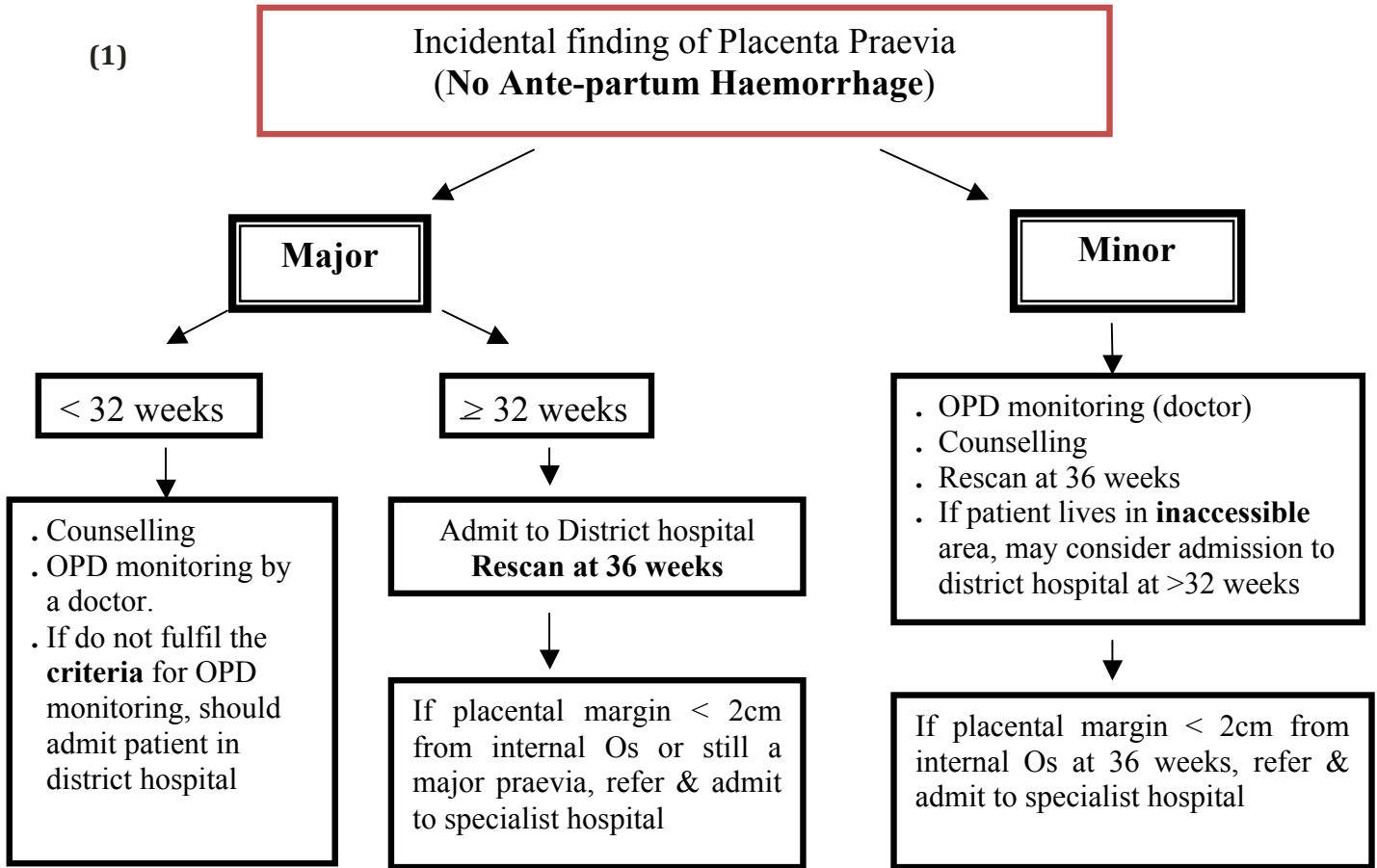
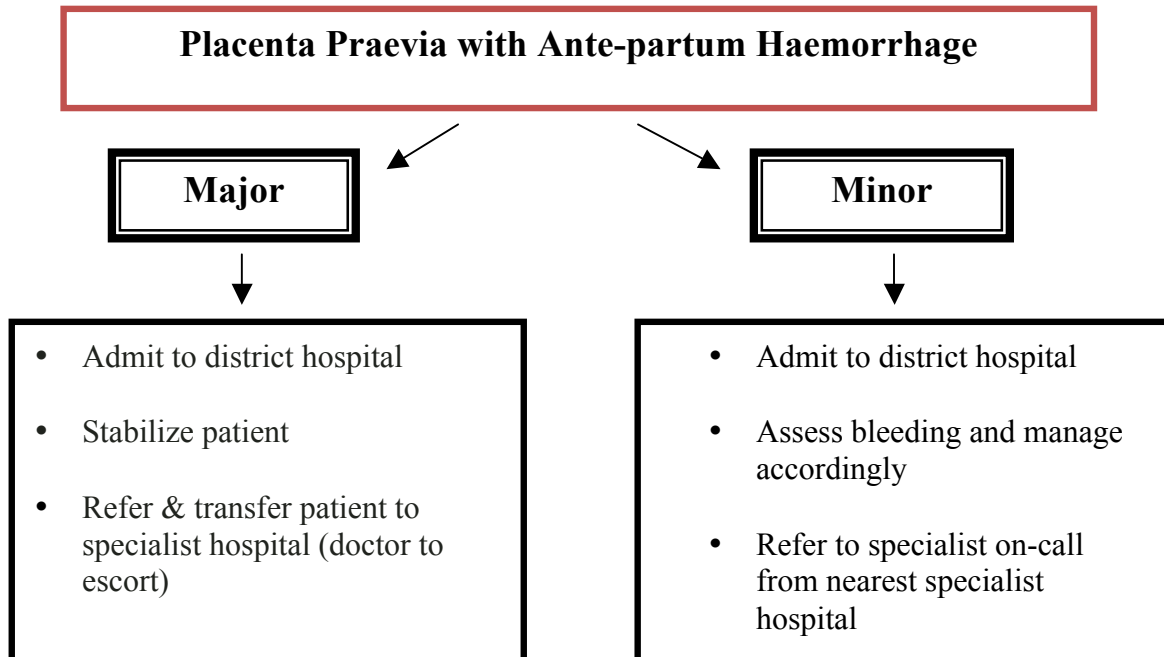


Management Flowchart for Placenta Praevia in Sarawak District Health Centres:

(1)



(2)



Definitions:

Minor – Placenta at the lower segment of uterus but not reaching the Os (Type 1 & 2)

Major – Placenta reaching and covering the Os (Type 3 & 4)

Criteria for Outpatient monitoring of placenta praevia in District Hospital:

- Hb \geq 10g/dl (prescribe iron supplement or transfusion if necessary)
- Staying within 1 hour of hospital (by transport)
- Transport available to bring patient to hospital
- Not living alone
- Patient understand and accept risk involved with outpatient management
- Patient counseled appropriately (refrain from sexual intercourse & get admitted ASAP when having per vaginal bleeding)

Note:

- **Trans-vaginal probe is preferred for accurate diagnosis but in the absence of TVS, trans-abdominal scan with full bladder is acceptable. If unable to assess accurately, refer for ultrasound assessment in a specialist hospital.**
- **Patients' who refused admission or prolonged inpatient care despite being counseled appropriately with regards to risks of placenta praevia, should sign on the medical notes that she understood the risks involved and that she discharges herself against medical advice. She should then be monitored in the OPD.**
- **The above flowchart is only a management guideline for district health centers' in Sarawak**

Reference

1. Routine ultrasound screening in pregnancy: Protocol, standards and training. Report of the RCOG working party, July 2000, RCOG Press.
2. Bhide A, Prefumo F, Moore J, Hollis B, Thilaganathan B. Placental edge to internal os distance in the late third trimester and mode of delivery in placenta praevia. BJOG. 2003; 110(9): 860-4.

“O&G Guideline dated 04.09.2008”