



[m]otherboard

## Placenta Illustrations

~Art By Amy Harderer

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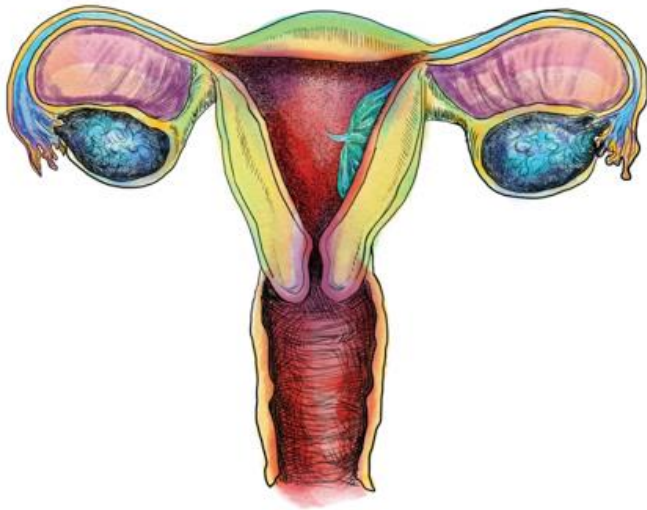


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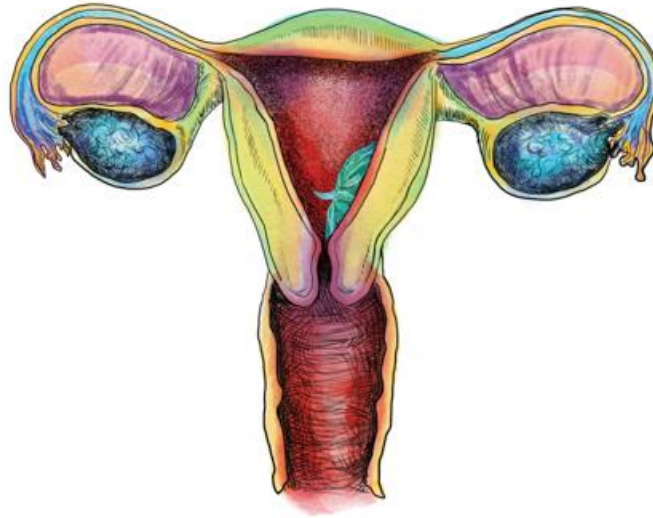


## NORMAL INSERTION



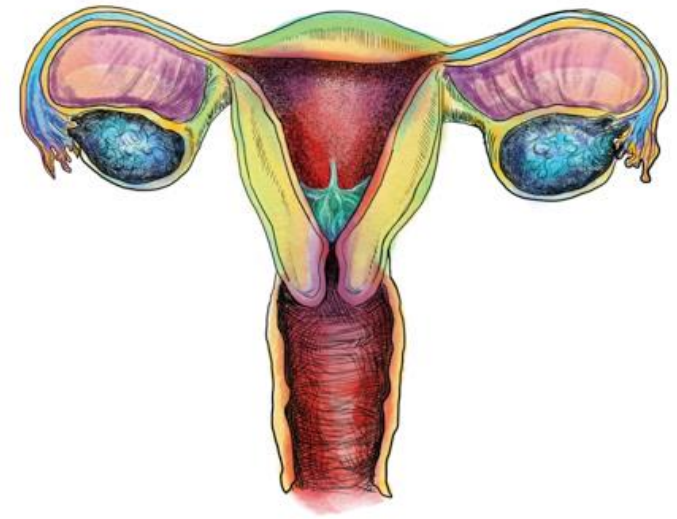
The placenta normally attaches to the upper part or side of the uterus wall with the umbilical cord inserted into the middle of the placenta. Placentas can “migrate” through pregnancy though, but they check its position during routine ultrasounds.

## PARTIAL PLACENTA PREVIA



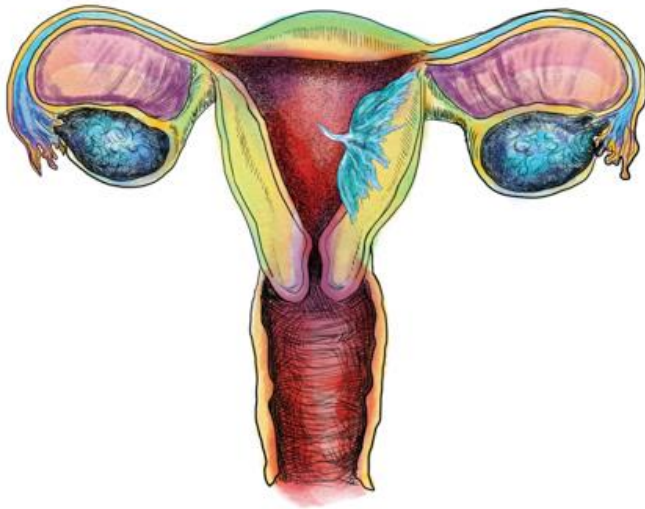
If your placenta is right on the border of the cervix, it's called a marginal or partial previa. This refers to a placenta that covers part of the cervical opening once the cervix starts to dilate. If the edge of the placenta is within two centimeters of the cervix but not bordering it, it's called a low-lying placenta.

## PLACENTA PREVIA



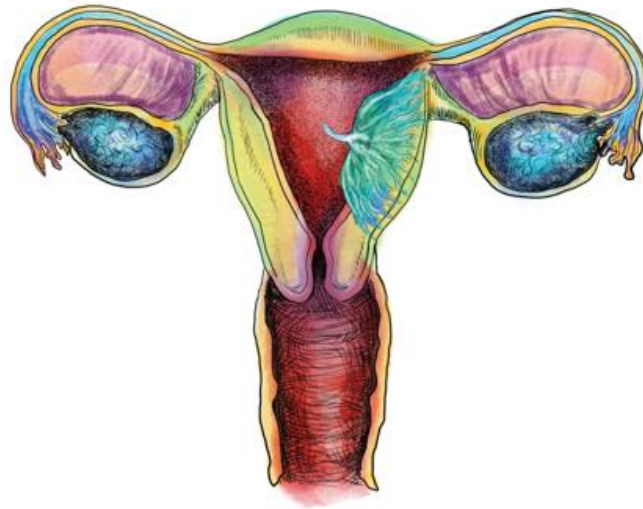
Placenta previa means that your placenta is lying unusually low in your uterus, next to or covering your cervix. If you're found to have placenta previa early in pregnancy, it's not usually considered a problem. But if the placenta is still close to the cervix later in pregnancy, it can cause bleeding, which can lead to other complications and may mean that you'll need to birth early. If you have complete placenta previa when it's time to birth your baby, you'll need to have a cesarean birth.

## PLACENTA ACCRETA



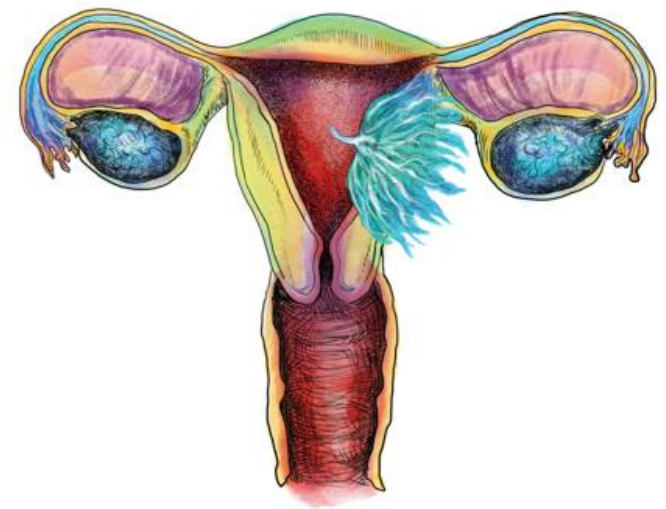
Placenta accreta is a high-risk pregnancy complication that happens when the placenta becomes embedded too deeply in the uterine wall.

## PLACENTA INCRETA



Similar but less common problems include placenta increta, in which the placenta is embedded in the muscles of the uterus.

## PLACENTA PERCRETA



Lastly and extremely rare is placenta percreta, in which the placenta grows through the uterine wall and sometimes into nearby organs.

In any of these cases, which is 1/530 chance for accreta and even less for increta and percreta, if it is detected prior to birth your provider may opt for a cesarean birth. If not detected until after birth, when your placenta does not release from the uterine wall following baby's birth, then you will be taken back to the OR. If accreta is in fact true, you will have to have a hysterectomy to remove your uterus and the placenta. As stated above, this is a high risk situation due to the potential for a postpartum hemorrhage (extreme blood loss). If the placenta does not release, the uterus cannot clamp down and bleeding can continue.