The Most Common Types of Placental Problems

At NewYork-Presbyterian Queens, our experts treat the most common types of placental problems including:

Placenta Previa. During early pregnancy, it is common for the placenta to be low in the uterus. By the third trimester, the placenta should be near the top of the uterus so the cervix (opening to the uterus) is open for delivery. When placenta previa is present, the placenta grows in the lowest part of the uterus and covers all or part of the opening to the cervix.

Placenta Accreta Spectrum. With placenta accreta disorders, the placenta grows too deeply into the wall of the uterus and does not detach normally. This condition can cause severe bleeding if not well treated.

Placenta Abruption. When the placenta partially separates from the wall of the uterus before the birth of a baby, this can cause extensive bleeding and be dangerous for mother and baby.

Vasa Previa. With vasa previa, fetal blood vessels cross or run near the opening of the cervix inside the uterus. Vasa previa needs to be treated to prevent the rupture of supporting membranes, which would cause life-threatening bleeding for the baby.

Institute for Placental Medicine
NewYork-Presbyterian Queens
56-54 Main Street
Flushing, NY 11355

To refer a patient or to make an appointment for a consultation: 718-670-1534

nyp.org/queens

NewYork-Presbyterian Queens

Weill Cornell Medicine

NewYork-Presbyterian Queens

The Institute for Placental Medicine: Expert Care for High-Risk Pregnancies

Weill Cornell Medicine

Placental Disorder Treatment

Placental disorders are so rare that most specialists only see a few cases in their careers. Our multidisciplinary team of maternal-fetal medicine specialists at NewYork-Presbyterian Queens, in collaboration with Weill Cornell Medicine, offer extraordinary expertise in caring for women and their babies when placental disorders are present.

The placenta is the lifeline for a developing baby. Attached to the wall of the uterus during pregnancy, it provides oxygen and nutrients to the fetus through the umbilical cord. Problems with the placenta are rare, but when they occur, they can be life-threatening for the mother, baby, or both by causing severe bleeding or depriving the baby of nourishment.

Our team's goal:

To provide all the care needed for both mother and baby, bringing the pregnancy safely to a healthy delivery, all in one hospital.

Consult with a Specialist or Make a Referral

The institute of Placental Medicine is a major referral center for women with complicated pregnancies and disorders of the placenta. We offer an unparalleled level of care and expertise to our patients.

To consult with a specialist, please call **718-670-1534.**

A Team of Experts

Our specialists are dedicated to clinical research to better understand and treat placental disorders and are focused on providing care as early as possible to patients that are at risk for complications. Patients benefit from a customized team of specialists with the most advanced knowledge of the potential placental, obstetric, medical, genetic, and surgical complications. This team may include:

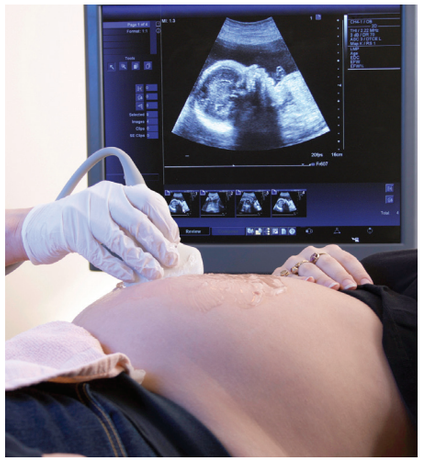
- Maternal-fetal medicine physicians with advanced training in high-risk pregnancies
- Obstetrician/gynecologists
- Neonatologists with specialized training in newborn care
- Anesthesiologists for advanced care in the operating room during C-section deliveries
- Gynecologic oncologists with experience in complicated hysterectomies
- Urologists with specialized training in ureteral stent insertions to prevent damage to the urinary system
- Physician assistants and nurses
- Radiologists with expertise in interpreting MRI imaging and placement of balloon stents in blood vessels to control the amount of bleeding
- General surgeons
- Vascular surgeons

Complete Suite of Services

Our specialists provide services that range from routine screening tests to advanced maternal and fetal diagnostic tools, monitoring, and intervention. We offer the most advanced monitoring tools available including ultrasound, fetal echocardiography, Doppler ultrasound, fetal MRI, and genetic sonography to support both mother and baby during and after the journey of pregnancy.

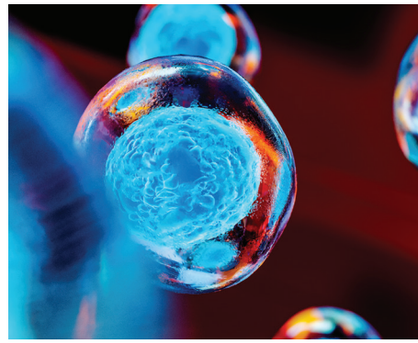
Diagnosis – It is vital to obtain an accurate diagnosis as early as possible to monitor and plan for a successful delivery. Our diagnostic tools include:

- **Ultrasound.** We employ abdominal and vaginal ultrasound to diagnose and monitor the mother and baby throughout the pregnancy.
- **Magnetic Resonance Imaging (MRI).** Combined with ultrasound, this imaging test can provide additional information to confirm the diagnosis and plan for surgery.



If a prenatal ultrasound suggests a problem with the placenta, additional testing will be completed to confirm the diagnosis.

Treatment – Since most women with placental disorders have a C-section to deliver their babies, we use regional anesthesia so patients can remain awake for the baby's birth, sedating patients only when necessary.



In case of severe bleeding, our team will place a second intravenous line so a blood transfusion can be done if needed using cell saver technology to collect, clean, and re-infuse the patient's own blood.

The specific treatment approaches may include one of the following:

Placenta Previa. Our team monitors patients throughout pregnancy and advises patients to call 911 or go to the emergency room immediately if there is any bleeding. At 36 to 38 weeks of pregnancy, we perform a C-section to deliver the baby unless there is bleeding earlier that does not stop.

Placenta Accreta. The patient has a C-section to deliver the baby at 34 to 36 weeks. In most cases, this is followed immediately by a hysterectomy to prevent excessive bleeding. Most women with placenta accreta have had prior pregnancies and are therefore amenable to hysterectomy post-delivery.

Placenta Abruption. Admission to the hospital and careful monitoring of mother and baby is necessary to decide on whether a vaginal birth can occur or a C-section is needed to deliver the baby. Blood transfusion is often necessary for mother because of the amount of bleeding that can occur.

Vasa Previa. The goal with vasa previa is to perform a C-section before labor begins, but as late in pregnancy as possible, as labor could result in the rupture of the membranes and bleeding. Typically the C-section to deliver the baby is performed between 34 and 37 weeks and is decided on a case-by-case basis.