



## Case: Placenta praevia

### Candidate brief

You are an F1 in a A&E.

Please take a focused history from Meredith Bowden, a 40 year old pregnant woman presenting with vaginal bleeding

15 mins	<ol style="list-style-type: none"><li>1. Please take a full history (7 mins)</li><li>2. Counsel her with an appropriate management plan (4 mins)</li><li>3. Viva with the examiner afterwards (4 mins)</li></ol>
10 mins	<ol style="list-style-type: none"><li>1. Please take a full history (7 mins)</li><li>2. Viva with the examiner afterwards (3 mins)</li></ol>

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Reviewers: Monisha Edirisooriya, FY1, South Thames & Livia Samara, Junior Clinical Fellow in O&G, Wales Deanery



## Patient Brief

(Do not volunteer information unless asked)

**Name:** Meredith Bowden

**DOB:** 23/11/1980 (40 years old)

**Job:** Supermarket cashier

**Opening statement:** *"I noticed some blood on my pants when I went to the toilet"*

### Current pregnancy details

- 3<sup>rd</sup> pregnancy
- 30 weeks pregnant
- Ultrasound scan at 20 weeks
  - Normal foetal growth, no abnormalities
  - Low lying placenta
- Foetal movements are still **present**

### HPC:

- Noticed blood this morning when you woke up
- **Bright red** blood. No clots
- Not a lot but you have had to wear a sanitary towel
- **Not painful** at all. No pain anywhere
- Seems to still be bleeding at the same rate
- You haven't tried to do anything to stop it
- Nothing seems to make it better or worse
- You've never had bleeding like this during your other pregnancies
- You don't think your waters have gone

### Associated symptoms

- No light headedness
- No weakness
- No fever
- No trauma to the area
- No intercourse recently
- Overall, you feel well

### Obs Hx

- This is your third pregnancy. Both kids delivered alive at full term
- 1<sup>st</sup> child was a normal vaginal birth. No complications, under the midwife
- Second child was delivered via elective caesarean section as she was breech at term, under the midwife until breech discovered at 36 weeks, otherwise uneventful pregnancy
- Consultant led in this pregnancy due to previous caesarean section

### Gynae Hx

**Period: Last menstrual period:** About 8 months ago

- 1<sup>st</sup> period at 14. Periods are regular and normal bleeding.



**Smears:** up to date, all normal

**STIs:** Nil

**Contraception:** Nil, previously used the COCP

**PMHx** – Previous C-section, otherwise fit and well

**DHx - NKDA,** Nil

**FHx** – Nil

**SHx** – Ex-smoker. 10 pack years. Quit 3 years ago

5 units of alcohol a week

You live with your partner and 2 kids

**Other information:**

- Other systems review – normal

**ICE:** Concerned you'll have a miscarriage and you're hoping to prevent that.



## Examiner Brief

Candidate Brief:

You are an FY1 in A+E

Please take a focused history from Meredith Bowden, a 40-year-old pregnant woman who presented to A+E with vaginal bleeding

15 mins	<ol style="list-style-type: none"> <li>1. Please take a full history (7 mins)</li> <li>2. Counsel her with an appropriate management plan (4 mins)</li> <li>3. Viva with the examiner afterwards (4 mins)</li> </ol>
10 mins	<ol style="list-style-type: none"> <li>1. Please take a full history (7 mins)</li> <li>2. Viva with the examiner afterwards (3 mins)</li> </ol>

- **Please do not provide any verbal or non-verbal feedback** for the candidate. This includes nodding to correct answers and shaking head to wrong answers - particularly during the viva.
- **Please provide positive and negative feedback** (both verbal and written) at the end of the session once the examination is complete.
- The questions below are provided as a guide for discussion only. For viva, please ask questions surrounding the case and challenge the candidate where appropriate

Examiners will grade the performance across four domains: (15 minute station)

1. Clinical skills

2. Formulation of clinical issues

3. Discussion of management

4. Professional behaviours and patient centred approach

Positive descriptors	Marks
<b>History/Clinical skills (18)</b>	
Appropriate introduction, elicit patient details and invite consultation	2
<b>Bleeding:</b> Onset, Volume, Colour, Clots and Progression	2
Asks for at least 3 associated symptoms of bleeding	2
<b>Menstrual history</b> – age at time of menarche, LMP, regularity of periods and characteristics	2
<b>Gynaecological</b> history – contraception, STIs, cervical screening	2
<b>Obstetric</b> history – Gravity, Parity, outcome of pregnancies	2
Past medical (surgical) history; drug history, family history, social history	1
<b>Formulation of clinical issue (5)</b>	
Summary and <b>interpretation</b> of clinical findings <b>accurately</b>	2
Viva	2
<b>Discussion of management (4)</b>	
Selects relevant investigations with appropriate justification	2
If it's the 15 minutes station: student is able to communicate management plan with patient including obstetric review.	2
Viva	1
<b>Professionalism and patient centered approach (3)</b>	
Able to elicit patient ideas, concerns, expectations	1
Use empathic behaviour and language	1
Explain accurately, uses everyday language and check for understanding	1
Professional communication to examiner as colleague	1



## **Viva Questions:**

Resource: Antepartum haemorrhage. Green-top guideline No. 63; Placenta praevia and placenta accreta: Diagnosis and management. Green-top guideline No. 27a

1. What is the diagnosis	Placenta praevia
2. What investigations would you like to carry out? Justify your choices	FBC: To assess for anaemia U+Es, and LFTs: to establish a baseline Transvaginal ultrasound: to confirm placenta praevia
3. Provide a summary and interpretation of the clinical findings (below). Provide a diagnosis	Provides summary and diagnoses placenta praevia
4. List 3 risk factors of placenta praevia from the history	Caesarean section leading to uterine scarring Advanced maternal age Smoking history
5. How would you manage this patient if she had a major haemorrhage)?	A-E assessment with resuscitation and cross match
6. What examinations should be performed and which should be avoided in women with placenta praevia (suspected/confirmed) and why?	Should be performed → Obstetric examination: check foetal movement and signs of an acute abdomen Speculum examination: determine extent of bleeding, any clots, ?cervical causes, ?cervical dilation Avoid → Vaginal and rectal examinations as they can increase the severity of the bleeding
7. List 3 other causes of antepartum bleeding	Vasa praevia Placental abruption Ectropion
8. What special test should be performed in rhesus D negative women presenting with antepartum haemorrhage and why?	Kleihauer test It determines if there has been fetomaternal haemorrhage and the quantity It determines the dose of anti-D immunoglobulin required
9. Describe the different grades of placenta praevia?	Grade I: Minor praevia: lower edge inside the lower uterine segment Grade II: Marginal praevia: lower edge reaching the internal os Grade III: Partial praevia: the placenta partially covers the cervix Grade IV: Complete praevia: the placenta completely covers the cervix

## **Examination and investigation findings: Provide after asking questions 1+2 in viva**

HR: 78

BP: 120/76

Fetal movements observed

Abdomen soft non tender on palpation

Hb: 116 g/L

TVUSS: - Placenta completely overlies the cervical os.