

## **Women with a second trimester placenta previa of 14 mm or less are at low risk of a placenta previa in the third trimester**

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### **Objective**

A placenta previa, overlapping the internal os of the cervix, is seen in up to 5% of women in the second trimester. Of women with a third trimester placenta previa, half will deliver prematurely of whom 40% in an emergency setting. However, since most of these placentas will no longer be covering the internal os of the cervix in the third trimester, this second trimester finding may cause unnecessary anxiety in patients and doctors. Better discrimination of the persistence up till the third trimester is necessary.

### **Methods**

All pregnant women with a placenta previa diagnosed transvaginally in the second trimester were scheduled for evaluation in the third trimester. The placental side was recorded and the placental overlap in mm that would never result in a placenta previa in the third trimester (sensitivity of 1) was evaluated. Also, the overlap for which the placenta previa will always persist was determined.

### **Results**

In the second trimester we evaluated 1109 women with a low-positioned placenta, of which 210 women had a placenta previa and were considered eligible for analysis. The placental was located on the posterior side in 132/213 (62%) women and on the anterior side in 81/213 (38%) women. At evaluation, 20/213 (9%) of the placenta previa were persisting. No difference was seen in placenta side; 5/81 (6%) anteriorly sided and 15/132 (11%) posteriorly sided ( $p=0,236$ ). A sensitivity of 1 was reached at 14 mm overlap and placentas with an overlap of more than 62 mm were always covering the internal os in the third trimester.

### **Conclusion**

The persistence of a placenta previa is not influenced by the placental side. A placenta covering the internal os of the cervix for less than 14 mm will never persists, while a placenta covering the internal os of the cervix for more than 62 mm will always cover the internal os in the third trimester. The persistence is variable between 14 and 62 mm and evaluation in third trimester is therefore still recommended.