Placental abruption is a rare but severe pregnancy condition that includes the placenta and uterine inner walls separating before delivery. The history of the condition revolves around the current factors associated with its symptoms as well as the dangers associated with lack of attention to the condition. According to a scientific study undertaken, the etiology of placental abruption is yet to be established. Yet, the possible causes of the condition include trauma or injury from the abdomen (Jenabi, Ensiyeh, et al., 2022). Falls or accidents may cause injuries, which may involve a quick loss of the amniotic fluid, which surrounds and protects the developing baby in the uterus.

It is believed that the placental abruption issue most commonly manifests itself in the final trimester of pregnancy, more precisely in the final four weeks before delivery. Common signs and symptoms of placental abruption include back pain, abdominal pain, uterine rigidity, uterine contraction, and virginal bleeding. It is nonetheless important to note that virginal bleeding might vary, and it does not reflect the amount of placental abruption. In situations where the condition develops slowly, light, intermittent vaginal bleeding can be experienced (Zachariah et al., 2019). Physical examination of uterine tenderness or rigidity is a core component of diagnosing the condition.

In evaluation of placental abruption, blood tests, urine tests, and ultrasounds may be recommended to assess the patient. Other evaluation strategies includes CBC (complete blood count), fetal heart monitoring, Blood and Rh typing and Pelvic ultrasonography. There is no approved treatment for placental abruption. However, ongoing external fetal monitoring of heart rates and contractions might be used to address the disease. The prognosis of placental abruption depends on when the expectant mother enters the healthcare facility. The lives of the mother and the fetus may be in danger if the virginal bleeding persists (Li, Boya, and Huixia Yang, 2022). Fetal death may occur in circumstances where the condition is not effectively handled and without an urgent cesarean surgery.

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