Objective

Our objective is to validate the hypothesis that placental edge thickness is a valuable predictor of perinatal outcomes.

Methods

We assessed retrospectively third trimester TVS of patients being followed up in our service for placenta praevia (PP) or low-lying placenta (LLP) and measured the distance from the placental edge to internal cervical os, placental edge thickness (PLET), and cervical length. Furthermore, we classified the findings and correlated them with perinatal outcomes. APH and GA at delivery were the primary outcomes.

Results

Total of 39 patients with LLP or PP were selected. Patients who had APH had mean GA at delivery at 37±2.8 weeks, while patients who did not experience APH were delivered at 39.1±1.8 weeks (p=0.055). No patients in our sample had blood transfusion or hysterectomy.

Conclusions: Maternal and neonatal outcomes could not be predicted by our small cohort of cases with LLP and PP. Patients who experienced APH during second or third trimester did not have statistically significant differences in PLET.