

# 2025 SDMS Annual Conference

## Placental Volume

A Potential Tool for Identifying those at risk for Stillbirth

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- OPTIONAL Survey Code
- Providing us feedback on the topic



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## Objectives

- Identify potential causes of stillbirth
- Describe how to evaluate and measure placental volume using ultrasound
- Understand how placental volume may serve as an indicator of high-risk pregnancies

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## Stillbirth Statistics

- Birth of a fetus  $> 20$  weeks GA without signs of life
- 1.9 million per year globally (WHO)
- 1 in 175 per year (appx 21,000) in the US (CDC)

6, 7, 10, 11, 14, 23

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## Risk Factors for Stillbirth

- Maternal
- Socioeconomic
- Fetal
- Placental

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## Maternal Risk Factors

- Maternal Disease
  - Diabetes
  - Hypertensive Disorders
  - Antiphospholipid Syndrome
  - Intrahepatic Cholestasis of Pregnancy
- Nicotine/Drug use
- Maternal Obesity
- Uterine Abnormalities

10, 14

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## Socioeconomic Factors

- Maternal Race
- Maternal Age
- History of Stillbirth

10, 11

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## Fetal Factors

- Aneuploidy
- Congenital Anomalies
- Multiple Gestations
- Post-term Pregnancy
- Fetal Gender
- Poor Fetal Growth

6, 9, 10

11

## Placental Factors

- Placental size
- Placental anomaly
- Placental dysfunction

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**Placental Size**

**Thickness**

- Not routine
- Limited by location
- Varies with GA
- Mainly focuses on thick placentas

1, 3, 5, 24

This slide contains the title "Placental Size" and a sub-header "Thickness". Under "Thickness", there is a bulleted list with four items: "Not routine", "Limited by location", "Varies with GA", and "Mainly focuses on thick placentas". At the bottom right of the slide, the numbers "1, 3, 5, 24" are listed. The slide has a dark blue background with a lighter blue footer bar.

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## Placental Size

### Thickness

- Not routine
- Limited by location
- Varies with GA
- Mainly focuses on thick placentas

### Weight

- Only obtained postnatal

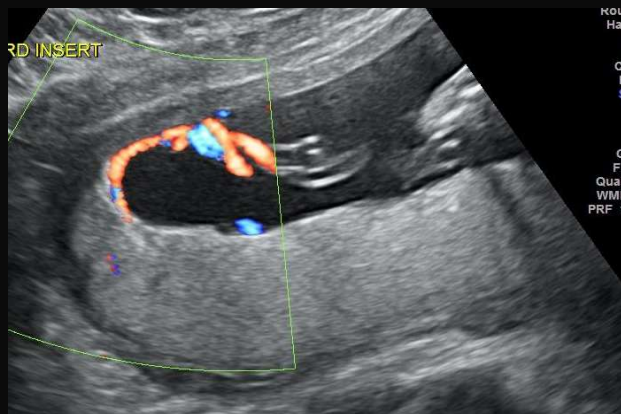
1, 3, 5, 24

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## Placenta Anomalies

Physical characteristics easily visible on Ultrasound

- Cord Issues
- Implantation
- Shape
- Other



6, 10, 15, 16, 19, 20

16



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## Placenta Anomalies

Physical characteristics easily visible on Ultrasound

- Cord Issues
- Implantation
- Shape
- Other



6, 10, 15, 16, 19, 20

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## Placenta Anomalies

Physical characteristics easily visible on Ultrasound

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- Implantation
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6, 10, 15, 16, 19, 20

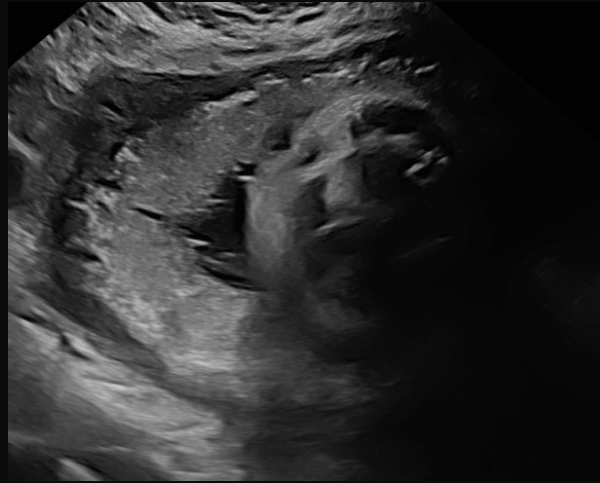
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## Placenta Anomalies

Physical characteristics easily visible on Ultrasound

- Cord Issues
- Implantation
- Shape
- Other



6, 10, 15, 16, 19, 20

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## Placental Dysfunction

- Placental Infarcts/Intervillous Thrombosis
- Maternal Vascular Malperfusion
- Infection
  - Chorioamnionitis, etc
- Intramural fibrin deposition
- Chronic histiocytic intervillitis

1, 2, 12, 15, 17, 19, 20, 21

20

What do all of these  
factors have in  
common?

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Placental Evaluation

22

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## Placental Function

- Nutrition
  - Provides oxygen
  - Removes waste products
- Protection
  - Immune support
- Endocrine
  - Hormone regulation

2, 16, 19, 24, 25

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## Normal Placental Appearance

- Visible as early as 10 weeks
- First trimester:
  - Hyperechoic rim around gestational sac



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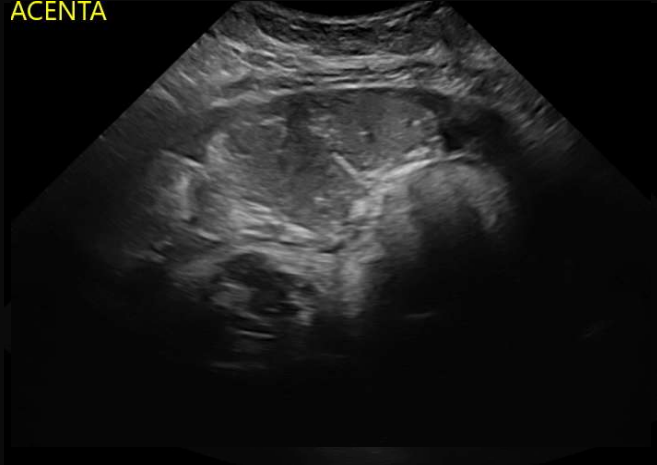
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## Normal Placental Appearance

- Second Trimester:
  - Homogeneous
  - Hyperechoic
  - Even Texture
- Third Trimester:
  - Increases in size/thickness with advancing GA
  - May demonstrate calcifications

ACENTA



22, 25

25

## Appearance Evaluation

- Location
- Thickness
- Shape
- Presence of masses
- Presence of abnormal adherence
- Anechoic, hypoechoic, hyperechoic areas

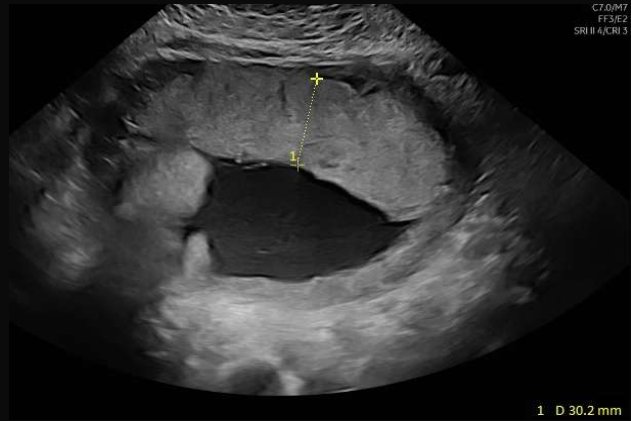


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## Appearance Evaluation

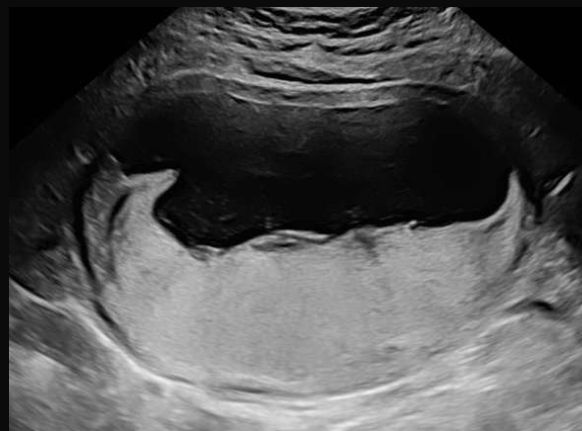
- Location
- Thickness
- Shape
- Presence of masses
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## Appearance Evaluation

- Location
- Thickness
- Shape
- Presence of masses
- Presence of abnormal adherence
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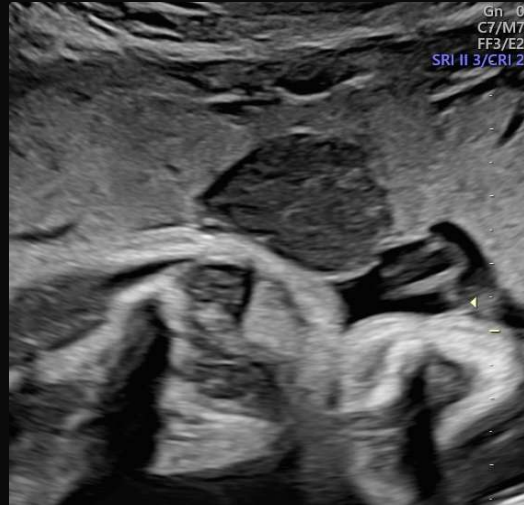


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## Appearance Evaluation

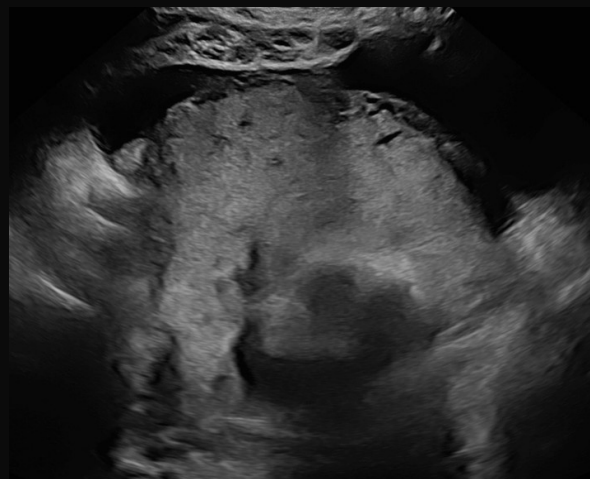
- Location
- Thickness
- Shape
- Presence of masses
- Presence of abnormal adherence
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## Appearance Evaluation

- Location
- Thickness
- Shape
- Presence of masses
- Presence of abnormal adherence
- Anechoic, hypoechoic, hyperechoic areas



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## Other Methods

- Biochemical Markers
- Fundal height/fetal biometry
- Fetal Dopplers
- Placental Pathology

4, 9, 17

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## Our Strategy

- Emphasis on stillbirth prevention
- Placental pathology from previous pregnancies
- Maternal history and lab panels
  - APLS, clotting disorders
- Preventative meds
  - Lovenox, tacrolimus
- Weekly surveillance
  - Growth every 4 weeks
  - Dopplers: Umbilical artery, MCA, and Ductus Venosus
  - Placental volume

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## Placental Volume

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### Previous Methods

- 3D Volume
- MRI
- Limitations:
  - Specialized/expensive
  - Time-consuming
  - Patience
  - Not commonly performed in low-risk scenarios

3, 4, 13, 18

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## Steps for Performance

- Find maximum placental cross section
- Transducer perpendicular to placenta
- Both ends visualized

3, 4, 8, 13, 18

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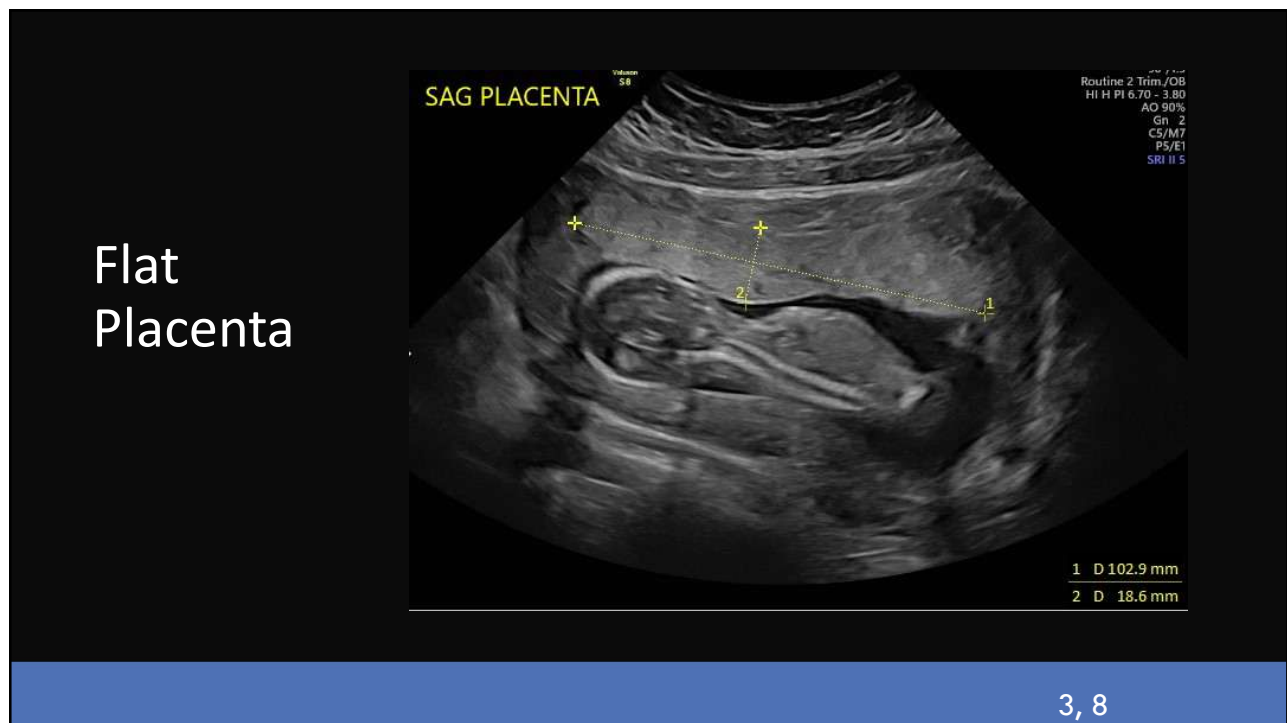


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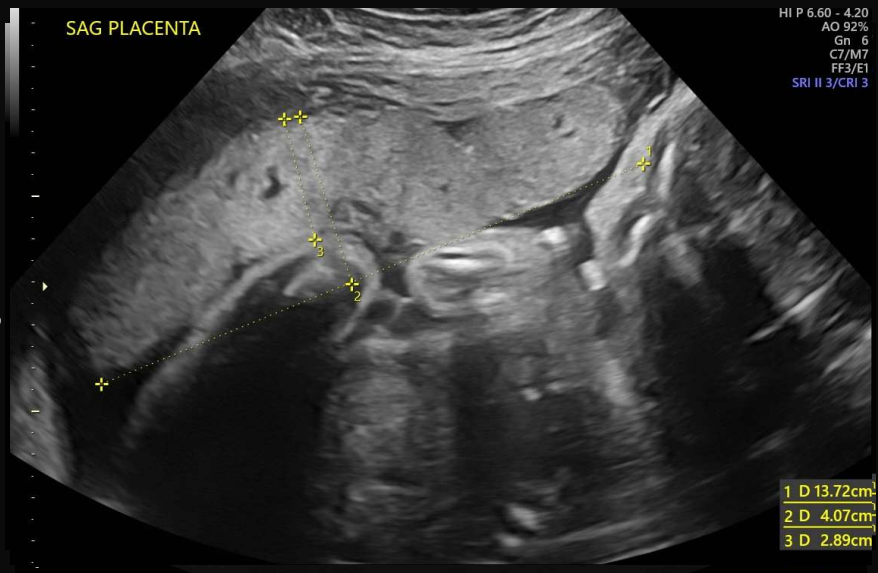
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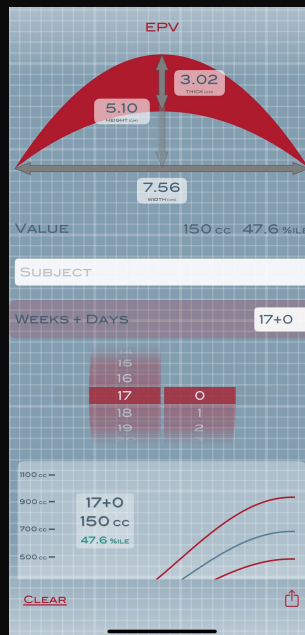
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Incorrect  
Measurements



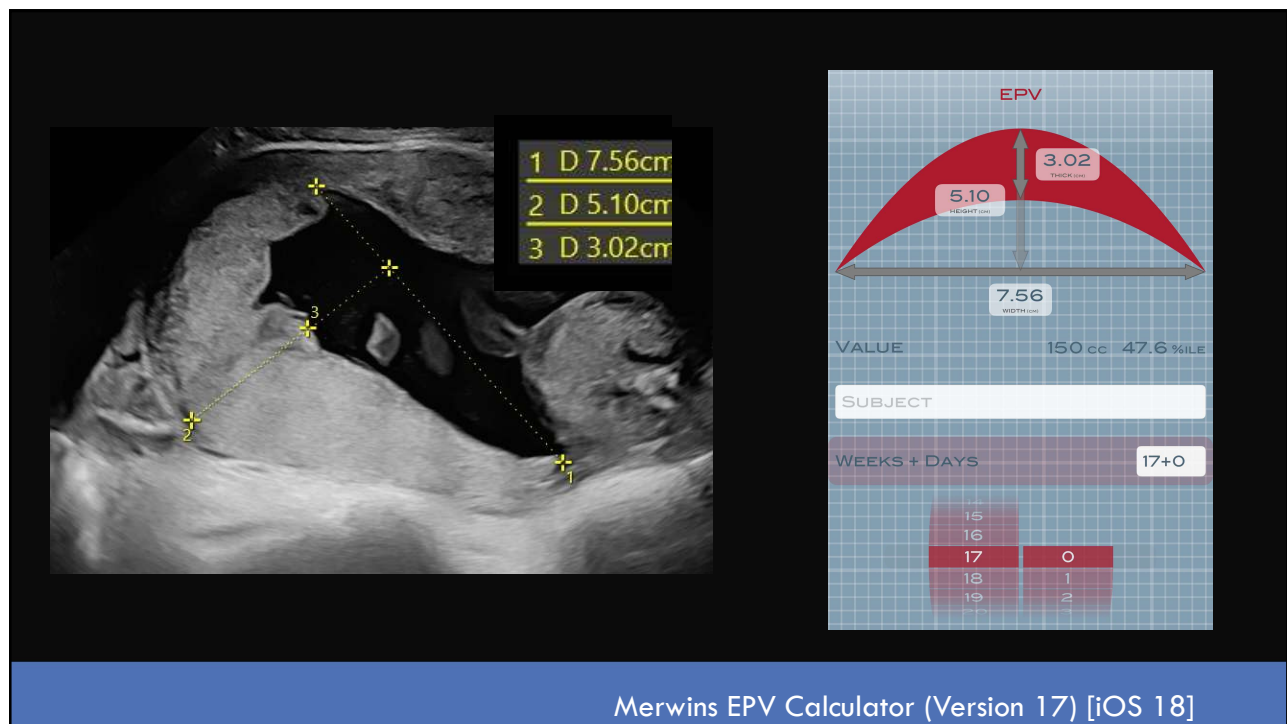
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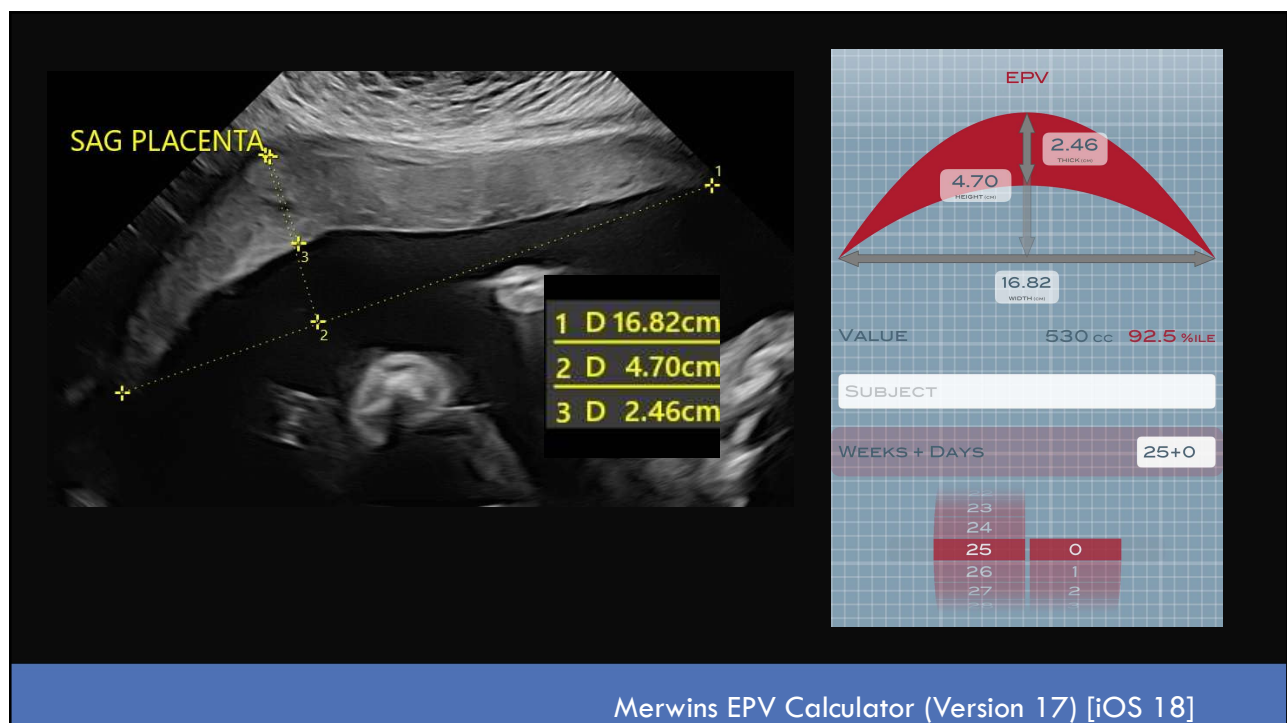
Merwins EPV Calculator (Version 17) [iOS 18]

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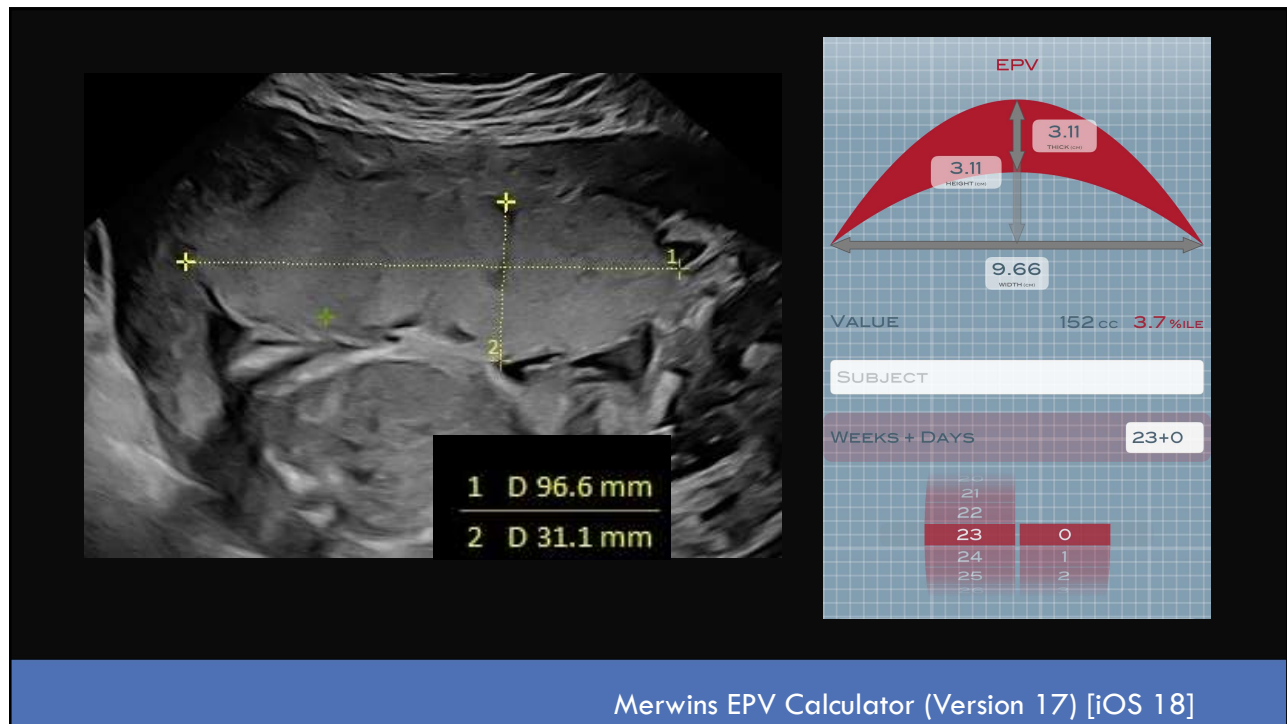


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## Normal EPV

- EPV measures between 10% and 90% for gestational age
- EFW %tile: EPV%tile ratio 1.0 or less

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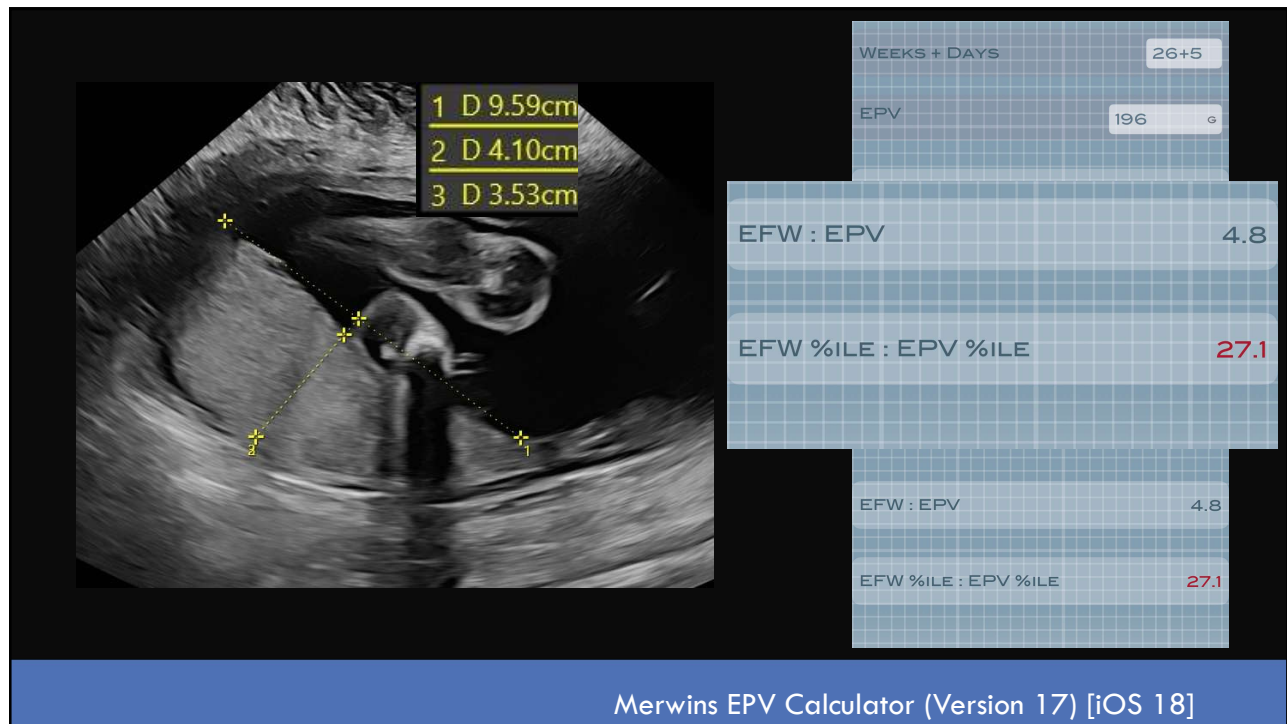
## Abnormal EPV

- EPV measurement below 10% for gestational age

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## Tips and Tricks

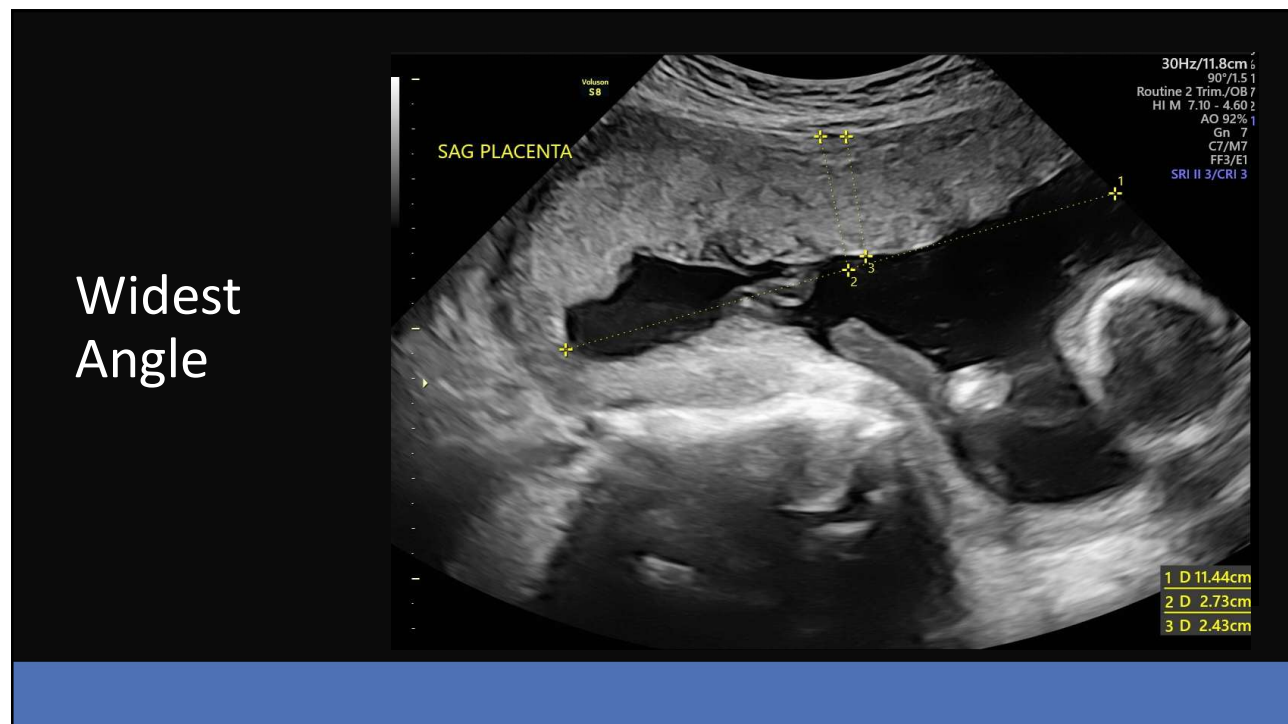
- Widest angle possible for measurement
- Height  $\geq$  Thickness
- Utilize cord insertion as a guide

4, 8

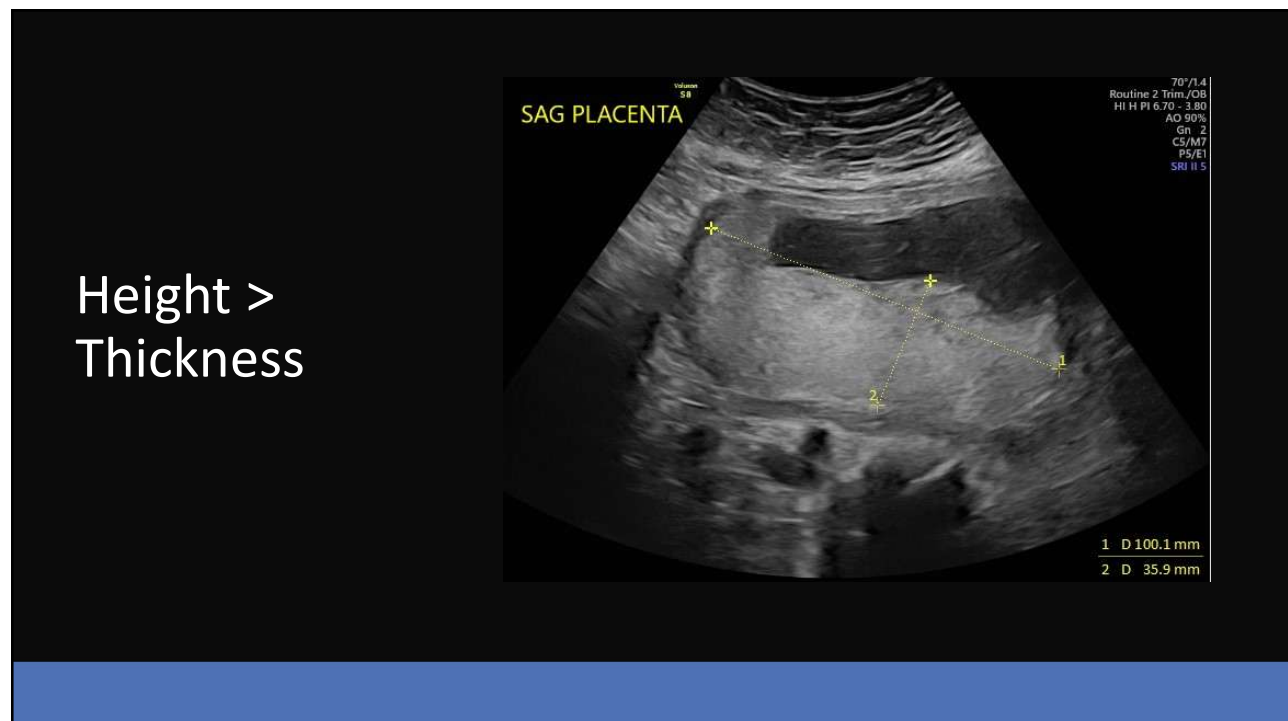
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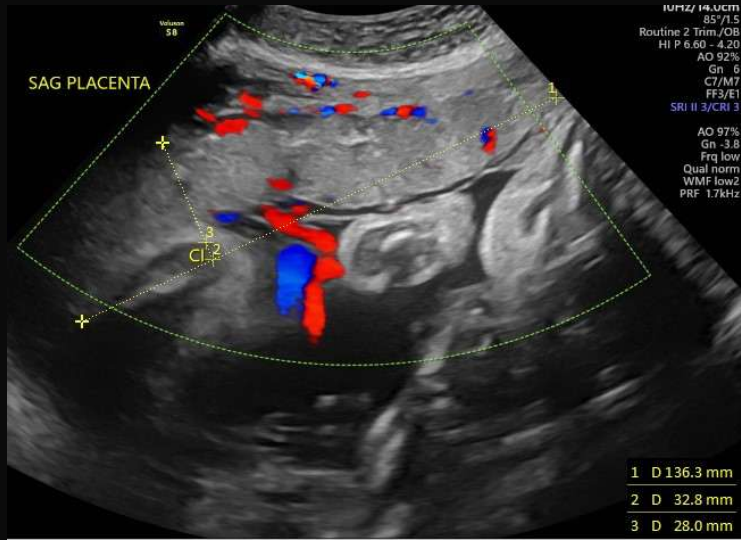
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## Cord Insertion Guide



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## Look out for...

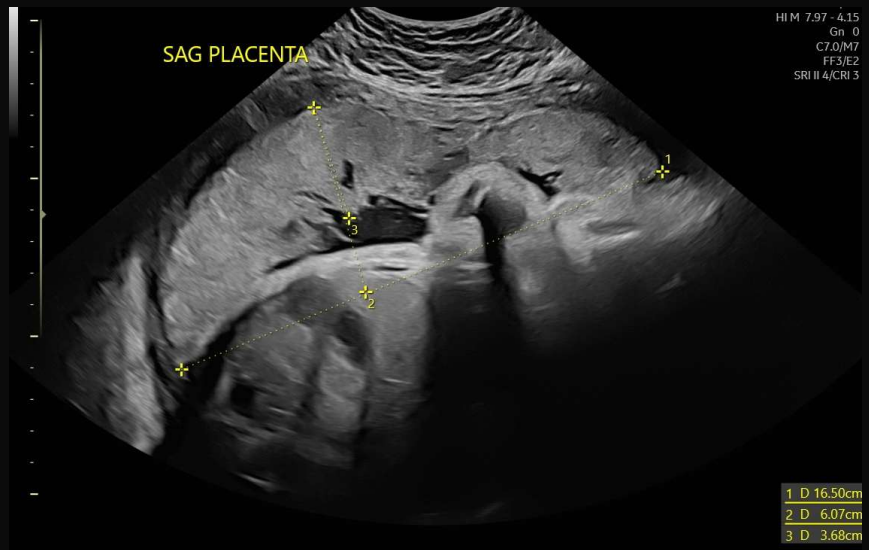
- Transducer pressure
- Bilobed placentas, accessory lobes
- Placental position
- Late gestational age

8

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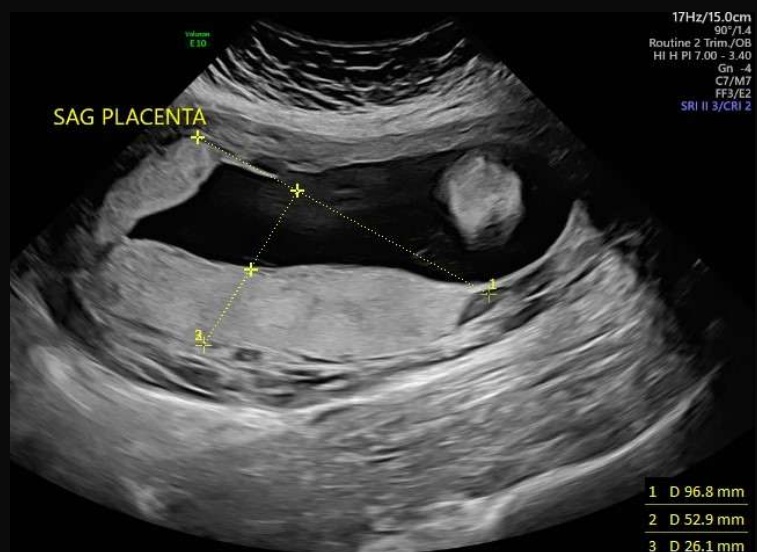
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Transducer  
Pressure



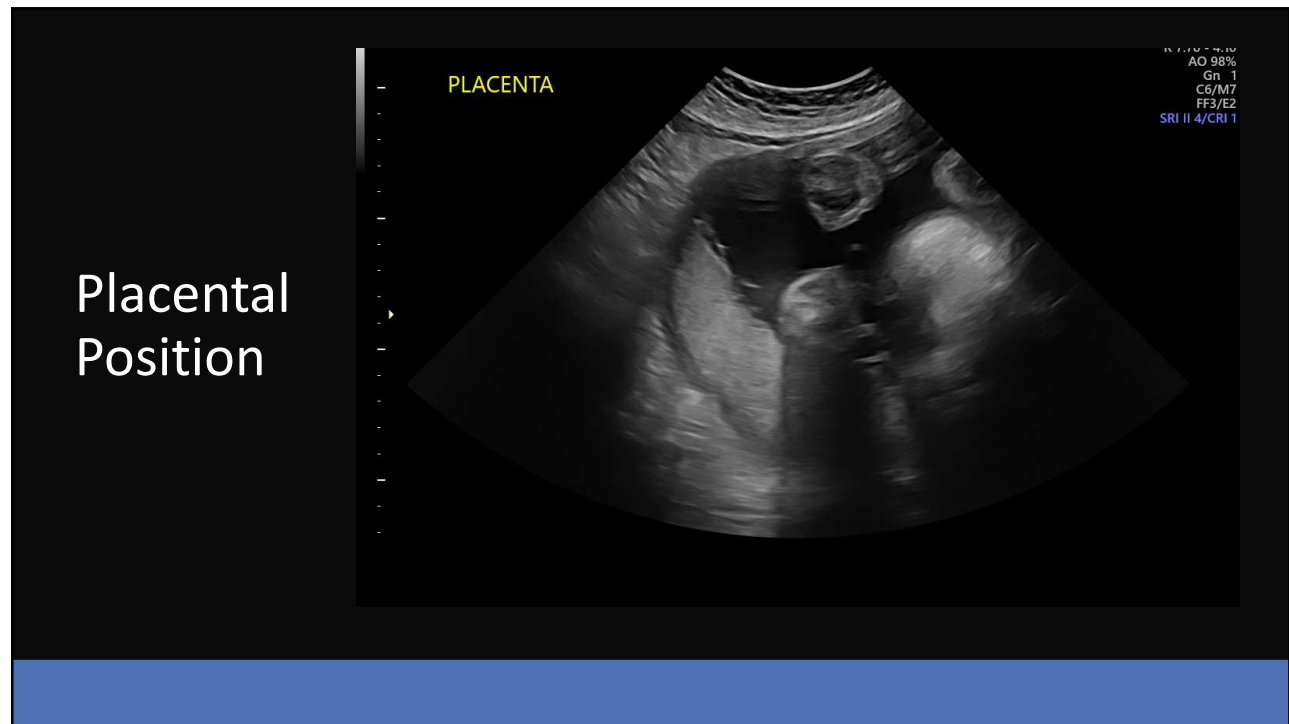
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Bilobed  
Accessory  
Lobes

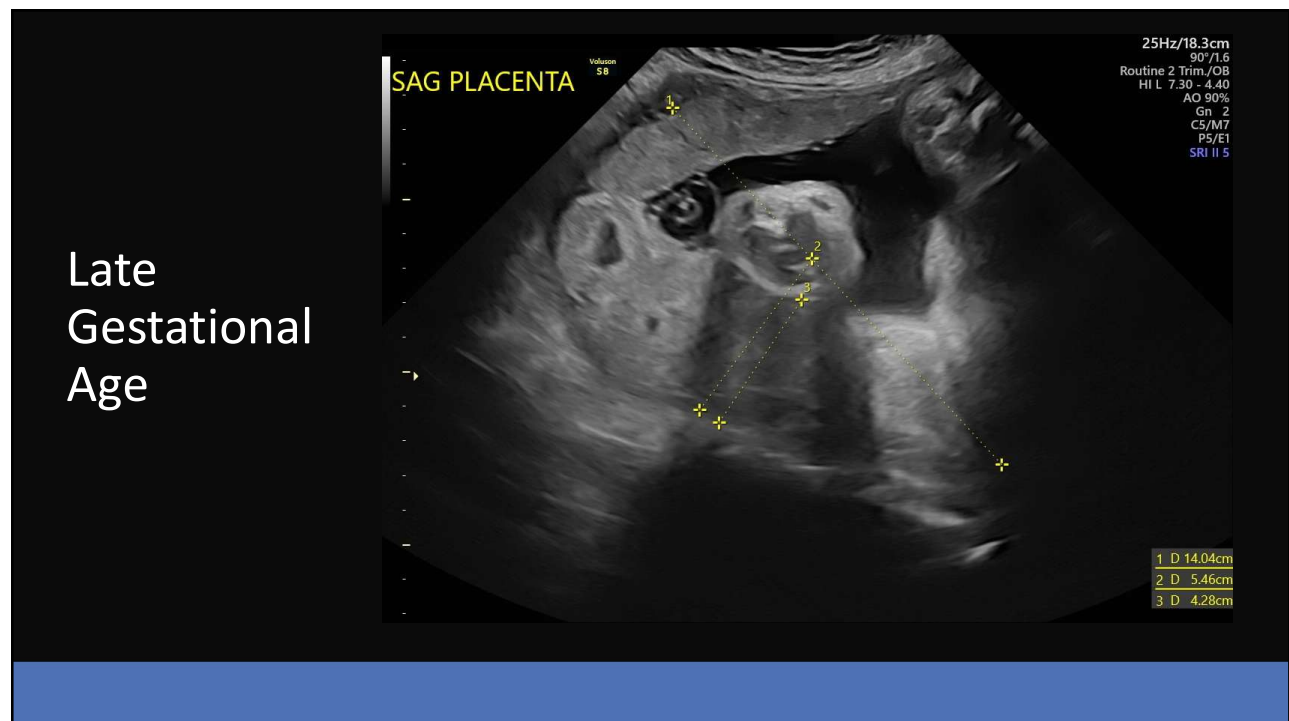


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## What's Next?

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## What's Next?

- Implementation on all populations
- Identifying placentas in 2nd trimester at risk
- Goal to identify before onset of IUGR

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## In Conclusion

59

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## Thank you!

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- OPTIONAL Survey Code
- Providing us feedback on the topic



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