

A 10 Year Retrospective Analysis of Characteristics of Women with Pregnancies Complicated by Placenta Accreta Spectrum in a Tertiary Hospital

Dr Toral Kamdar, Dr Isabel Camano, Dr Isabelle Lewis

Department of Obstetrics and Gynaecology,
Waikato District Health Board, New Zealand

Contact Email: toral_kamdar@hotmail.com

Introduction

Rates of caesarean section have been rising in New Zealand¹ and globally², and with this comes higher rates of Placenta Accreta Spectrum disorder (PAS) and associated morbidity.^{2,3} We have conducted a retrospective analysis of pregnancies complicated by PAS to add to the local literature about this condition and its associated complications.

Objectives

1. To describe maternal characteristics of women with PAS in this cohort
2. To describe pre operative imaging accuracy in this cohort
3. To describe operative outcomes and complications in this cohort
4. Identify areas for improvement and future research

Methods

A retrospective cohort study was undertaken of pregnancies in a large Tertiary Hospital in New Zealand. 17 pregnancies were identified between 2008 and 2018 that were complicated by PAS, and the electronic and clinical data for these cases were examined in detail.

Results

Intraoperative outcomes and complications

Median gestational age at delivery was 36 weeks (range 28-39 weeks)

76% of women had a caesarean hysterectomy, of these 38% had a subtotal hysterectomy and 61% had a total abdominal hysterectomy.

Two patients had a return to theatre following caesarean section for post partum haemorrhage with subsequent hysterectomy and histological diagnosis of accreta

Median total estimated blood loss for delivery/operation was 3000ml

30% of cases had urological involvement : one case had only ureteric stents inserted, four cases had bladder wall repairs.

Both cases of placenta percreta had urology involvement.

Postoperative Complications

Postoperative Ileus - 29%

Sepsis - 12%

Wound infection - 12%

General deconditioning from prolonged hospital stay - 5%

Imaging

The false positive rate for preoperative imaging in this cohort is 11.7%

Conclusion

PAS is a morbid condition and we would encourage clinicians to **start** considering PAS as a complication for future pregnancies when consenting patients for their first caesarian section, as the average number of previous caesarean sections in this cohort was low (1.8).

References

1. <https://www.health.govt.nz/publication/report-maternity-2017>
2. <https://www.thelancet.com/series/caesarean-section>
3. <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg27a/>