

# Placenta Praevia - Can We Do Any Better?

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## Introduction

The global prevalence of Placenta Praevia (PP) is 1 in 200–390 pregnancies.<sup>1</sup> PP is associated with a high incidence of maternal and perinatal morbidity, which has not improved despite advances in technology.<sup>2,3</sup> This study was undertaken to analyse the outcome of PP in a major tertiary centre.

## Methodology

This retrospective observational study recruited women who presented to the Royal Brisbane & Women's Hospital with PP between 2009 and 2018. All placenta accrete spectrum disorders were excluded.

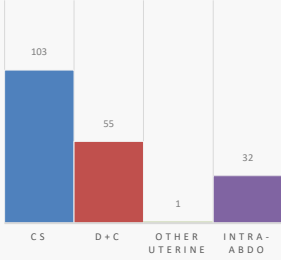
Primary outcome measures included intra-operative medical and surgical management as well as post-partum maternal complications; secondary outcome measures included neonatal outcomes.

## Results

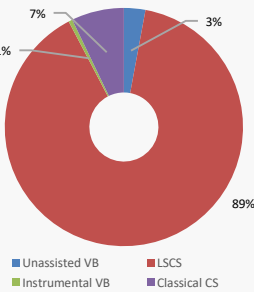
A total of 378 women of 45,074 (1 in 119) deliveries were diagnosed with PP.

- Grade: 163 minor, 215 major
- 91.5% were inter-hospital transfers
- 62.4% had APH at least once
- 14.3% were current smokers

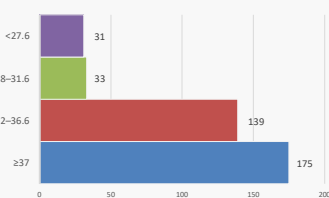
### PREVIOUS SURGERIES



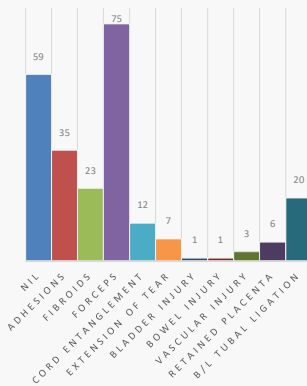
### MODE OF DELIVERY



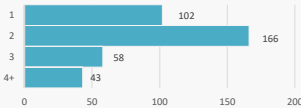
### GESTATIONAL AGE AT TIME OF DELIVERY



### INTRA-OP COMPLICATIONS

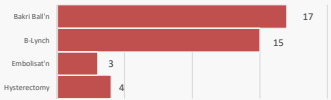


### NUMBER OF UTEROTONICS



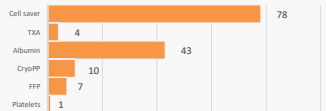
- Types of drugs: syntocinon bolus +/- infusion, ergometrine, carbetocin, misoprostol, carboprost

### ADDITIONAL SURGICAL MANAGEMENT

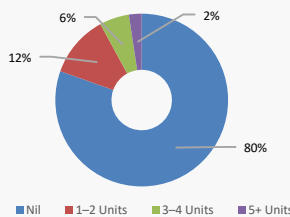


- Figure of 8 suture: 192 patients (50.8%)
- Surgicel: 38 patients (10.1%)

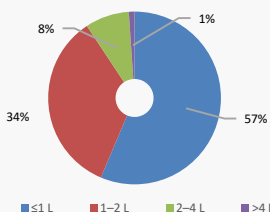
### TRANSFUSIONS



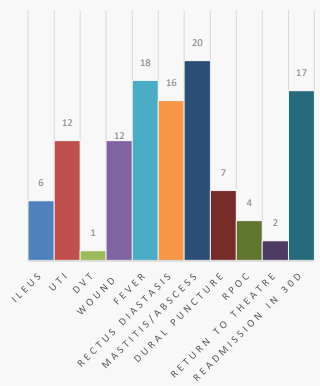
### PACKED RBC TRANSFUSIONS



### ESTIMATED BLOOD LOSS



### POST-OP COMPLICATIONS

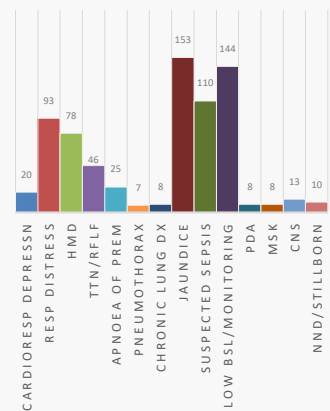


- 210 patients had no post-op complication
- 158 patients had post-op anaemia
- Post-partum length of stay (days):
  - <5 (82%) 6-9 (13%) 10+ (5%)
- No ICU admissions/maternal deaths recorded

### Neonatal Outcomes

- Gender: Male 188, Female 190
- Birth weight: Mean 2600g, Median 2790g
  - 137 babies (36.2%) BW <2500g
- 5-min APGAR score <7: 61 babies (16.2%)
- 104 newborns (27.5%) had no complications
- Nursery admissions
  - Special care: 214 babies (56.6%)
  - Intensive care: 140 babies (37.0%)

### NEONATAL COMPLICATIONS



## Conclusion

The incidence of PP is much higher in our population. Though our hysterectomy rate is low, our transfusion rates, post-delivery loss and length of stay are comparable to other studies. Outcomes could be further improved by using tranexamic acid, embolization, and internal iliac artery ligation.

## References

1. Cunningham, F., Leveno, K., Bloom, S., Spong, C.Y., & Dashe, J. (2014). *Williams obstetrics*, 24e. McGraw-hill.
2. Daskalaki, G., Simou, M., Zacharakis, D., Deteraki, S., Alexios, N., Papantoniou, N., & Antsaklis, A. (2011). Impact of placenta praevia on obstetric outcome. *International Journal of Gynecology and Obstetrics*, 114(3), 238-241.
3. Gargan, S.S., Selly, Z., Haghghi, L., Shariat, M.K., & Mirzamoradi, M. (2016). Risk factors and consequent outcomes of placenta praevia: report from a referral center. *Acta medica Iranica*, 713-717.

