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.1 PP is associated with a high incidence of maternal and perinatal morbidity, which has not improved despite advances in technology.^{2,3} This study was undertaken to analyse the outcome of PP in a major tertiary centre.

Methodology

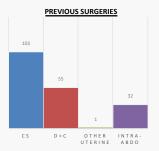
This retrospective observational study recruited women who presented to the Royal Brisbane & Women's Hospital with PP between 2009 and 2018. All placenta accrete spectrum disorders were excluded.

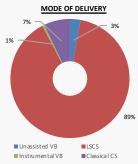
Primary outcome measures included intraoperative medical and surgical management well as post-partum maternal complications; secondary outcome measures included neonatal outcomes.

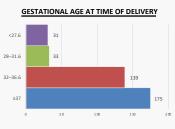
Results

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

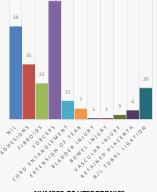
- Grade: 163 minor, 215 major
- 91.5% were inter-hospital transfers
- 62.4% had APH at least once
- 14.3% were current smokers

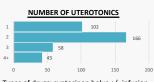






INTRA-OP COMPLICATIONS

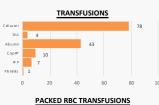


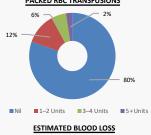


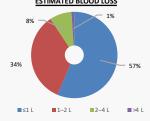
Types of drugs: syntocinon bolus +/- infusion, ergometrine, carbetocin, misoprostol, carboprost

ADDITIONAL SURGICAL MANAGEMENT Figure of 8 suture: 192 patients (50.8%)

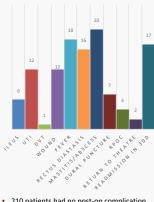
Surgicell: 38 patients (10.1%)







POST-OP COMPLICATIONS

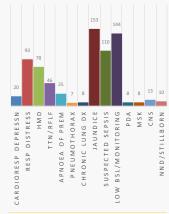


- · 210 patients had no post-op complication
- 158 patients had post-op anaemia
- Post-partum length of stay (days):
 - <5 (82%) 6-9 (13%) 10+ (5%)
- No ICU admissions/maternal deaths recorded

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

- Cuminigham, F., Leveno, K., Bloom, S., Spong, C. Y., & Dashe, J. (2014). Williad obsterence, 24e. Magrawi Bill. David School, S. (2014). See Magrawi Bill. See Magrawi S. (2014). See Magrawi Bill. See Magrawi