

Abnormally invasive placenta: a 5-year Tertiary Hospital case series

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Introduction: Abnormally invasive placentae (AIP) occur secondary to trophoblastic invasion through the decidua into the endometrium, myometrium or beyond the serosa and is associated with significant maternal morbidity and mortality due to massive obstetric haemorrhage. AIP is increasing with the increasing caesarean section (CS) rate and therefore tertiary centres need a multidisciplinary approach to their diagnosis and management. Our centre has developed a multidisciplinary approach to management of AIP.

Methods: A database of all women suspected of having abnormally invasive placentae was commenced in 2015 and reviewed in August 2020. All patient files were reviewed.

Results:

- 16 women were diagnosed antenatally with AIP, amounting to 1:950 births.
- Demographically, the average age was 35, average delivery gestation was 36 weeks and average parity was 2 with two previous CS.
- 56% of women had an admission antenatally for antepartum haemorrhage (APH).
- All women had multiple tertiary-level ultrasound and seven women had MRI.
- 13 women had elective deliveries. 3 women had emergency deliveries secondary to labour (2) and APH (1).
- At delivery, the final diagnoses were three placenta previa, seven accretas, two incretas and four percretas.
- Seven hysterectomies, four segmental resections and five CS/hysterotomies were performed.
- Average blood loss was 2.4L (range 400-7000mL).
- Nine women accessed interventional radiology for either CFA balloons or embolization.
- There was a 37% ICU admission rate and seven women had postoperative complications including secondary bleeding, infection and DVT/PE.

Discussion: Our unit has developed a multidisciplinary approach to managing women with AIP including:

- MFM – antenatal care and ultrasound
- Radiology – preoperative MRI at 32-34/40
- Senior O&G with interest in accreta for operative management with experience in focal resection and peripartum hysterectomy
- Urology for preoperative stenting/operative management if urological involvement
- Interventional radiology for post delivery uterine artery embolisation once accreta clinically diagnosed
- Anaesthetic involvement starting antenatally

Conclusion: A multidisciplinary approach to diagnosis and management of AIP is an important service in tertiary centres. Pooling information from these services would better inform the best way to manage this increasing obstetric problem.