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RANZCOG
Virtual Annual
Scientific Meeting

15-18 February

35%

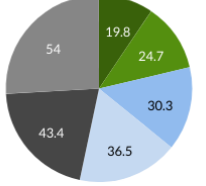
rate of caesarean section
in Australia in 2018.

SAFE MANAGEMENT OF PLACENTAL ADHESIVE DISORDERS IN REGIONAL AUSTRALIA DURING COVID-19.

Leanne Boyd and Kieren Wilson

The incidence of placental adhesive disorders has been increasingly identified as a consequence of rising rates of caesarean sections¹ and increasing maternal age². Given the association with major obstetric complications such as haemorrhage, hysterectomy and the potential for maternal death²; multidisciplinary management has been established to optimise care of these high risk cases. However, during the COVID pandemic, face to face consultations were minimised which placed additional difficulties on patient engagement and the provision of services regionally.

Rate of caesarean section by maternal age (%)¹.



■ Under 20 years ■ 20 - 24 years
■ 25 - 29 years ■ 30 - 34 years
■ 35 - 39 years ■ Above 40 years



G7
P5

Patient 'P'

- 33 year old. BMI 26. Identifies as Indigenous.
- Current Smoker + cannabis use.
- 5 previous caesarean sections; last pregnancy <12 months ago.
- Low-lying placenta identified on Morphology Scan.
- Late presentation at 19 weeks due to heavy PV bleed at 6 weeks.
- 4 Antenatal Appointments

Guidelines³

< VS >

Actual care

Identify Risk Factors
Screen for Accreta
Positive signs of Accreta --> Refer to specialist unit for review including imaging.
MDT delivery planning to reduce risks of morbidity and mortality
Delivery at 35 - 36 weeks

Rural Clinic identified risk and referred to local Obstetrician.
Ultrasound performed at 28w raises suspicion of Accreta
MRI performed and confirms Accreta
Referred for Tertiary review and delivery at 32 weeks
Delivered at 35weeks followed by elective Hysterectomy
PPH of 3.2L; 1.2L returned by cell saver

The case of patient 'P' demonstrates the positive outcome of collaborative working between 3 different organisations; the rural aboriginal health cooperative, the regional obstetric centre and the tertiary centre. Additional factors had the ability to negatively impact the care of this complex case including late presentation; reduction in face-to-face consultations and significant travel restrictions in the face of a pandemic which determined the need to minimise contact. Overcoming these difficulties through appropriate local antenatal surveillance; timely escalation of care; effective communication and multidisciplinary working; and ongoing tertiary support of a regional centre ensured that safe obstetric care was provided to a high risk woman irrespective of the challenges needed to be overcome.

Operation Note

- Classical Caesarean Section
- Elective Total Abdominal Hysterectomy
- Ureteric Stenting and post-op removal

US and MRI imagery determined:

1. Anterior, low lying, marginal placenta inferiorly.
2. Evidence of deep placental adhesive disorder with full thickness myometrial invasion, probable bladder wall invasion without mucosal invasion.
3. Right lateral cervical stromal invasion.

References:

1. Australian Institute of Health and Welfare (2018) *National Core Maternity Indicators*. Canberra: AIHW. Available at: <https://www.aihw.gov.au/reports/mothers-babies/nmi-data-visualisations/contents/summary>
2. The Royal Australian and New Zealand College of Obstetrics and Gynaecology. (2015) *Placenta Accreta*. C-Obst 20, AUS; RANZCOG. Available at: [https://ranzco.org.au/BANZCOG_SITE/media/BANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Placenta-Accreta-\(C-Obst-20\)-Review-March-2014-Amended-November-2015_1.pdf?ext=.pdf](https://ranzco.org.au/BANZCOG_SITE/media/BANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Placenta-Accreta-(C-Obst-20)-Review-March-2014-Amended-November-2015_1.pdf?ext=.pdf)
3. Royal College of Obstetricians and Gynaecologists (2018). *Placenta Praevia and Placenta Accreta: Diagnosis and Management*. UK: RCOG. Available at: <https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/1471-0528.15306>

Incidence of Placenta Accreta in AUS / NZ

44.2/100,000
births/annum



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