Plain language summary

Diagnosis and Management of Placenta Accreta Spectrum

Who is this summary for?

This summary is for people who are impacted by Placenta Accreta Spectrum (PAS). This may include women diagnosed with PAS, their support partners or their family as well as healthcare professionals.

What is this summary about?

The National Women and Infants Health Programme have developed a number of clinical guidelines. One of these is a National Guideline for the Diagnosis and Management of PAS. This plain language summary will describe the key points and important take home messages from the PAS Guideline.

What is Placenta Accreta Spectrum (PAS)?

Placenta accreta spectrum (PAS) is a rare complication of pregnancy where the placenta becomes abnormally attached to the muscle of the womb (uterus). In a normal pregnancy, the placenta will separate from the womb after the birth of the baby. In placenta accreta spectrum, the placenta remains deeply attached to the lining of the womb. This can result in serious complications for the mother, usually from heavy bleeding. The condition can be diagnosed during pregnancy using ultrasound, and sometimes an MRI scan. Women with PAS will usually give birth by a planned caesarean section. Some women will need to have a hysterectomy (removal of the womb) at the time of the birth.

Placenta accreta spectrum is more likely to occur if:

- Placenta accreta spectrum is more likely to occur if:
- You have delivered a baby by caesarean section in the past. (The greater number of casearean sections you have had, the greater the risk of PAS).
- You have a ‘low lying’ placenta in this pregnancy (a condition known as placenta praevia), particularly if you have delivered a baby/ or babies by Caesarean Section (CS) in the past.
- You have had surgery to the womb, such as removal of a fibroid (a surgical procedure known as a myomectomy), previous surgery for a miscarriage (such as a “D&C”, Dilation and curettage), or a surgical termination of pregnancy
- You have needed surgery to remove a “stuck placenta” after childbirth (Manual Removal of Placenta).
- You have required infertility treatment such as in-vitro fertilization (IVF) to conceive.

https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/

https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-guidelines-in-obstetrics-and-gynaecology/

How are women diagnosed with PAS?

The Guideline recommends all women who have a previous caesarean section should have the location of their placenta examined at the time of the fetal anatomy ultrasound scan. This is because women with a previous caesarean section and placenta praevia (low lying placenta) are at highest risk for having PAS. If the placenta is found to be low lying or there are ultrasound signs of PAS, women should have a further ultrasound performed by a specialist. This may involve the woman travelling to another hospital where this specialist scan is available.

Ultrasound is the best way for diagnosing placenta accreta spectrum, however, an MRI may be recommended for some women to help plan for the birth.

Ultrasound will not pick up all cases of PAS; in some women this will be undiagnosed during pregnancy and only picked up at the time of the birth.

How should women with PAS be cared for during their pregnancy?

Women should be cared for by a specialist team with experience in caring for women with PAS, in collaboration with their local obstetric team. This is because women with PAS are at high risk of having complications during pregnancy, especially around the time of and after the birth. Many research studies have found that women who are cared for by a specialist team are less likely to experience a complication.

Women will still attend for their normal antenatal care appointments in their local hospital. The specialist PAS team will communicate with the woman's local obstetric team to ensure they are involved and updated on the plan of care.

How should women diagnosed with PAS be supported during pregnancy and after the birth?

Women with PAS may face many challenges during their pregnancy and after the birth, both physical and emotional. For this reason, the Guideline makes a number of recommendations for how women should be supported during this time. These include referring women to physiotherapy to help them plan and prepare for their physical recovery after the birth, offering women a perinatal mental health referral, and linking women with a social care worker who can provide support to those who are hospitalised away from their family or who have a baby in the special care unit. Many women with PAS will need major surgery for the birth and may have a premature baby. This may make breastfeeding more challenging, so women who plan to breastfeed should be offered breastfeeding support during the pregnancy. Women and their support partners should be informed of patient advocacy services available to them such as Placenta Accreta Ireland, an advocacy group who provide support and education for those impacted by PAS.

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When should women with PAS give birth?

The Guideline recommends women with suspected PAS have a planned early birth from 34 to 36 weeks. This is because women with PAS are at risk of bleeding from the placenta. If this happens during pregnancy, women may require immediate delivery of their baby. Those who have an emergency birth are more likely to have complications such as heavy bleeding and needing a blood transfusion compared to women who have a planned birth. For this reason, women are usually offered an early planned birth between 34 to 36 weeks.

For some women, the team may recommend a planned birth earlier than 34 weeks, for example for women who have had recurrent bleeding or if their waters break early.

How should women diagnosed with PAS give birth ?

Women who are suspected of having PAS should give birth by caesarean section. As described above, women should be cared for by a specialist team with experience of PAS. The team will make a plan for each woman based on her preferences and fertility plans, her individual risk factors and the findings from the ultrasound scan and/or MRI scan. For some women a caesarean hysterectomy (removal of the womb at the time of the birth) will be the safest option. For women who only have a small part of the placenta stuck to the womb (focal placenta accreta) it may be safe to remove only this small area and therefore women may not need a hysterectomy. In some cases, interventional radiology doctors will be involved; they insert small balloons into the blood vessels which supply the blood to the womb to reduce bleeding during the birth.

How should women be followed up after a PAS pregnancy?

The Guideline recommends women are followed up in the hospital where they were looked after for their PAS pregnancy by their specialist team at 6 weeks and 3 months after the birth. Some women may benefit from another appointment later on. Therefore, they should be provided with information on how to contact the specialist team to arrange this. The specialist team will communicate with the woman's general practitioner so they are kept informed of the pregnancy outcome and are therefore also able to provide support to women in the community after their PAS pregnancy.

Patient advocacy and support group

Placenta Accreta Ireland

Email: hello@paireland.ie

Instagram: https://www.instagram.com/paireland_/?hl=en

Twitter: https://mobile.twitter.com/placentaaccret3/with_replies

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