

Patient- and clinician-identified outcomes in placenta accreta spectrum: secondary analysis of qualitative data to inform core outcome set development

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Introduction

- Placenta accreta spectrum (PAS) is associated with life-threatening haemorrhage, severe maternal morbidity, and maternal mortality, with incidence increasing substantially in recent decades.
- Despite growing research interest, outcome reporting in PAS remains heterogeneous, with studies primarily focusing on surgical and perioperative outcomes.
- Patient-centred outcomes, including psychological well-being, functional recovery, and patient experience, are inconsistently reported.
- Core Outcome Sets (COS) establish a minimum set of outcomes for consistent reporting across studies, improving comparability and patient relevance.
- No COS currently exists for PAS. The ore Outcome Set for Studies on Placenta Accreta Spectrum Disorder (COPAS) initiative aims to address this gap.

Objectives

- This study aimed to identify outcomes from individuals with lived experience (health service users, HSUs) and healthcare professionals (HCPs) to inform development of a core outcome set for PAS research.

Methods

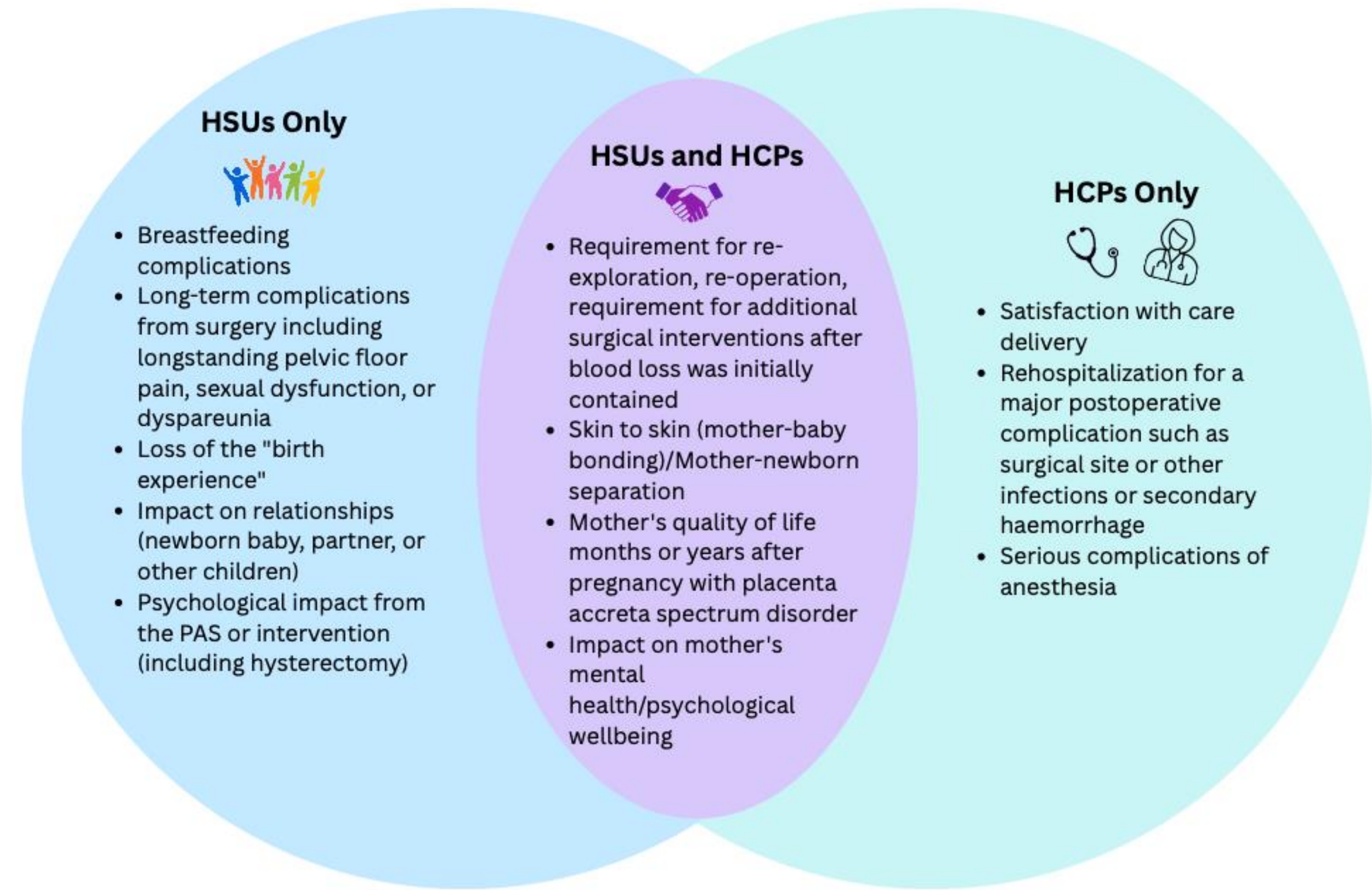
- As part of the original study, we conducted semi structured interviews with HSUs and HCPs which were audio recorded, transcribed verbatim, and thematically analyzed.
- For the secondary analysis, transcribed interviews were reanalyzed using a combined deductive and inductive approach to identify concepts that fulfilled the definition of a health outcome as specified by the COMET handbook.

Results

- Thirty-eight participants (17 HSUs; 21 HCPs) were interviewed

Characteristics of Health Service Users (n=17)			N (%)	Characteristics of Health Care Professionals (n=21)			N (%)	
Age (years)	26		1 (5.8)	Age (years)	Mean = 47.1			
	27		1 (5.8)		Range = 33 - 65			
	32		2 (11.8)		Country of residence	United States	7 (33.3)	
	33		1 (5.8)			Canada	6 (28.6)	
	34		1 (5.8)			Argentina	1 (4.8)	
	35		2 (11.8)			Brazil	1 (4.8)	
	36		4 (23.5)			France	1 (4.8)	
	38		2 (11.8)			Germany	1 (4.8)	
	39		2 (11.8)			Lebanon	1 (4.8)	
	43		1 (5.8)			New Zealand	1 (4.8)	
Country of residence	United States	14 (82.3)		South Africa		1 (4.8)		
	Canada	3 (17.6)		Sweden		1 (4.8)		
				Years in practice	1-5	3 (14.3)		
Ethnicity	White	14 (82.3)			6-10	6 (28.6)		
	Hispanic	1 (5.8)			11-15	3 (14.3)		
	Indian	1 (5.8)			16-20	2 (9.5)		
	Canadian (≥3 generations)	1 (5.8)			21-25	4 (19.4)		
	Education	High school	3 (17.6)		26+	2 (9.5)		
College		1 (5.8)		Area(s) of expertise	Maternal fetal medicine	10 (47.6)		
University		6 (35.3)			General obstetrician/gynecologist	6 (28.6)		
Master's		6 (35.3)			Gynecologic oncologist	2 (9.5)		
Other		1 (5.8)			Obstetric anesthesiologist	2 (9.5)		
Employment	Full-time	7 (41.2)			Clinical nurse specialist	1 (4.8)		
	Part-time	3 (17.6)			Registered midwife	1 (4.8)		
	Homemaker	5 (29.4)						
	Student	1 (5.8)						
	Unemployed	1 (5.8)						
Pregnancy status	Not pregnant	17 (100)						
Number of PAS pregnancies	1	15 (88.2)						
	2	1 (5.8)						
	3	1 (5.8)						

- Secondary analysis identified 12 outcomes not identified in the systematic review of studies on PAS published before September 2020.



- HSU emphasis on psychological well-being, relational consequences, and longer-term impacts on quality of life.
- HCPs prioritized outcomes related to postoperative safety, complications, and procedural burden.
- Both groups converged on several key outcomes, including maternal mental health, mother–newborn separation, longer-term quality of life, and the need for re-operation or additional postoperative procedures.

Conclusions

- HSUs and HCPs identified 12 unique outcomes that were not previously identified in a systematic review of published PAS literature.
- Incorporating these outcomes into subsequent steps of the development of a core outcome set will ensure greater representation of patient-centred outcomes in future PAS research.