



INTRODUCTION

Maternal risk factors associated with development of placenta praevia (PP) are increasing in prevalence.

In recognition of this, the RCOG published **new recommendations** (2018) for the diagnosis and management of women with low lying placenta (LLP) or PP, recommending **earlier** elective delivery of women with complicated PP between 34 to 36 weeks.

OBJECTIVES

Audit management and pregnancy outcomes of women with PP at their mid-trimester fetal anomaly scan using the **RCOG guidelines** as the gold standard.

METHODS

Inclusion criteria included:

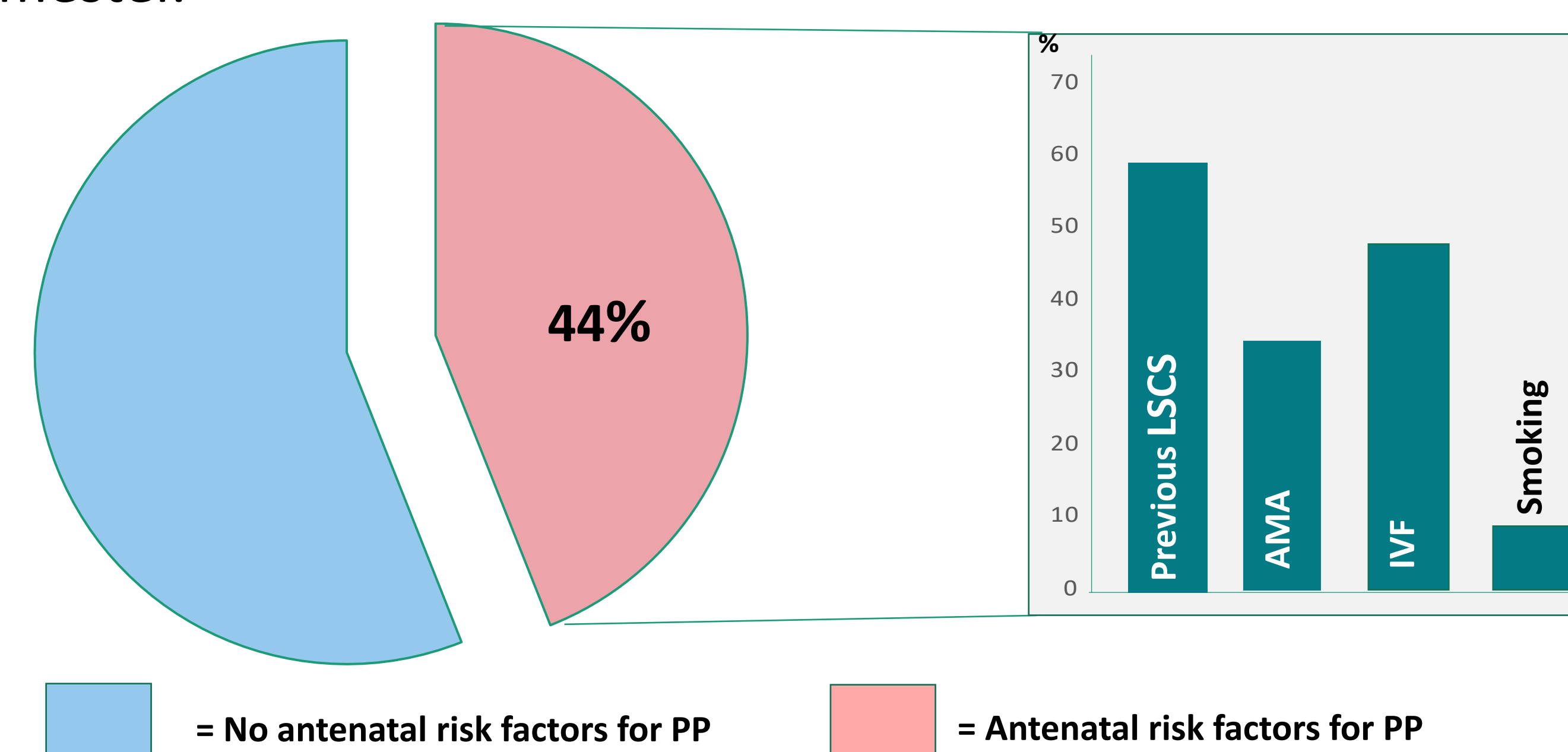
- singleton pregnancies
- PP at mid-trimester anomaly scan
- no evidence of placenta accreta

PP was defined as a placenta lying directly over the internal os or LLP if **within 20mm**. **PP/LLP** was considered **complicated** if there were previous hospital admissions with **APH**.

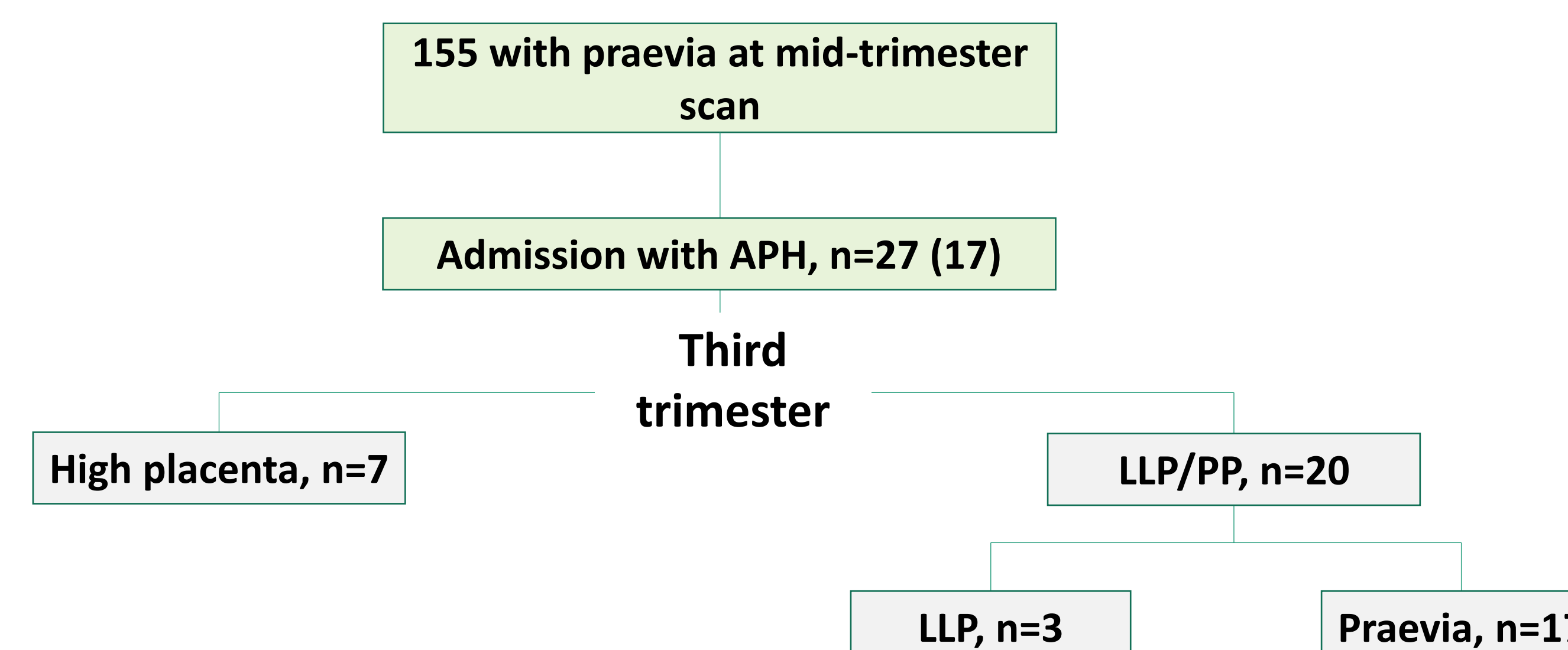
RESULTS

155 women met the inclusion criteria.

In this cohort **44%** had **risk factors** in their antenatal history, which increased to **62%** in those with persistent LLP/PP in the third trimester.



- Of the original cohort, **53 (34%)** women had **persistent LLP/PP** in the **third** trimester
- 27 patients (**17%**) were admitted with **APH** with a median gestational age of 26.5 (22.4 – 30.6) weeks.



- **Average GA** at delivery was **37.5 weeks** with persistent LLP/PP (n=53) but **36.2 weeks** when there had been a previous admission with **APH**.
- **EMCS** was required in **38%** of women with **persistent LLP/PP** (n=20/53),.
- Emergency caesarean could have been **avoided** in **60%** (n=12/20) had women with a complicated persistent LLP/PP **been delivered by 36 weeks**.

	Emergency LSCS (n=20)	Elective LSCS (n=33)	Non LLP/PP (n=51)
EBL (ml), median (IQR)	925 (675-2075)	900 (600-1200)	600 (475-775)
HB drop (g/l), median (IQR)	22.5 (13-34)	11 (4-24)	11 (3-19)
Blood transfusion, n (%)	5 (24)	3 (9)	1 (1.9)
Use of Bakri balloon, n (%)	5 (25)	5 (15)	1 (1.9)
PN stay (d), median (IQR)	5 (3-5)	3 (2-4)	2 (2-3)

Emergency caesarean could have been **avoided** in **60%** had women with a complicated persistent LLP/PP **been delivered by 36 weeks**.

CONCLUSIONS

- ✓ Adopting the RCOG recommendations of earlier elective delivery in women with a complicated PP/LLP would minimise the need for an emergency caesarean and associated maternal morbidity..
- ✓ To reduce complications and improve surgical outcomes consider timing for elective delivery at:
 - 36 weeks for complicated PP (admission with APH or reduced CL)
 - 37 weeks for uncomplicated PP, and 38-39 weeks for LLP.