



Clinical pathway-effectiveness: Impact on outcomes for suspected Placenta Accreta Spectrum (PAS) disorders

S. Fatima, M. Win,S. D. Balachandran Nair, A. Reddy



Introduction

- Incidence of Placenta accreta spectrum (PAS) disorders has been increasing commensurate with rising caesarean section rates.
- Antenatal diagnosis of PAS is crucial in planning management and reducing maternal morbidity and mortality.
- It is important to refer these women to a specialist unit with skilled operators to optimise care and be prepared to manage complications like postpartum haemorrhage, blood transfusion and ITU admissions in a multidisciplinary setting.

Objective

To assess management and outcome of women with a scarred uterus and a diagnosis of low-lying placenta at the 20 weeks scan.

Methodology

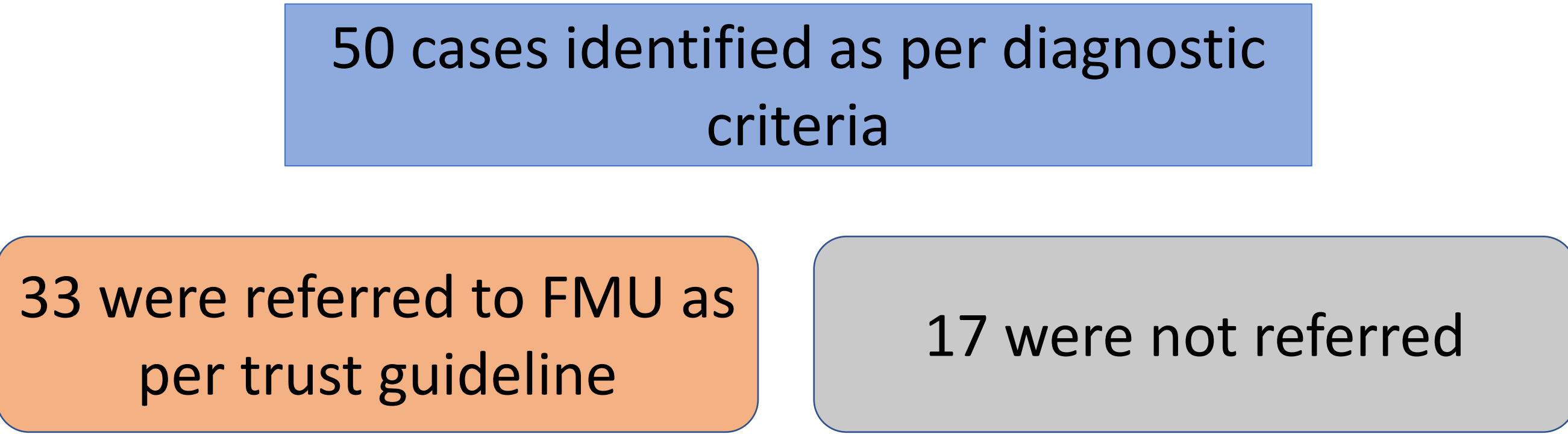
A retrospective review of cases between 2016 and 2021 at Buckinghamshire healthcare NHS Trust (a DGH with an annual delivery rate of about 5500).

Patients with sonographically diagnosed anterior low-lying placenta between 18-21 weeks’ gestation and a scarred uterus were identified.

Their course through pregnancy was followed. The ISUOG consensus guidelines for PAS were used for classification into **low, intermediate and high clinical probability** and further into **focal or diffuse PAS**.

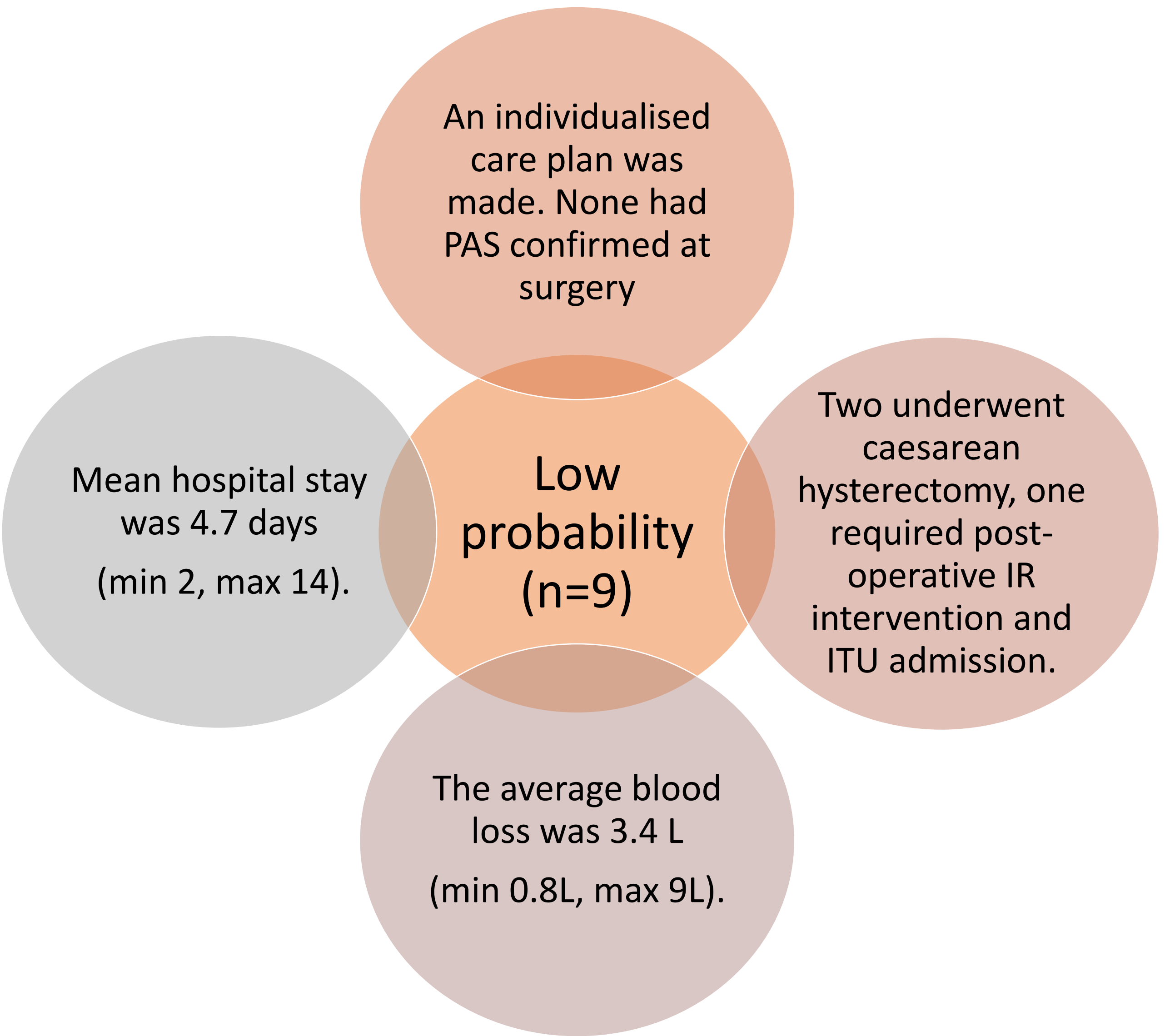
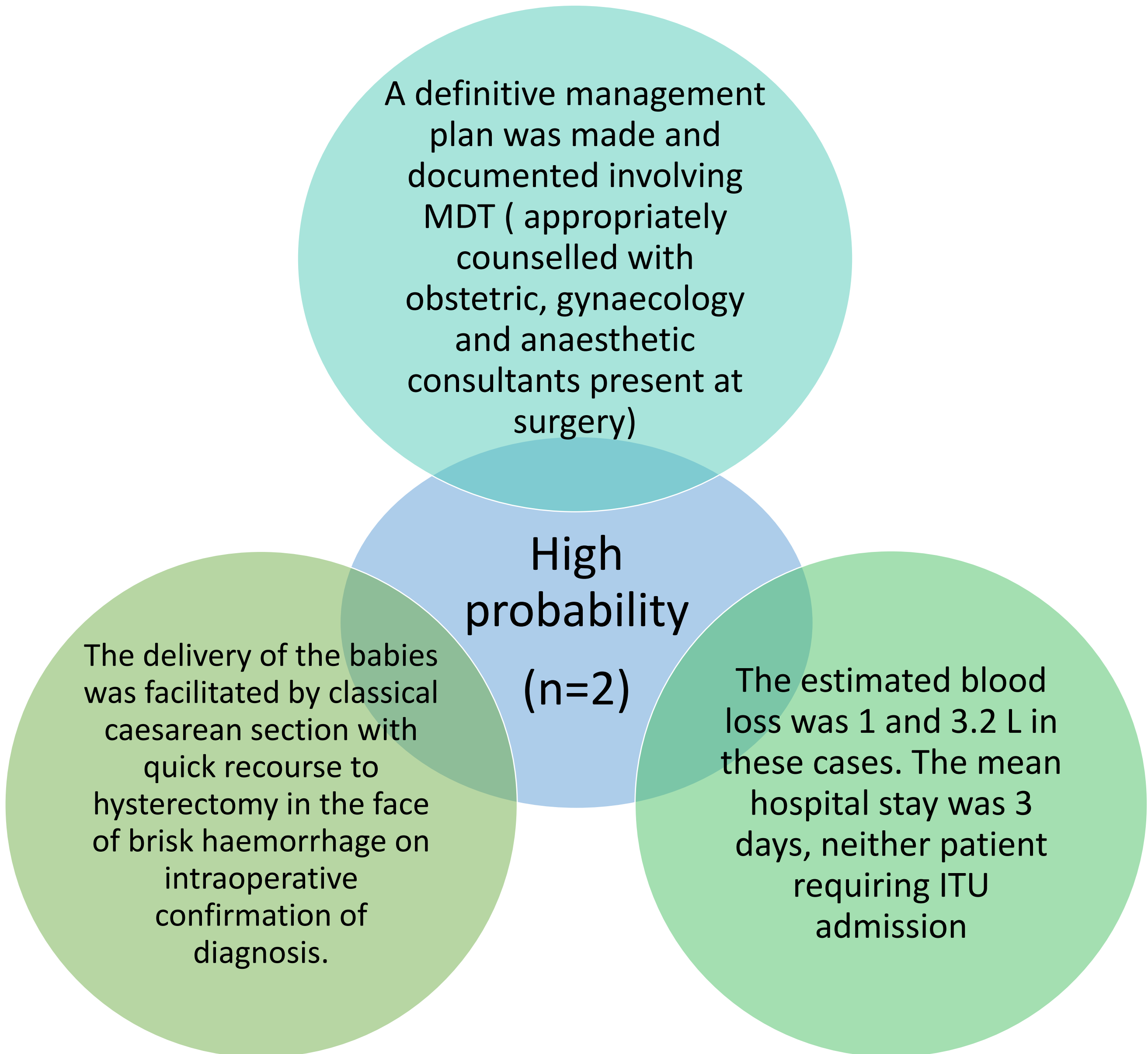
Outcome measures included adherence to referral guidelines, diagnostic criteria, delivery-planning and maternal morbidity.

Results



Outcome of cases referred to FMU (n=33)

- 11 cases remained low-lying at 28 weeks and subsequent scans.
- 2 cases were diagnosed as high probability of PAS and 9 cases as low probability.



Outcome of cases not referred to FMU (n=17)

- In 15 patients, the placenta was no longer low-lying.
- Two patients presented with major antepartum haemorrhage at 29 and 35 weeks, one of them requiring caesarean hysterectomy and ITU admission - there were aspects of care that could have been improved.

Main reasons for non-referral to FMU was lack of awareness of the need to refer. Audit results were circulated amongst sonographers, doctors and midwives.

Conclusion

The incidence of PAS in those with scarred uterus in our study was 4%, comparable with other studies.

Accurate diagnosis using the ISUOG criteria for determination of clinical probability in our case series enabled proactive planning and efficient utilisation of IR facility.

MRI did not add to the diagnosis..

Cases with low probability of PAS still remain at risk of haemorrhage most likely due to thin myometrium even after the placenta separates.

Recommendations

- Timely recognition of cases with uterine scar and low-lying placenta at anomaly scan and prompt referral to FMU.
- Create awareness amongst sonographers, midwives and doctors to refer cases to FMU so as to provide standardised care and achieve a better outcome.
- Cases with low probability of PAS still remain at high risk of PPH ; adequate preparation and having IR on stand by is recommended.