

The effect of a standardized checklist and multidisciplinary care team on outcomes for planned hysterectomy at time of cesarean delivery: a single center retrospective study

Hadley Young MD,¹ Jessica Ehrig MD,¹ Kendall Hammonds MS,² Michael Hofkamp MD,¹

1. Baylor Scott and White Memorial Hospital-Temple, 2. Baylor Scott & White Research Institute



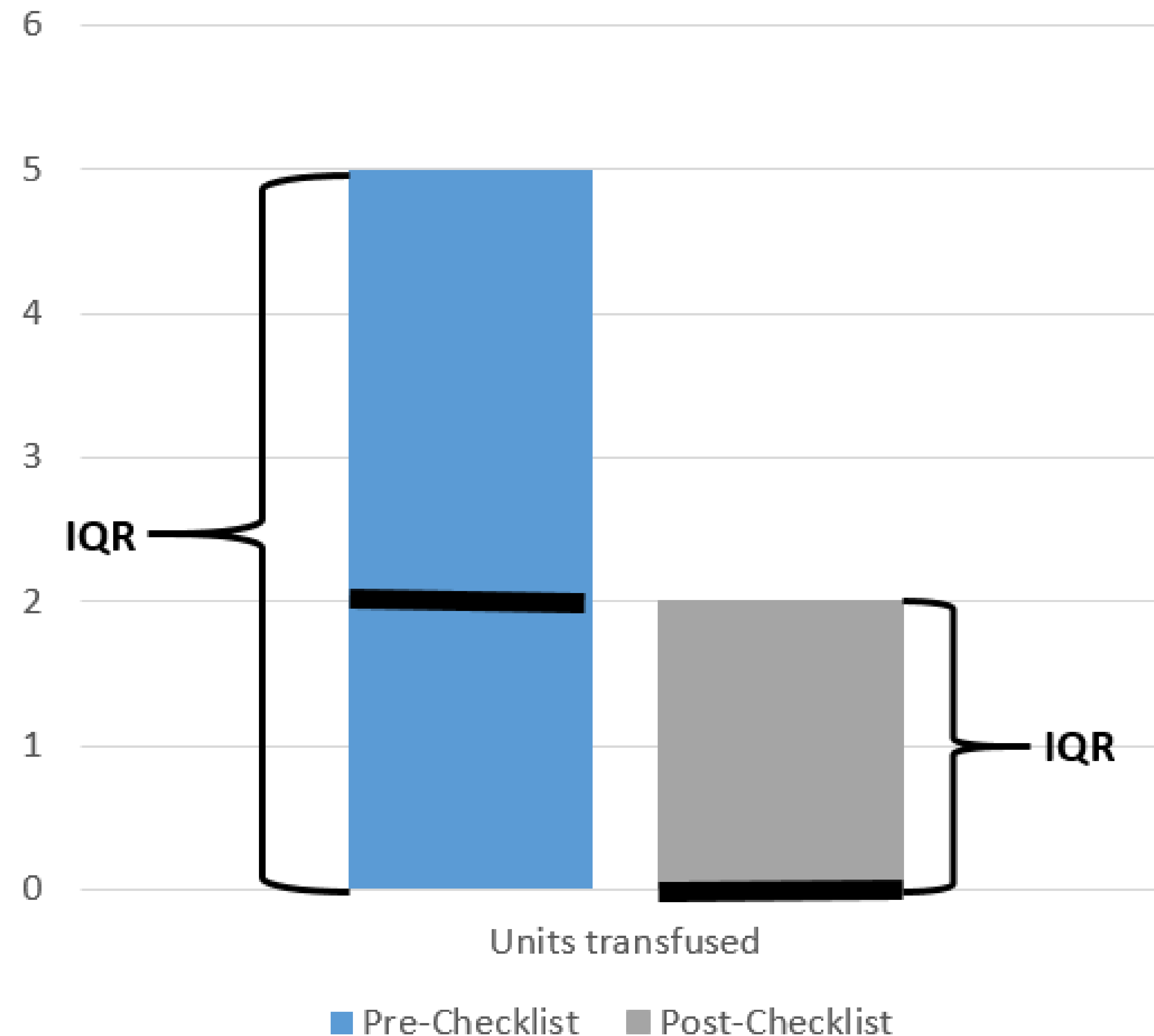
Introduction

- Placenta accreta spectrum (PAS) is associated with morbidity & mortality usually related to blood loss
- Created a standardized checklist in July 2018 and formed a multidisciplinary team: MFM, surgeon, anesthesiology, NICU, Urology, OR staff
- Primary outcome: # transfused units PRBCs
- Secondary outcomes: blood loss, ICU admission rate, postoperative hospital stay

Methods

- Retrospective study
- Planned C-HYST for PAS
- Collected demographic & clinical data
- July 1, 2015-June 30, 2021
- Excluded unplanned C-HYST

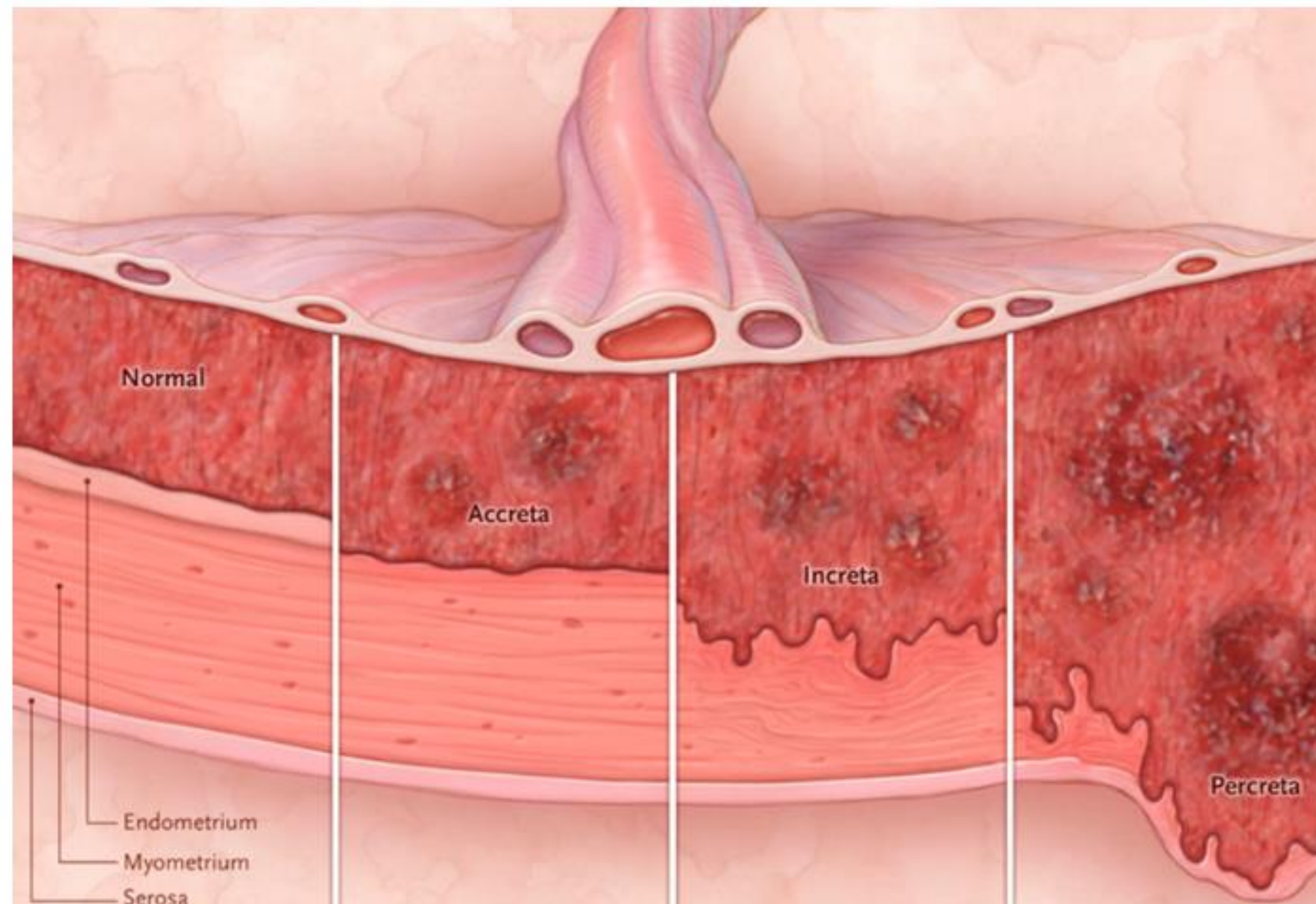
Our checklist and multidisciplinary team improved patient outcomes



- Median of 2u (IQR 0-5) → 0u (IQR 0-2) PRBCs transfused perioperatively (p=0.15)
- Increased volume: 9 cases before multidisciplinary teams and 21 after
- Rates of ICU admission 22% → 5%
- No difference in demographic characteristics of patients including indication for c-hyst
- No difference in total operating time
- Accreta surgeon more likely to be present after checklist (p=0.08)
- No difference in postoperative hospital stay

Discussion

- Decreased blood loss, decreased blood transfusions, and decreased ICU admission rates (not statistically significant)
- Increased volume of PAS at our institution
- Limitation: underpowered for primary outcome, EBL→QBL
- Fewer transfusions and lower ICU rates improves outcomes for patients and decreases cost for institution
- Higher volume centers have lower morbidity & mortality
- Generalizability: Multidisciplinary teams may lower the number of blood transfusions & improve outcomes in PAS



References

1. Tussey C, Olson C. Creating a multidisciplinary placenta accreta program. *Nursing for Women's Health*. 2018;22(5):372-386.
2. Donovan BM, Shainker SA. Placenta accreta spectrum. *NeoReviews*. 2021;22(11).
3. Shamshirsaz AA, Fox KA, Erfani H, et al. Multidisciplinary team learning in the management of the morbidly adherent placenta: Outcome improvements over time. *Obstetrical & Gynecological Survey*. 2017;72(10):579-581.