# Recovery and Mental Health Outcomes in Patients with Placenta Accreta Spectrum After Cesarean Delivery Under Neuraxial Anesthesia

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## INTRODUCTION

- Neuraxial anesthesia (NA) is increasingly utilized for cesarean delivery (CD) with placenta accreta spectrum (PAS).
- it is unknown whether awake NA for the most complex PAS surgery may lead to post-traumatic stress disorder (PTSD) during recovery.

***Hypothesis: patients awake under NA for high-morbidity PAS have higher rates of PTSD compared to low-morbidity PAS.***

HARVARD MEDICAL SCHOOL

Mass General Brigham

# METHODS

## Eligibility

September 2021 – July 2023

Suspected PAS identified using radiologic and clinical risk factors

CD (± hysterectomy) under NA

## PAS Groups

Two Groups:

(1) Low-morbidity PAS

(2) High-morbidity PAS:

**-Transfusion of ≥4 units of packed red blood cells**

**-Hysterectomy**

**-Intensive care unit (ICU) admission**

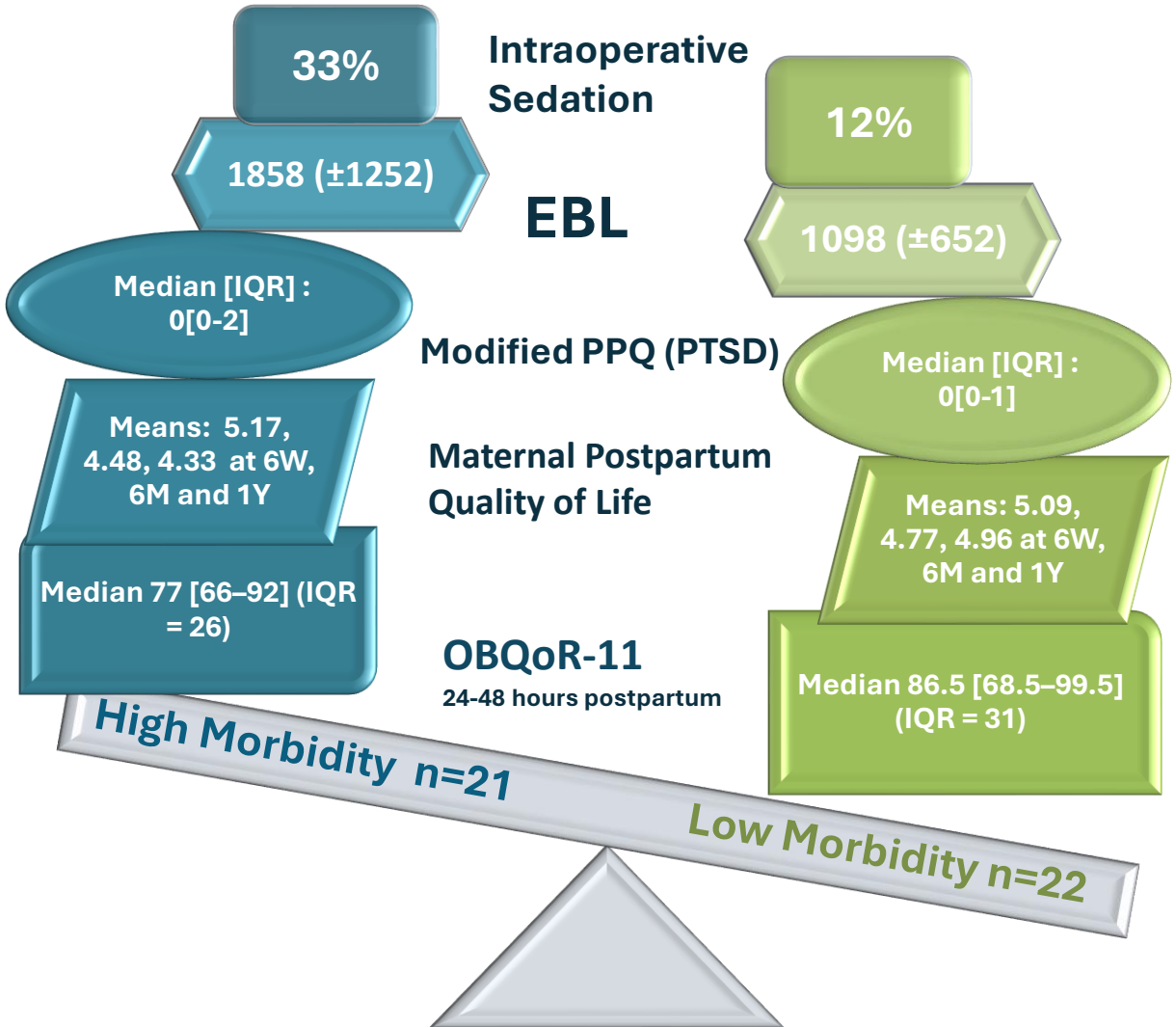
## Outcomes

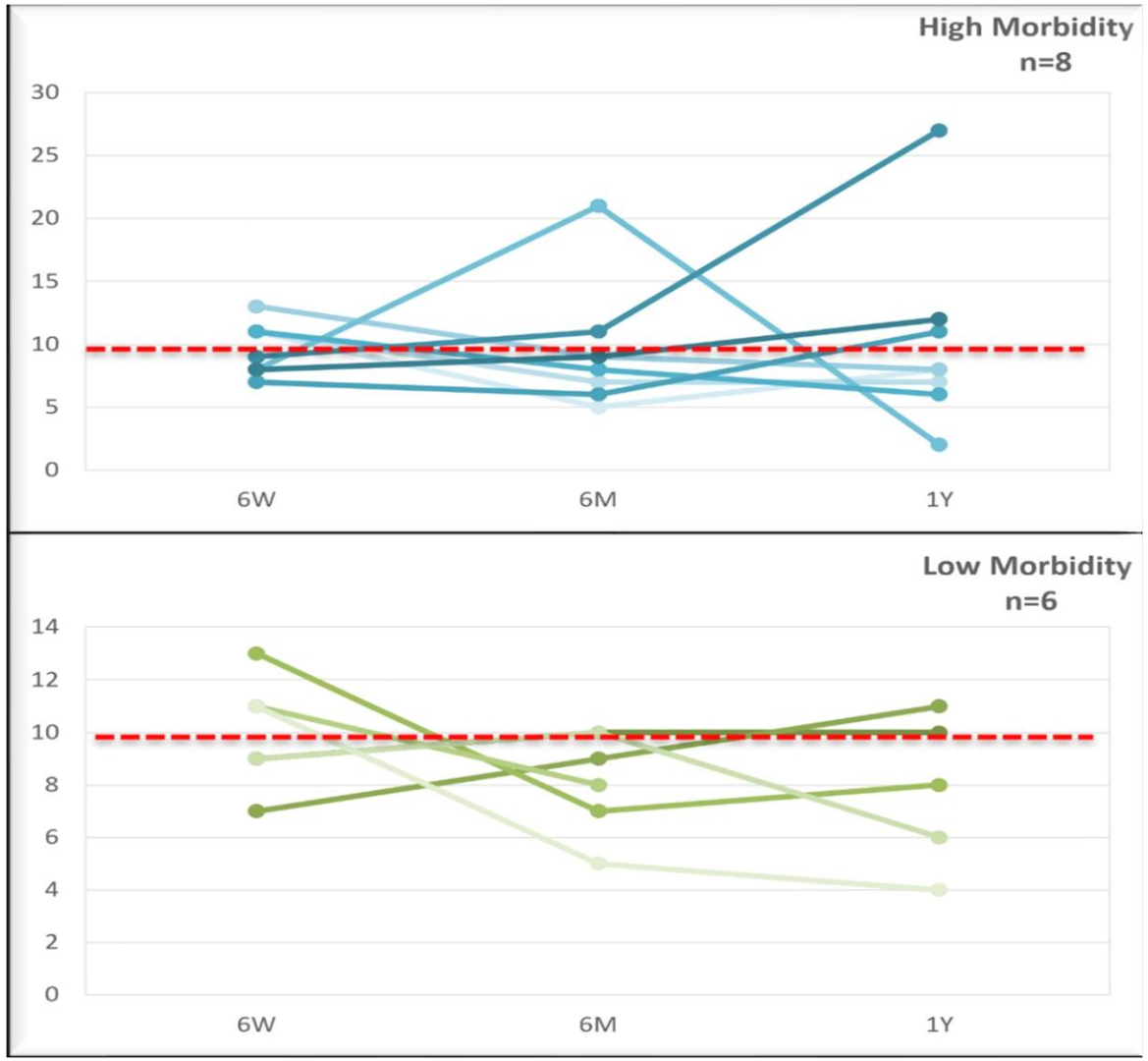
Clinical and perioperative variables collected

6-week, 6-month, and 1-year assessments using validated tools:

- **EPDS (Edinburgh Postnatal Depression Scale)**
- **Modified PPQ (Perinatal PTSD Questionnaire)**
- **Maternal QoL (5-item subset)**
- **ObsQoR-11**

# RESULTS




**Patterns of EPDS Scores Across the Recovery Period in Low and High Morbidity PAS Outcomes**

*Red dashed lines = EPDS ≥10 (threshold for possible depression)*

# CONCLUSIONS

EPDS and PTSD scores did not differ significantly between groups. However, median scores were higher in the high-risk cohort.

High rates of pre-delivery risk identification, anesthesia consultation, and sedation provided may mitigate psychological responses among patients.

Patterns of acute versus later EPDS scores by PAS morbidity warrant further study.