

# Placenta Accreta Spectrum

Perinatal Services - Maternity

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

# Introduction

This leaflet aims to provide information about placenta accreta spectrum, who may be at risk, and how your care may be managed if you have this.

## What is the placenta?

The placenta is a sac which develops in your womb (uterus) in pregnancy to pass oxygen and nutrients to your baby.

Usually, the placenta comes away from your uterus after the baby is born and is delivered soon after. Because of this, the placenta is sometimes called the afterbirth.

## What is placenta accreta spectrum?

Placenta accreta spectrum is when the placenta grows into the muscle of the uterus. It is rare, happening in one in every 300 to 2000 pregnancies.

Placenta accreta spectrum makes delivery of the placenta at the time of birth much harder and can be dangerous for you and your baby.

## Who is more likely to have placenta accreta spectrum?

Placenta accreta spectrum is more common if you:

- Have a low-lying placenta (placenta praevia) in pregnancy
- Have had one or more caesarean births (the more caesarean sections, the greater the risk)
- Have had other surgery to your uterus (for example removal of a fibroid, surgery for a miscarriage or termination of pregnancy)
- Have a problem with your uterus (such as fibroids or a bicornuate uterus)
- Are over 35 years old
- Have had fertility treatment, especially in vitro fertilisation (IVF)
- Needed surgery to remove a 'stuck placenta' after childbirth before (manual removal).

## How do you check for placenta accreta spectrum?

We will not know until you give birth if you definitely have placenta accreta spectrum.

At your 20 week ultrasound scan we will look for signs of placenta accreta spectrum. An ultrasound scan is the best way to look at your placenta but sometimes the signs do not show up until around 28 weeks of pregnancy.

We may offer you a magnetic resonance imaging (MRI) scan to help the team caring for you see if the placenta is also growing too close to any other organs near your uterus (for example your bladder).

Looking at both scan images together helps the doctors to see how much the placenta is attached to your uterus.

Ultrasound and MRI scans are safe during pregnancy and do not cause harm to your baby.

## Will my care change if you think I have placenta accreta spectrum?

Your maternity doctor (obstetrician) will talk you through any extra care offered to keep you and your baby safe.

- As well as your usual antenatal care and tests, you will have more appointments to check on you through your pregnancy
- You will have more ultrasound scans, usually every 2 to 4 weeks, so we can watch how the placenta is growing
- The team looking after you will meet often to talk about and plan your care.

**You must come into hospital if you have any bleeding or pain.**

To keep you and your baby safe, you may also need to come into hospital if you live far from the maternity unit. Most people can be cared for safely at home.

## What plans will be made for the birth of my baby?

Your medical team will look at your scans and medical history, talk you through the options and ask for your thoughts on what you would like to happen.

To lower the chance of heavy bleeding and need for an emergency caesarean section, a planned caesarean section is safest for you and your baby.

- We will plan to do your caesarean section before your due date, usually between 35 and 37 weeks of pregnancy
- If the baby is delivered before 37 weeks, we will offer you two steroid injections to make the baby's lungs stronger
- After reviewing your scan results we may talk to you about taking out your uterus along with the placenta straight after your baby is born (caesarean hysterectomy).

If you have heavy bleeding or we are worried about the wellbeing of you or your baby, we may need to do an emergency caesarean section.

## What are the risks to me and my baby?

If you have placenta accreta spectrum, there may be heavy bleeding when we try to deliver your placenta after your baby is born.

We may need to take out your uterus (caesarean hysterectomy as explained below) to stop the bleeding.

Delivery of your placenta can also damage your bladder.

# What can I expect at my delivery?

Caesarean birth for those with placenta accreta spectrum is done in two parts: the birth and the surgery.

Every case is different, the options for surgery are listed below.

## **Surgical incision:**

- You may, as with a normal caesarean birth, have a cut across your tummy between your hip bones
- You may need an up and down (vertical) cut to your tummy from your pubic bone to just above your belly button

## **How will you treat the placenta accreta?**

### **• Uterine conserving surgery:**

This is when only a small part of the uterus (womb) is taken away with the placenta, after the baby is born. After stitching, the uterus will heal over the weeks and months after the birth, just like a usual caesarean section

For those who do not want any more children, the fallopian tubes can also be taken out to lower the risk of ovarian cancer later in life. The ovaries stay in place to make important hormones until menopause

### **• Caesarean hysterectomy:**

This is when all of the uterus is taken out, along with the placenta, after the baby is born. The fallopian tubes are also usually removed to lower the risk of ovarian cancer later in life

Hysterectomy may be planned or happen in an emergency because of heavy bleeding

### **• Placenta stays in the uterus after the baby is born:**

The placenta may be left in the uterus to give the body a chance to break it down itself over time. This can take weeks or even months

This treatment does not always work and risks bleeding and infection. You may still need to have a hysterectomy

## **Can the plan change while surgery is happening?**

Yes. Sometimes a hysterectomy is planned but if while the operation is happening, only a small part of the placenta is found to be attached to the uterus, uterine conserving surgery may be possible.

In other cases, uterine conserving surgery may have been planned but the amount of placenta accreta found is much more than anticipated and so a hysterectomy is needed.

## **How long will I be in Theatre?**

- Around one to one and a half hours from the start of the caesarean to the delivery of the baby
- The surgery after the baby is born may take another one to two hours, every operation is different. Surgery will take longer if there will be a hysterectomy and, or, if there are any problems.

## **What pain relief (anaesthesia) will I have?**

You will have the safest option based on the type and urgency of your surgery.

### **Combined Spinal Epidural:**

This is the most common pain relief for a caesarean section. An injection into the lower back blocks feeling from the chest down to the feet. A very fine tube (catheter) is put in so the medication can be topped up to relieve pain for hours or even days after birth, as needed.

- Routinely used for planned caesarean births
- Safe and effective
- You remain awake for the birth of your baby.

### **General Anaesthesia:**

Used when we are not able to do a combined spinal epidural. May also be used while the medical team complete any other procedures you need after your baby has been born.

## What if I have any questions?

Speak to the midwife or doctor caring for you.

### **Community Midwives Hub**

01902 695140 – Monday to Friday 9.00 to 1.30

### **Maternity Triage Unit**

01902 695037 – 24 hours, 7 days a week

## Where can I find out more information?

### **National Childbirth Trust (NCT):**

[www.nct.org.uk/pregnancy/low-lying-placenta](http://www.nct.org.uk/pregnancy/low-lying-placenta)

**Tommy's:** [www.tommys.org/pregnancy-information/pregnancy-complications/low-lying-placenta-placenta-praevia](http://www.tommys.org/pregnancy-information/pregnancy-complications/low-lying-placenta-placenta-praevia)

**RCOG patient information – Corticosteroids:** [www.rcog.org.uk/en/patients/patient-leaflets/corticosteroids-in-pregnancy-to-reduce-complications-from-being-born-prematurely/](http://www.rcog.org.uk/en/patients/patient-leaflets/corticosteroids-in-pregnancy-to-reduce-complications-from-being-born-prematurely/)

**RCOG patient information – Blood transfusion:** [www.rcog.org.uk/en/patients/patient-leaflets/blood-transfusion-pregnancy-and-birth/](http://www.rcog.org.uk/en/patients/patient-leaflets/blood-transfusion-pregnancy-and-birth/)

**A glossary of all medical terms used is available on the RCOG website at:** [www.rcog.org.uk/en/patients/ medical terms](http://www.rcog.org.uk/en/patients/medical-terms)

## English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

## Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

## Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

## Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

## Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

## Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。