



C-Obs 20

Placenta Accreta

Morbid adherence of the placenta to the uterine wall is a serious obstetric complication that frequently requires interventions such as caesarean hysterectomy and high volume blood transfusion.

Where there is an increased risk of, or known, placenta accreta (e.g. an anterior placenta praevia after one or more previous Caesarean sections), delivery should occur in a place with the necessary facilities.

Such facilities would include: an ability to cope with high volume blood transfusion, provision of other blood products (e.g. platelets, clotting factors) and appropriate specialised expertise (e.g. obstetric, anaesthetic and intensive care). A multidisciplinary approach might be needed and should be encouraged, including possible prior consultation with urologists, gynaecological oncologists, intensivists and interventional radiologists.

As with all patients at risk of major antepartum haemorrhage, those with suspected placenta accreta should be encouraged to remain close to the recommended hospital of confinement for the duration of the third trimester of pregnancy.

Reference

[Miller DA, Chollet JA, Goodwin TM.](#) Clinical risk factors for placenta previa-placenta accreta. *Am J Obstet Gynecol.* 1997 Jul;177(1):210-4.

Disclaimer

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The statement has been prepared having regard to general circumstances. It is the responsibility of each Practitioner to have regard to the particular circumstances of each case, and the application of this statement in each case. In particular, clinical management must always be responsive to the needs of the individual patient and the particular circumstances of each case.

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