DANGEROUS DELIVERIES: SAVING MOMS AFTER CHILDBIRTH REPORT #2795

BACKGROUND: Placenta accreta is a pregnancy condition that occurs when the placenta grows too deeply into the uterine wall. Usually, the placenta detaches from the uterine wall after childbirth, but with placenta accreta, part or all of the placenta remains attached. This can cause severe blood loss after delivery and is considered high-risk. It's also possible for the placenta to invade the muscles of the uterus or grow through the uterine wall. If the condition is diagnosed during pregnancy, an early c-section delivery is likely needed followed by the surgical removal of the uterus, known as a hysterectomy. Placenta accreta is thought to be related to abnormalities in the lining of the uterus, typically due to scarring after a C-section or other uterine surgery. (Source: https://www.mayoclinic.org/diseases-conditions/placenta-accreta/symptoms-causes/syc-20376431)

RISKS AND TREATMENT: The risks of placenta accreta can expand beyond the mother to the newborn. The baby may be at additional risk because of premature birth. A mother's risk can include premature delivery, damage to the uterus and surrounding organs, loss of fertility due to the need for a hysterectomy, excessive bleeding that requires a blood transfusion, and death. Treatment of placenta accreta can vary. If the condition is diagnosed before birth, monitoring the pregnancy closely will be done. A c-section will be scheduled to deliver the baby, often several weeks before the due date. This is done to decrease the risk of bleeding from contractions or labor. If the woman wishes to have future pregnancies, there will be an attempt to save the uterus. However, in severe cases where the placenta is noted to be extremely adherent or invading into other organs, a hysterectomy may be the safest option for the mother. Removing the uterus with the placenta still attached minimizes the risk of excessive bleeding, or hemorrhaging.
(Source: https://my.clevelandclinic.org/health/diseases/17846-placenta-accreta#:~:text=In%20placenta%20accreta%2C%20the%20placenta,(removal%20of%20the%20uterus).)

CREATING A TREATMENT PLAN FOR PLACENTA ACCRETA: It's important for a mother-to-be to coordinate delivery when diagnosed with placenta accreta to prevent experiencing life-threatening blood loss, which can occur if she suddenly goes into labor. A treatment plan is also helpful because it allows the opportunity to understand the effects of a hysterectomy and ask questions. If a hysterectomy is not wanted, the surgeon may attempt to separate the placenta from the uterus. If the bleeding is not heavy, the surgeon can take out the section of the uterus attached to the placenta or remove some of the placenta and leave the parts that are attached to the uterus. However, about 40 percent of patients will start to bleed if those tissues are left inside. Blood loss is expected during a delivery but may not require a blood transfusion. Two weeks after delivery, the mom will have a follow-up appointment to check the incision, and then six weeks after that, a routine follow-up appointment.
(Source: https://www.uchicagomedicine.org/forefront/womens-health-articles/creating-a-treatment-plan-for-placenta-accreta-during-pregnancy)

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