

2 COMPLICATIONS OF PREGNANCY

2.22 MAJOR PLACENTA PRAEVIA AND ACCRETA

Date Issued: August 2010

Date Revised:
Review Date: August 2013
Authorised by: OGCCU
Review Team: OGCCU

2.22 Booking a patient with Major Placenta Praevia and Accreta (or suspected accrete)
Section B
Clinical Guidelines
King Edward Memorial Hospital
Perth Western Australia

2.22 BOOKING A PATIENT WITH MAJOR PLACENTA PRAEVIA AND ACCRETA (OR SUSPECTED ACCRETA)

AIM

The appropriate booking of a caesarean section in a woman with major placenta praevia and accreta.

BACKGROUND

Major placenta praevia accrete (MPP accreta) is associated with a high incidence of maternal morbidity and even, although rarely, mortality. Best outcomes are achieved with a team approach, with timing of the case optimised for anaesthetic preparation and gynaecological oncologist and consultant presence in the surgical management of the case.

PROCEDURE

1. All caesarean sections with MPP accreta (highly likely or possible) shall be booked on a Monday.
2. MPP which are **not** suspected accreta can be booked on either Mondays or Thursdays. Different times / days may be organised in consultation with the Gynaecological Oncologists, theatre, Anaesthetists and the Director of Obstetrics.
3. The team registrar / consultant must contact the Director of Obstetrics by phone or email. If the Director of Obstetrics is not available, contact the Head of Department (Obstetrics) or acting HOD.
4. After consultation with the Director of Obstetrics, a provisional Monday date will be selected and the booking made by the team. The Director of Obstetrics will clear the particular caesarean list of cases if diagnosis of accrete appears highly likely.
5. The team Senior Registrar / Registrar shall send the following
 - Written consultation to the gynaecological oncologists and Head of Department (oncology). Include the information below.
 - Date
 - Name and UMRN
 - MPP or not
 - Number of previous Caesareans.
 - USS assessment of likelihood of accrete
 - Referring consultant opinion of likelihood of requiring gynaecological oncologist.

- Planned operation and incision.
 - Confirmation to be obtained that the provisional date and time for operation is suitable.
 - Email the consultant obstetrician who is rostered to perform the list if this is different from the team consultant.
 - Send a written referral to the department of Anaesthesia and ring / email Dr Jamie Salter to inform him about the patient. Dr Salter will direct the team / registrar / consultant to book the patient into the high risk anaesthetic clinic or arrange for the patient to be reviewed on the ward.
6. Any changes to the provisional date by any member of the team i.e. the liaison consultant anaesthetist, gynaecological oncologist or obstetric team must be discussed with the Director of Obstetrics.
 7. The team registrar will ensure that 6 units of blood are crossed matched for the operation. Cell salvage facility is to be arranged by the anaesthetic department.
 8. When the patient is under the care of a private obstetrician, the private consultant will liaise with the gynaecological oncologists and Department of Anaesthetics to arrange a mutually suitable time for surgery. Notify the Director of Obstetrics so lists can be cleared if the booking is on a Monday.