



PLACENTA ACCRETA

Placenta accreta is a general term for when the placenta invades the uterine wall in such a way that it is inseparable. Placenta increta is when the chorionic villi invade the myometrium. Placenta percreta is when it also invades the serosa, and occasionally adjacent organs.

WHAT CAUSES IT

Myometrial damage puts women at greater risk. To oversimplify, cesarean delivery. Women with placenta previa and 2 previous cesareans have a 40% risk of placenta accreta. Women with placenta previa without a previous cesarean delivery have a comparably low 1-5% risk of placenta accreta.

HOW COMMON IS IT

1 in 533 pregnancies as of 2002, up from just 1 in 4,027 pregnancies in the 1970s.

HOW IS IT DISCOVERED

Ultrasound or Magnetic Resonance Imaging (MRI). MRI detects posterior placenta accreta more effectively. There is controversy about the fetal effects of gadolinium-based contrast enhancement used with MRI because it can cross the placenta and enter the fetal circulatory system.

WHY DOES IT MATTER

Placenta accreta is the main cause of maternal mortality, causing significant hemorrhage. If discovered at home, immediate transfer to the hospital is necessary.

WHAT ARE MY OPTIONS

Current options, according to The American College of Obstetricians and Gynecologists (ACOG), include a Cesarean-hysterectomy, with the placenta left in situ or a conservative approach, when all or part of the placenta is left in place with the goal of uterine preservation. A subsequent successful pregnancy after a conservative approach is rare, and the treatment itself is risky, often resulting in sepsis, hypogastric artery ligation, arterial embolization, methotrexate (a folate antagonist), blood transfusion, curettage, and even a later hysterectomy or death. If you choose a conservative approach, a tertiary university hospital such as Stanford is your best bet for a positive outcome, though the risk of recurrent placenta accreta is high for a future delivery. There is another option of vaginal birth followed by a planned hysterectomy or the conservative approach.

HOW WILL IT AFFECT MY BABY

Placenta accreta is a concern in the third stage of labor, when delivering the placenta. If you choose a cesarean-hysterectomy, your baby will not reap the benefits of a vaginal birth. But placenta accreta alone does not affect your baby.

REFERENCES

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