UNIVERSITY HOSPITAL WISHAW
WOMEN'S SERVICES DIRECTORATE

NHS Lanarkshire

Suggested Algorithm for Abnormal placentation (Placenta praevia /accreta /percreta/increta)

Low lying placenta suspected on TA FAS *(18-23 w scan)

Asymptomatic, repeat TA/TV USS @ 32 weeks. Inform to contact triage if any bleeding. Optimise Hb

Any vaginal bleeding; admit, IV access, group & save or full cross match Discuss with consultant on call-may need to be fasted for delivery and need steroids if < 39 weeks(unless diabetic). Do not perform a VE until after an USS has been performed. Urgency will depend on the clinical

Placenta praevia (≤ 2cm of cervical os), confirmed on TA and TV USS @ 32 weeks.

No placenta praevia seen on TA +/- TV USS.

Counsel and document conversation with named consultant @ 34 weeks regarding individualised care and delivery plan. Continue community care if deemed appropriate. Give information leaflet and consider teach back methods to ensure understanding. Anaesthetic review at 34 weeks

No further USS for placental position needed.

Placenta praevia, confirmed on TA or TV USS.

If needs to go to theatre as an emergency, alert obstetric and anaesthetic consultant staff who should attend as soon as possible.

Caesarean section booked no later than 37+0 weeks. Earlier if major praevia.

Agreed by consultant and performed by consultant or senior trainee with consultant support. Surgeon should be informed of date and plan. Anaesthetic review in third trimester. Cross matched 4 units. Consider cell salvage if available.

Consider Steroids if not already given. Liaise with consultant obstetrician & anaesthetist, maternity coordinator, theatre manager, operating surgeon and interventional radiology as appropriate.

If not delivered after initial APH, counsel and offer admission and in-patient management for daily consultant review and plan for further follow up or delivery. Group & save every 7 days. If atypical antibodies present, group & save requirements discussed with the haematologist. An interim plan for timing of delivery should be made.

NB – If a low lying anterior placenta is diagnosed at the FAS* and previous CS arrange consultant scan who will plan further imaging to exclude an accreta or percreta