Hemorrhage **is the leading cause of Pregnancy-Related maternal death in Florida. (1)**

Placental disorders **(including placenta previa, accreta/increta/percreta) accounted for 21% of hemorrhage related deaths > 20 weeks gestation. (1)**

With the rising cesarean rate, **the incidence of placenta accreta has increased. (2)**

Urgent Maternal Mortality Message to Providers

Diagnosis is essential before delivery

- If placental disorder suspected, get a Maternal-Fetal Medicine consultation.
- Ultrasonography with supplemental MRI when necessary.
- No imaging modality is perfect. If you suspect an issue—transfer to tertiary facility.

Risk factors

- Discuss pregnancy and delivery risks with patient and family.
- The risk of accreta increases with repeat cesarean sections, myomectomy, presence of placenta previa, multiparity, repetitive dilation and curettages and with advanced maternal age.
- A low lying anterior placenta may be ominous with multiple prior cesarean sections.

Readiness

- Develop and discuss with the patient, family and hospital staff an individual delivery plan.
- Consider early transfer to a tertiary center for access to sufficient blood bank supply and subspecialties.
- Let patients know there is a high risk for bleeding due to placental disorders that can occur after having multiple cesarean sections.
- Contingency plan should be made for emergency delivery.
- Implementation of hemorrhage protocols in all Florida delivery hospitals is essential, and should include a massive transfusion protocol, simulation drills and hemorrhage carts. For details on implementing a hemorrhage initiative see Florida Perinatal Quality Collaborative' s Toolkit. (3)

Essential elements of delivery plan

- Preoperative counseling regarding risks.
- Timing of admission and delivery: see ACOG guidelines, may vary if patient unstable.
- Consult with neonatologist regarding corticosteroid administration, if applicable.
- Place blood bank on alert for potential massive transfusion protocol.
- When delivery is scheduled, discuss timing with a multispecialty team to optimize expert surgical and anesthesia assistance .
- Do not try to remove the placenta. Hysterectomy is usually the best option.
- If you have called for help and cannot control the bleeding surgically, compress the aorta or uterine vessels while waiting for help to arrive.

For more information, contact:

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2. ACOG Committee Opinion Number 529, Placenta Accreta (July 2012). Reaffirmed 2014. http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Placenta-Accreta

3. Florida Perinatal Quality Collaborate. Obstetric Hemorrhage Initiative Toolkit (v. 12/2014). http://health.usf.edu/NR/rdonlyres/2506A40D-E89A-4A18-AB4F-B4045F6E5FD4/0/FLOHIToolkitv122014.pdf

4. Florida Pregnancy Associated Mortality Review 2013 Update.