

Retrospective cohort study of Morbidly Adherent Placenta in a Tertiary Hospital in New Zealand

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Introduction:

Placenta accreta is associated with high maternal and neonatal morbidity and mortality. The rates of placenta accreta have increased and will continue to do so as a result of rising rates of caesarean deliveries (29.8% of all births in 2020, the highest ever recorded), increased maternal age and use of assisted reproductive technology (ART), placing greater demands on maternity-related resources.

Methods

A retrospective cohort study was undertaken of pregnancies in a Tertiary Hospital in New Zealand. 48 cases were identified between 2007 and 2022. Electronic and clinical notes were reviewed.

Results

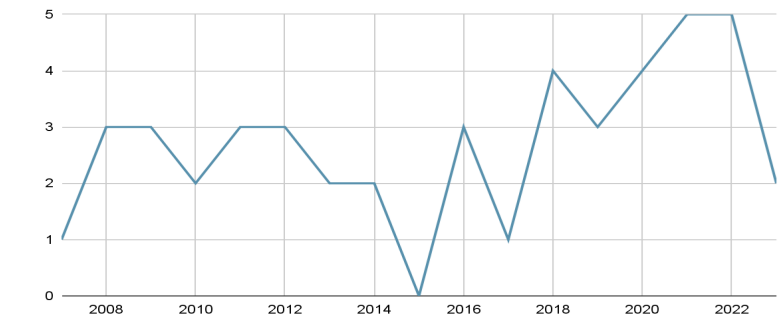
48 cases identified. Placenta accreta 34, Placenta Increta 11, Placenta Percreta 5. 1 case in 2008 vs 5 cases in 2022. Maori represented 39.6% vs. NZ European 31.3% of cases.

31% cases had 3 or more previous cesareans. 40 hysterectomies were performed. Average EBL 2490L. 12 bladder injuries, 2 bowel injuries, 2 DIC, 3 RPOC, 1 post-op infection.

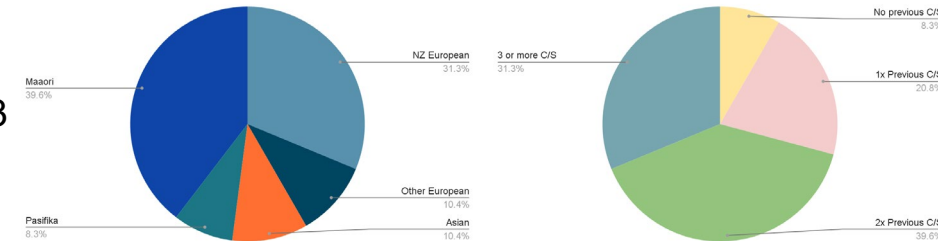
No maternal deaths recorded. MDT involvement - interventional radiology 7, Urology 5, Vascular 4, General surgery 2.

Main modality USS
83.3% - n = 40 pre-op diagnosis
16.6% - n= 8 diagnosis missed

Yearly incidence 2007 - Current



n = 48



Discussion

Three senior Obstetricians were identified with the most operative experience of MAP. Our department has developed a multidisciplinary approach to managing women with MAP for future planning. Ethnic disparity was also highlighted in this audit.