Abnormal Invasion of Placenta

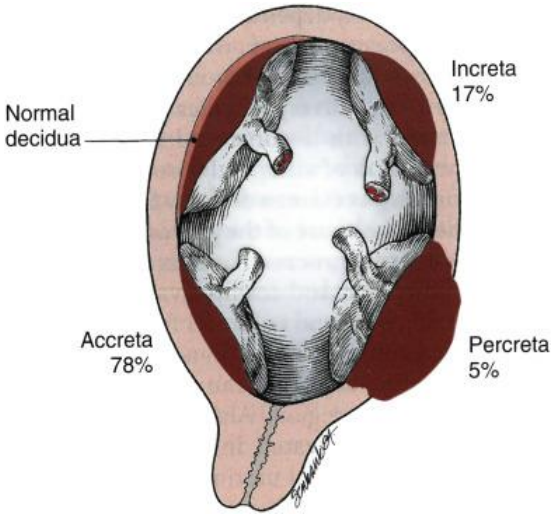
Thank you for taking the time to read this leaflet. It has been given to you because you have an abnormally invasive placenta and your doctor has recommended you have your baby at St George's. This leaflet explains more about abnormally invasive placenta. If you have any further questions, please speak to a doctor or nurse caring for you.

What is an abnormally invasive placenta? (AIP)

The placenta attaches to the lining of your uterus (womb) and provides your baby with oxygen and nutrients. After the birth of your baby, the placenta detaches and is expelled. Your uterus is then able to contract to prevent bleeding from your placental site.

Sometimes your placenta can attach too firmly to the muscle layer of your uterus (the myometrium). This is known as placenta accreta.

It can also invade into the myometrium or through the uterus and affect surrounding organs, such as your bladder. This is known as 'placenta increta' and 'placenta percreta'. Collectively these conditions are known as an 'abnormally invasive placenta'.



Why do I have AIP and how common is it?

The biggest risk factor for AIP is previous C-section(s). This is because the placenta can attach very firmly to the old C-section scar. You are also at an increased risk if you have had other procedures affecting your womb, such as surgical management of a miscarriage or uterine scraping as part of IVF.

The rates of AIP are increasing; it currently occurs in 1:500 pregnancies.

How is it diagnosed?

AIP is normally first seen on your routine ultrasound. If it is suspected you have an AIP you may have further ultrasounds to look at your placenta in more detail. You may also have another scan called an 'MRI' (magnetic resonance imaging) if your placenta has attached to the back wall of your uterus and is more difficult to visualise. MRIs are safe in pregnancy as they contain no radiation.

What are the complications of AIP?

The most frequent complication of AIP is heavy vaginal bleeding, which can cause low blood pressure and fainting. In very severe cases it can lead to a life threatening condition.
Most women who have AIP will need a blood transfusion at some point. The risk of premature birth is also higher. This is because if you start having contractions there is a high chance of having very severe bleeding. Therefore, delivery is usually planned before you're likely to labour (34-36 weeks). If you start bleeding or having pain before this, you will be admitted as an emergency and may need delivery earlier.

What are the treatment options?

There are various treatment options for management of AIP:

1. Leave placenta in situ at time of C-section. This will involve follow up for several months to ensure the placenta is reabsorbed. Risks of which to be aware are bleeding and infection.
2. Caesarean hysterectomy. This is a major abdominal surgery as we remove the uterus and is commonly carried out in many hospitals. Your ovaries will not be removed so you will continue to have your hormones.
3. Triple P Procedure. St George's has developed a new technique to manage AIP, known as the 'Triple P' Procedure. It is an alternative to traditional methods and allows the majority of your placenta to be removed without having to remove your womb. It involves a multidisciplinary approach with interventional radiology to reduce the risk of bleeding at the time of the procedure.

What happens on the day of C-section??

Admission

Admission is usually advised a day before surgery unless you live further away. The sequence of events is dependent on whether you are having a Triple P or not.

If you are having a Triple P you will be admitted to Carmen Antenatal ward the day before the operation. The next day you will be admitted to the delivery suite. An epidural will be inserted and then you will be seen in Interventional Radiology (IR). Here they insert tiny balloons into the blood vessels in your legs that supply your uterus. You then go straight to theatre to have your C-section. Once your baby is born, the balloons in the blood vessels are inflated to temporarily reduce blood supply to the uterus. This allows the surgeons a chance to carefully remove the placenta and the section of your uterus to which it has abnormally attached. The rest of your

uterus is then repaired. If your placenta has invaded your bladder or bowel then sometimes small pieces may be left to avoid damaging these organs.

Once the operation has finished you will be transferred to Maternity HDU. If you lose a lot of blood or are unwell you may be transferred to General Intensive Care.

You will be very closely monitored for the first 24 hours after your birth. As the balloons are in your blood vessels you will have to lie flat and limit your movement of your legs until the next day. The midwives will help you care for your baby. Your birth partner can stay to also assist you. The balloons in your blood vessels will be gradually deflated before being removed in the IR department the next day.

For information about spending time in Maternity HDU, please see the leaflet 'Patient information about Maternity High Dependency'.

What to bring in (see Maternity HDU leaflet)

A sports bottle or bottle with an inbuilt straw (to help you drink whilst lying flat).

Headphones and music.

When can I go home?

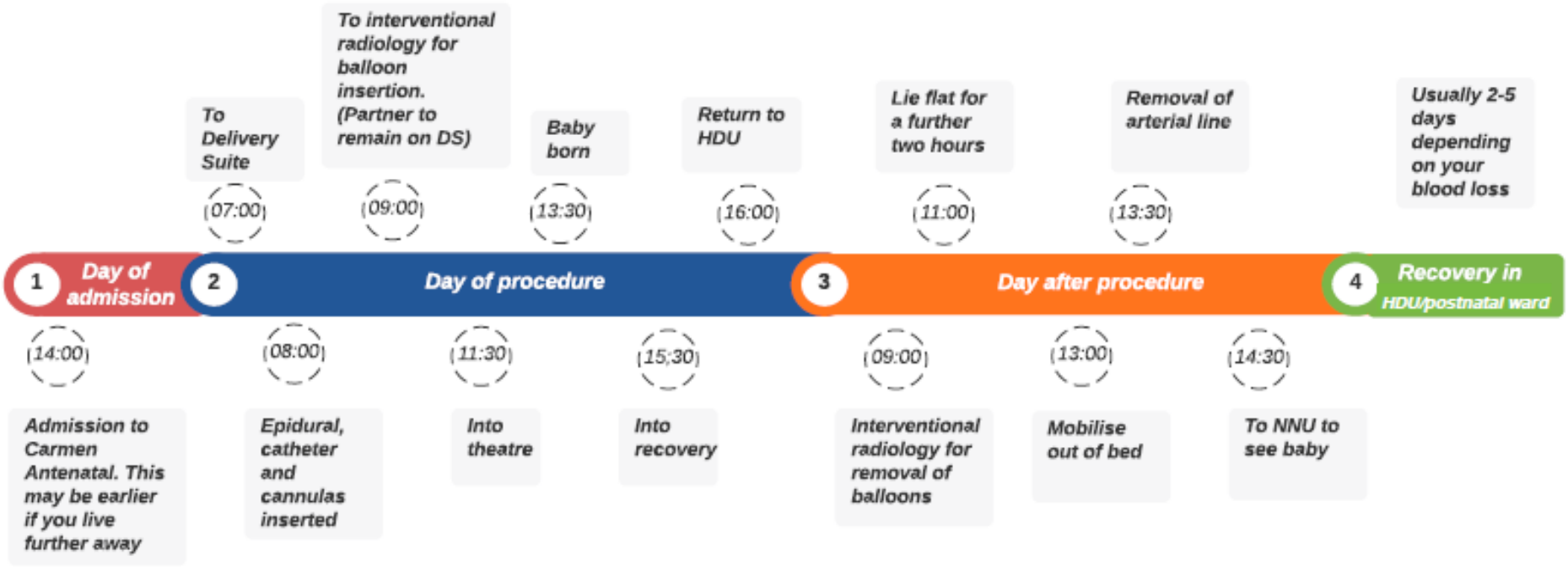
Usually you will spend between two to three days in HDU before you are discharged to the postnatal ward. You will be in hospital for four to five days, depending on how well you are after your caesarean. If you have small pieces of placenta remaining, you will be invited back for a follow up appointment and scan to make sure these are dissolving.

Timeline of a Triple P Procedure

Please see next page.

Timeline for Triple P Procedure

All times are subject to change depending on Delivery Suite activity and your clinical condition



Useful sources of information

Early diagnosis key to reducing harm from placental complications, RCOG 27th September 2018

Placenta accreta explained. www.tommys.org

Maternity HDU leaflet (on website)

Contact us

If you have any questions or concerns please contact Deborah Livermore or a member of the Triple P team of midwives on 020 8725 2547.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).
Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.
Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.
Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

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