Abnormal Invasion of Placenta

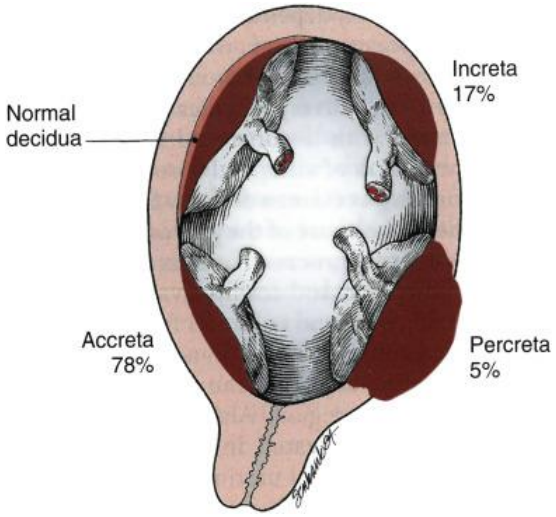
Thank you for taking the time to read this leaflet. It has been given to you because you have an abnormally invasive placenta and your doctor has recommended you have your baby at St George's. This leaflet explains more about abnormally invasive placenta. If you have any further questions, please speak 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 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). 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. This is generally not the first choice of treatment
2. Caesarean hysterectomy. This is a major abdominal surgery as we remove the uterus and is commonly when there is an extensive area of placenta accreta. Your ovaries will not be removed so you will continue to have your hormones.
3. Partial myometrial resection. This involves delivering the baby above the placenta border and excision of the uterine muscle (which has placenta attached to it). This allows most of the placenta to be removed without having to remove your womb. It is a suitable treatment if there is only a small area of placenta accreta. It may involve 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 very close to the hospital.

You will be admitted to Carmen Antenatal ward the day before the operation at 2pm and we will prepare you for the operation the next day. On the day of the operation you will be admitted to the delivery suite.

In theatre an epidural and lines to measure your blood pressure will be inserted. You will then be seen by Interventional Radiology (IR) if your case requires. The IR team will insert tiny balloons into the blood

vessels in your legs that supply your uterus.

Following this, your baby will be delivered by 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 the opportunity 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.

Your case may not require IR prior to the surgery in which case the surgeons will start the Caesarean section after your anaesthesia is working. Once the baby is delivered, they will proceed to either myometrial resection or hysterectomy as deemed necessary.

In some cases, a general anaesthesia may be preferable. You will discuss the options with the anaesthetist prior to the day of delivery.

Once the operation has finished you will be transferred to Maternity High Dependency Unit. 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. If the balloons are in your blood vessels you will have to lie flat and limit the movement of your legs until the balloons are removed. If you are stable the balloons will be removed on the same day, otherwise it will be the next morning. This takes place in the IR department.
The midwives will help you care for your baby. Your birth partner can stay to also assist you.

For information about spending time in Maternity HDU, please see Maternity HDU leaflet (on website) Patient information leaflets - St George's University Hospitals NHS Foundation Trust (stgeorges.nhs.uk)

What to bring with you (see Maternity HDU leaflet)

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

Headphones and music. Snacks for the day after your operation.

Formula milk if not planning to breastfeed (there is no steriliser equipment so ready prepared milk with teats are necessary).

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.

FAQs

Can my partner stay in the antenatal ward?

Unfortunately, there are no facilities for the partner to stay on the antenatal ward. They can come to the hospital at 7am on the day of the operation.

Will my baby go to the neonatal unit?

There is a chance that your baby will need respiratory support on the neonatal unit due to prematurity. If this happens then we will assist you to express colostrum and endeavour to get you to the neonatal unit as soon as possible. Your partner can visit your baby at any time.
Your baby will need a close monitoring of their blood sugars and frequent feeds if premature.

When will I be able to eat after surgery?

We will recommend that you have only fluids on the first day and then build up to a light diet the day after surgery. You are welcome to bring in snacks.

Can I harvest my colostrum prior to delivery?
There is no research around colostrum harvesting for women with AIP. We therefore advise against this due to the risks of contractions / labour.

Useful sources of information

Placenta accreta explained
Placenta accreta explained | Tommy's (tommys.org)

Maternity HDU leaflet (on website)
Patient information leaflets - St George's University Hospitals NHS Foundation Trust (stgeorges.nhs.uk)

Royal College of Obstetricians and Gynaecologists
Recovering well after an abdominal hysterectomy
Abdominal Hysterectomy FOR PRINT (rcog.org.uk)

Contact us

If you have any questions or concerns, please contact Deborah Livermore (Lead Midwife) (Deborah.livermore@stgeorges.nhs.uk)

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 advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.
A Walk-in service is available:
Monday, Tuesday and Thursday between 10am and 4pm
Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.
The Walk-in and Advisory telephone services are closed on Wednesdays.
PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.
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 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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