Placenta accreta spectrum (PAS)

You have been given this leaflet as you have been diagnosed with placenta accreta spectrum. If you have any further questions after reading this, please talk to your midwife or doctor.

What is placenta accreta spectrum?

Placenta Accreta Spectrum (PAS), also known as abnormally invasive placenta (AIS), is a rare complication of pregnancy. It refers to a group of conditions that involve an abnormal attachment of the placenta to the wall of the uterus (womb). Normally, the placenta detaches easily after childbirth, but in PAS, the placenta becomes deeply embedded in the uterine wall, making it difficult to separate during delivery.

What are the types of placenta accreta spectrum?

1. Placenta Accreta: The placenta attaches too firmly to the wall of the womb.
2. Placenta Increta: The placenta invades deeper into the wall of the womb.
3. Placenta Percreta: The placenta penetrates through the wall of the womb and can attach to nearby organs like the bladder.

What causes placenta accreta spectrum?

The exact cause of PAS is unknown, but several factors may increase the risk, including:

- Previous Caesarean births or other surgeries to the womb.
- Previous endometrial ablation (burning of the lining of the womb)
- Placenta praevia (placenta covering the cervix (neck of the womb)) in this pregnancy with previous Caesarean birth.
- Previous uterine curettage (scraping of the lining of the womb).
- Pregnancy from in vitro fertilisation (IVF)
- Abnormalities of the womb.
- Maternal age 35 and over.

What can happen in women who have been diagnosed of PAS?

PAS may not cause any noticeable symptoms during pregnancy. However, it can lead to the following complications:

- Excessive bleeding during and after delivery.
- Placental retention (placenta not detaching after birth).
- Damage to the uterus or nearby organs.
- Anaemia due to blood loss.
- Infection.

How do we diagnose PAS?

PAS is usually diagnosed during routine antenatal ultrasound scan. You may then be referred to a tertiary centre for the confirmation of the diagnosis and a planned made for management. Further diagnostic tests, such as magnetic resonance imaging (MRI), may be done to confirm the diagnosis and assess the extent of the condition.

How is PAS treated?

Treatment for PAS usually involves a planned Caesarean delivery, preferably performed at a hospital with expertise in managing this condition. Therefore, you may be referred to one of the centres that have expertise in managing this kind of condition. The healthcare team may include obstetricians, anaesthetists, and other specialists who can handle potential complications.

Treatment options may include:

- Planned delivery at an earlier date of pregnancy to reduce the risk of complications, usually between 36+1 weeks and 37+0 weeks of pregnancy. This also allows the medical team to be prepared for potential bleeding or other issues.
- Close monitoring after delivery for any signs of infection or other complications.
- Blood transfusion may be necessary if there are concerns with significant bleeding. This can happen before, during or after the Caesarean section.
- If the placenta cannot be safely removed or if severe bleeding occurs, a partial or complete removal of the womb (hysterectomy) may be performed to control the bleeding and ensure the mother's safety.
- Interventional radiology techniques, such as embolization, to control bleeding during or after delivery.
- It may be possible to leave the placenta in place after birth, to allow it to absorb over several weeks or months. Unfortunately, this may not be successful and can be associated with very serious complications such as bleeding and infection.

Remember, each case of PAS is unique, and your Obstetric specialist team will determine the best course of action based on your specific situation.

Where can I find support and more information?

Receiving a diagnosis of Placenta Accreta Spectrum can be overwhelming. It's essential to seek support and information from reliable sources. You can consult your healthcare provider, who can provide guidance and connect you with support groups or organisations specialising in placenta-related conditions. . It is also important to seek emotional support from your family and friends. Additionally, online resources and communities can offer valuable insights and experiences shared by others who have dealt with PAS.

Please consult your healthcare provider for personalized advice and information regarding your specific condition.

Can I get pregnant again in the future?

Those that didn’t require the removal of the womb can get pregnant again in the future. If future pregnancies are desired, discuss the risks and options with your healthcare provider to make informed decisions.

Conclusion

Placenta Accreta Spectrum is a condition where the placenta attaches abnormally to the wall of the womb. While it can lead to complications during childbirth, early diagnosis and proper management can significantly reduce the risks. Your Obstetric specialist team will guide you through the treatment process and provide the necessary support to ensure a safe delivery.

More information can be found on the Royal College of Obstetrician and Gynaecologists website through the links

1. https://www.rcog.org.uk/for-the-public/browse-our-patient-information/placenta-praevia-placenta-accreta-and-vasa-praevia/.
2. https://www.rcog.org.uk/for-the-public/browse-our-patient-information/corticosteroids-in-pregnancy-to-reduce-complications-from-being-born-prematurely/

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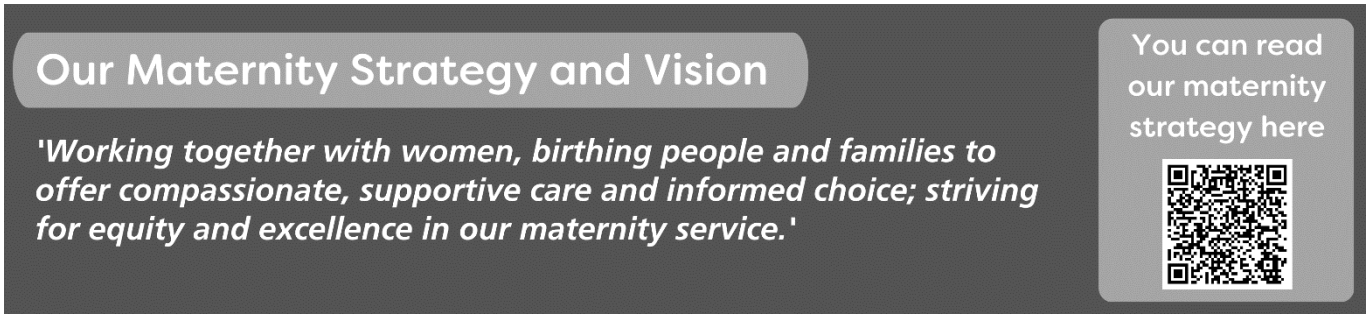
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