



Service Priorities and Programmes
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Convention ID: 20

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Rising incidence of morbidly adherent placenta and its association with previous caesarean section: a 15 year analysis in a tertiary hospital in Hong Kong

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Keywords:

morbidly adherent placenta
caesarean section
postpartum haemorrhage
hysterectomy

Introduction

Morbidly adherent placenta (MAP) including placenta accreta, placenta increta and placenta percreta are life threatening conditions that often associated with massive postpartum haemorrhage and sometimes hysterectomy. These conditions result in significant maternal morbidity, maternal mortality and socioeconomic cost in terms of the need of invasive surgical intervention, prolonged hospitalization and admission to the Intensive Care Unit

Objectives

To identify (1) the incidence of MAP in the context of a rising caesarean delivery rate within a single institution in the past 15 years, and (2) to determine the contribution of MAP to the incidence of massive postpartum haemorrhage requiring hysterectomy.

Methodology

A retrospective study in a regional obstetrics unit in Hong Kong. MAP in patients with or without previous caesarean section (CS) scar from 1999-2013 were involved

Result

The overall CS rate increased from 19.5% to 27.1% throughout the 15-year period. 39 cases of MAP were identified. The overall rate of MAP was 0.48/1000 births, which increased from 0.17/1000 births to 0.79/1000 birth. The rate of MAP with previous CS scar and unscarred uterus also increased significantly. Previous CS (OR=23.9) and coexisting placenta praevia (OR=585) remained the major risk factors of MAP. With increasing rate of MAP, more cases had massive haemorrhage and hence peripartum hysterectomy rate was also increased. No significant difference in the hysterectomy rate of MAP in caesarean scarred uterus (19/25) compared with unscarred uterus (8/14) was noted, which could be due to increase ultrasound detection of placenta praeviae and awareness of possible adherent placenta in scarred uterus, as well as more invasive interventions applied to conserve the uterus.