Government of **Western Australia**
North Metropolitan Health Service
Women and Newborn Health Service

Placenta accreta

Patient information

Contents

What is the placenta?

The placenta, also called the after birth, is a blood-filled organ that develops alongside the baby in the uterus (womb).

The placenta provides your growing baby with food and oxygen and carries away waste products, such as carbon dioxide.

Once your baby is born, the placenta is no longer needed and usually comes away from the uterus within 10 to 20 minutes. Inside the uterus, the placenta is separated from the muscle of the uterus by a layer called the decidua.

What is placenta accreta?

Placenta accreta is a rare condition where the decidua layer of the inner lining of uterus (endometrium) is absent or patchy. This causes the placenta to grow deeply into the uterine wall and become abnormally stuck onto the muscle layer of the uterus (myometrium) or even invade (grow into) the muscle and beyond (past the serosa layer).

The placenta growth into the muscle may vary:

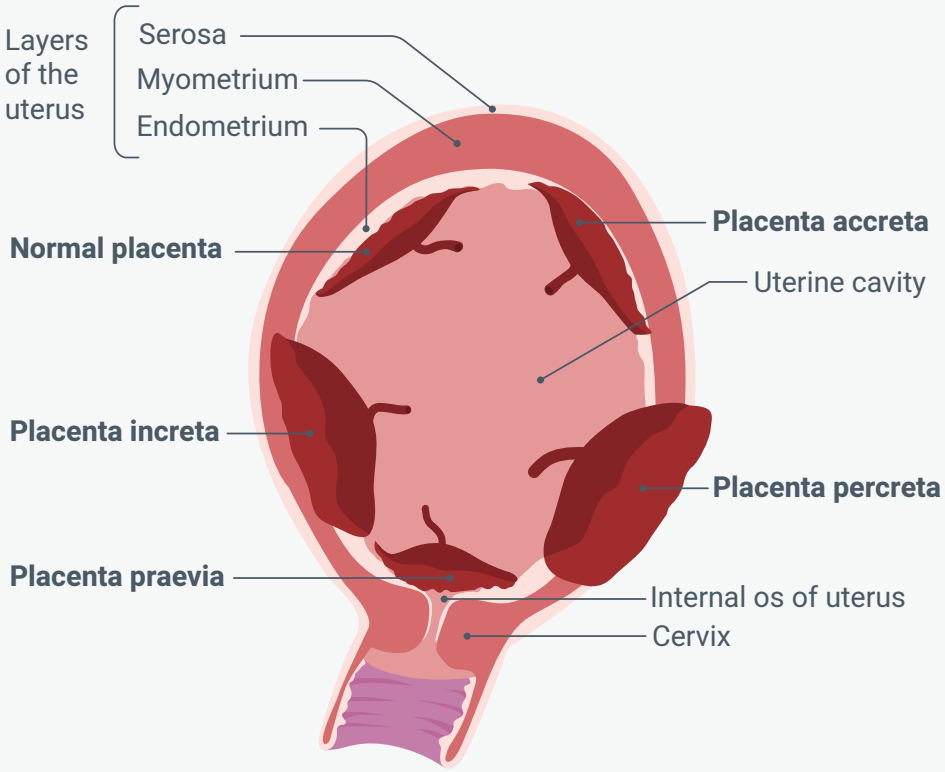
- Placenta accreta – placenta stuck directly onto the muscle of the uterus.
- Placenta increta – placenta growing into muscle of the uterus
- Placenta percreta – placenta growing all the way through the uterus (to serosa) and, at times, into other organs such as the bladder and bowel.

For simplicity, we usually group them together as placenta accreta spectrum (PAS) or placenta accreta for short.

How common is placenta accreta?

Placenta accreta is quite rare - it only happens in about 3 per 1,000 births. In the 1970s, it was only 1 per 1,000 births.

At King Edward Memorial Hospital, we have more than 6000 births per year. In 2024, we had 19 accreta cases.



What are the signs of placenta accreta?

Placenta accreta often has no symptoms. However, a low-lying placenta often develops along with accreta, and this can present with vaginal bleeding.

Why is it important to know about placenta accreta?

Placenta accreta can cause vaginal bleeding during pregnancy. As the placenta is also usually low in the uterus (placenta praevia), it will usually stop the baby coming down the birth canal and lead to the patient needing to have a caesarean section.

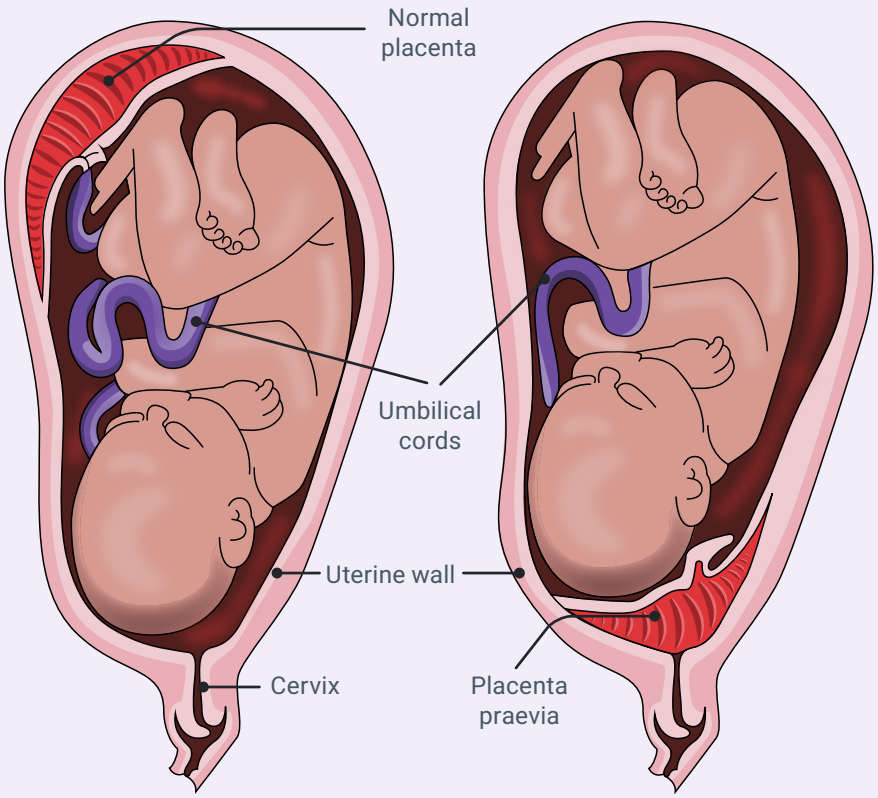
In normal situations, the placenta detaches from the uterine wall after delivery. However, as a placenta accreta is abnormally stuck to the uterus, it does not always come away easily after the birth of the baby and can result in heavy bleeding. Therefore, many women with a placenta accreta have the uterus removed (hysterectomy) at the time of birth.

Who is at risk of placenta accreta?

Women are more at risk if they:

- Have had a previous caesarean section – the risk of PAS increases with the number of previous caesareans
- Have a placenta attached low in the uterus – ie, low-lying placenta or “placenta praevia”
- Have had previous uterine surgery – these include operations to remove fibroids, multiple dilatation and curettages (D&Cs)
- Have had in vitro fertilisation (IVF)
- Are 35 years or older.

Differences between normal placenta and placenta praevia



How is placenta accreta diagnosed?

Accreta is normally diagnosed on an ultrasound scan. Features are clearer on a 20-week (anatomy) scan, but the diagnosis is not always easy.

You will often require an internal (vaginal) scan to look at the placenta. This is safe and does not increase the risk of bleeding. While most accretas can be seen on ultrasound, some cases are not obvious and more difficult to diagnose. The opposite can also happen – sometimes the placenta looks like an accreta, but it turns out not to be one.

An MRI (magnetic resonance imaging) may also be organised to look at the placenta. However, this is not always needed and is at the discretion of your obstetrician/surgeon.

What happens if my team thinks I have an accreta?

If your obstetric team thinks you have a placenta accreta, they will discuss it with you, including:

- What to expect over the rest of your pregnancy
- Who will be involved in your care
- When and How your baby will be born
- Options for managing the placenta and bleeding at delivery
- Your post-operative journey after delivery.

Where should I have my baby?

Because placenta accreta carries significant risks, you will need to be cared for at a hospital where expertise in management of this condition is available in the following fields:

- Obstetrics surgeons
- Anaesthetics
- Neonatalogy (baby specialists)
- Midwifery and lactation consultants
- Haematology and Transfusion Medicine
- Maternal Fetal Medicine
- Imaging
- Psychology

At KEMH, we work closely together as a team to look after you and your baby, even though you may not meet all of us.

Will I need a caesarean birth?

Placenta accreta usually involves a low-lying placenta covering the cervix, so a caesarean section birth is needed.

A caesarean section is normally arranged for a date between 35 and 37 weeks, based on your specific circumstances.

A date for your surgery will usually be arranged ahead of time to ensure a PAS team is available for you and your baby. However, if you go into labour or have significant bleeding before the booked date, we can arrange your surgery at any time.

Your obstetric surgeon will discuss further details regarding the surgery with you.

Will my baby be okay?

Yes. Most babies grow well in pregnancies with placenta accreta and are healthy when born. Some babies, especially if born preterm, will need additional care at the Baby Special Care Unit.

This may mean a temporary separation between mum and baby, but staff always try to minimise this period as much as possible.

Can I be awake during my operation?

Yes. Some women choose to be awake until after their baby is born. This means your support person can be with you during this momentous time in your life. Some women choose to be asleep from the start, and that is okay.

However, in an emergency (e.g., vaginal bleeding needing immediate delivery), we may not be able to offer the option of staying awake.

Will I need to have a blood transfusion?

A blood transfusion is common. However, this is not always necessary. We may recommend an iron infusion during your pregnancy to boost your iron levels. During your caesarean section, we use an equipment called cell salvage, which returns your own blood to you.

Let us know early if you have concerns about blood transfusions – this will ensure your care is tailored to you.

Will I need a hysterectomy?

Heavy, life-threatening bleeding can occur during the attempted delivery of the placenta. As such, for the majority of women with a placenta accreta, the recommended option is an immediate hysterectomy (with the placenta within) after baby is born.

Removing the placenta and keeping the uterus may be an option. However, this depends on the specific features of your placenta. Your obstetrician will discuss suitable and safe options with you.

What happens to my ovaries?

Your ovaries are left behind (preserved) so you will not go into menopause immediately as a result of this operation.

Can I still fall pregnant?

No, after a hysterectomy you will not be able to have more pregnancies. You will also no longer have monthly periods.

How will I feel during my pregnancy and after baby is born?

Most women do not expect rare and serious complications during their pregnancy, so a placenta accreta diagnosis will come as a surprise.

- You will have personal and unique concerns.
- A prolonged hospital admission means it can be hard being away from your family.
- Going through a stressful pregnancy places a lot of strain on women and families.
- An unwanted hysterectomy can lead to feelings of loss and sadness.
- Psychology involvement is encouraged, and sometimes required long-term.

In summary, placenta accreta may result in:

- Admission to hospital during pregnancy if you have bleeding
- Giving birth early and the need for your baby to be admitted to a baby special care unit
- A caesarean section birth
- A blood transfusion due to heavy bleeding before, during, or after birth
- A hysterectomy to stop heavy bleeding
- Additional care in case of surgical complications
- Increase length of hospital stay after birth of baby
- Feelings of worry and loss.

It can be hard to predict what happens during the pregnancy so it's a good idea to plan with your family and friends, especially if you have to move closer to the hospital.

Please do not hesitate to speak to your obstetric team or contact our Maternal Fetal Assessment Unit if you have any queries or concerns.

Useful links

- Placenta Accreta Pregnancy Complication – Brigham and Women's Hospital **brighamandwomens.org**
- Placenta Accreta Spectrum What to Expect – Placenta Accreta Ireland **youtube.com/watch?v=BVuUnGOH52s**
- Pregnancy Birth and Baby: Placenta Accreta – Australian Government Department of Health **pregnancybirthbaby.org.au/placenta-accreta**
- Placenta accreta support network groups.

For more information about having a baby at KEMH, scan the QR code

CONSUMER REVIEWED

This brochure was adapted with permission from the NSW Women's and Newborn Health factsheet, *Placenta Accreta.*

The information provided is for information purposes only. If you are a patient using this publication, you should seek assistance from a healthcare professional when interpreting these materials and applying them to your individual circumstances.

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