Health
Western Sydney
Local Health District

Women's & Newborn Health
Westmead Hospital

Fact Sheet
Placenta Accreta

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What is the placenta?

The placenta is a blood-filled organ that develops alongside the baby in the uterus (womb). It looks like a flat, round, brown cushion. By the end of pregnancy, it measures 20 cm across and weighs about half a kilogram.

The placenta:

- provides your growing baby with food & oxygen and carries away waste products like carbon dioxide
- prevents many, but not all, harmful substances from reaching your baby
- makes hormones needed to keep the pregnancy healthy and prepare your body for birth and breastfeeding

The placenta is also called the '**after birth'**. Once your baby is born the placenta is no longer needed and usually comes away from the uterus within 10 to 20 minutes. Before this:

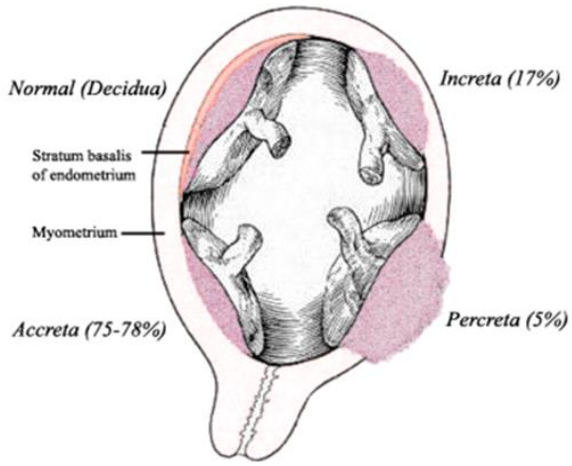
- the placenta sits snugly against the inner walls of the uterus, usually in the middle to upper part of the uterus
- the placenta is completely separated from the muscle of the uterus by a layer called the **decidua**
- this decidual layer also allows the placenta to easily slide out of the uterus after your baby's birth

What is placenta accreta?

Placenta accreta is a rare problem where the **decidua layer is absent or patchy**. This causes the placenta to become abnormally **stuck** onto the muscle layer of the uterus or even **invade** (grow into) into the muscle. How deep the placenta grows 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 and into other organs such as bladder and bowel

For simplicity, we usually group them together as '**placenta accreta spectrum**' or simply 'placenta accreta' for short.



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How common is placenta accreta?

Placenta accreta is quite rare - it only happens in around **3 per 1,000 births.** In the 1970s it was only 1 per 1,000 births. The reason placenta accreta is more common now is because having **a previous caesarean** section increases the risk.

- in the 1970s, 5 – 10% of births in Australian women were by caesarean
- in 2021, about 35 - 40% of births in Australian women were by caesarean. The placenta is also more likely to be dangerously stuck if it is attached down low in the uterus rather than up high where it should be. This is called **placenta previa.**
- A placenta previa is also more common if you have had a caesarean in the past. *See our Placenta Previa fact sheet by scanning the QR code.*

In summary, the two main risk factors for placenta accreta are a previous caesarean and a placenta previa / low lying placenta.

Chance of Placenta Previa and Placenta Accreta related to number of previous caesareans	**Chance per 1000**
Chance of placenta *previa* (placenta sitting down low in uterus) related to number of previous caesareans	
No previous CS	5 - 10
At 2nd CS (i.e., after 1 previous CS)	15
At 3rd CS	20
At 4th CS	30
Chance of placenta *accreta* related to number of previous caesareans	
No previous CS	1 (5% of Previa)
At 2nd CS	2 (15% of Previa)
At 3rd CS	6 (30% of Previa)
At 4th CS	20 (60% of Previa)

Placenta accreta also occasionally happens with a history of other past surgery

- myomectomy – an operation to remove fibroids
- multiple dilatation and curettages (D&Cs), a minor operation on the uterus, often used to treat miscarriage or investigate abnormal periods.

Why is placenta accreta important?

Because a placenta accreta is abnormally stuck, it does not come away easily after the birth of the baby; this can cause heavy bleeding.

Because it is usually down low in the uterus (placenta previa) it will usually stop the baby coming down the birth canal.

Placenta accreta can result in the need to

- give birth to the baby early
- have a caesarean section birth
- receive a blood transfusion due to heavy bleeding before, during or after birth
- have the uterus removed (hysterectomy) to stop the heavy bleeding; occasionally this can involve accidental injury to bladder or bowel, especially with placenta percreta.

How is placenta accreta diagnosed?

Placenta accreta is usually diagnosed on ultrasound. The features are often quite clear on the 20-week ultrasound scan. The sonographer and/or doctor will look especially carefully at the placenta in any woman who has:

- a low-lying placenta
- a previous caesarean
- a history of vaginal bleeding *after* the early months of pregnancy

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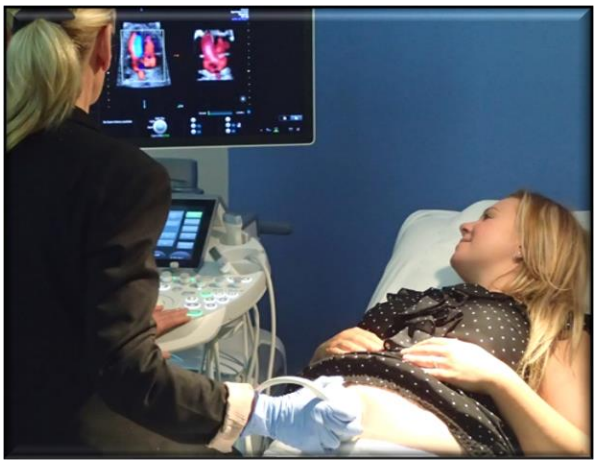
However, the diagnosis of placenta accreta is not always easy.

While most placenta accretas can be seen on ultrasound, a few cases don't look obvious and can be more difficult to detect (we call this a 'false negative' result).

The opposite difficulty can also occur - sometimes we think the placenta is probably an accreta, but it turns out not to be (a 'false positive' result).



Your obstetrician may decide an MRI (magnetic resonance imaging) is needed to help sort out the diagnosis. However, MRI is also not 100% accurate.

Sometimes it simply isn't possible to be sure if the placenta is stuck or not until the time of birth.

What happens if my obstetric team thinks I have a placenta accreta?

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

- what to expect over the rest of your pregnancy
- what type of birth you will have and when your baby will probably be born
- which hospital you should give birth in
- what the options are for managing the placenta at the time of birth

Will my placenta cause bleeding during pregnancy?

- With placenta accreta you may experience episodes of bleeding during pregnancy.
- If this happens, particularly if you live far from a hospital, you may need to be admitted to hospital for a while before your baby's birth.
- You may be able to go home if the bleeding stops or you may have to stay in hospital for many weeks. It can be hard to predict what will happen, so it's a good idea to plan with your family and friends.

Where should I have my baby?

Because placenta accreta carries some risks, you will need to be looked after in a large hospital, where the following extra care is available:

- a team of obstetricians and specialist bladder and bowel surgeons experienced in managing placenta accreta
- expert anaesthetists
- blood transfusion services
- an intensive care unit (ICU)
- other specialists

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Will I need a caesarean birth?

- for placenta accreta involving a low-lying placenta, you will **almost always** need a caesarean birth
- Even if the placenta is not low- lying, a caesarean will usually be required. However, if the placenta is up high in the uterus and is only stuck over a very small area, your obstetrician will discuss the choices with you

A date for your surgery will usually be booked ahead of time to make sure the full team is around. However, if you go into labour before the booked date, don't worry - we can arrange your surgery quickly and safely at any time.

Will I need to have a blood transfusion?

- It is common for women with a placenta accreta to need a blood transfusion.

- To help build up your blood count (haemoglobin) before birth, so that you are not anaemic and can therefore better cope with heavy bleeding, we usually advise iron tablets during pregnancy.
- Iron tablets/liquid should be taken when you wake up, 1 hour before you eat. Do not take iron tablets with any other medication, including multivitamins, or with milk, antacids, or food. You can take iron tablets with citrus foods – oranges, raw tomato, capsicum, berries, kiwi fruit. If you are also taking oral thyroxine, take that when you wake up (empty stomach) and take iron mid-morning, at least 2 hours after breakfast, and hour before lunch.

Will I need to have a hysterectomy?

Heavy bleeding usually occurs when the obstetrician tries to remove the abnormally stuck and invasive placenta after the birth of the baby.

There are **two main options** to avoid this:

- remove the uterus (hysterectomy) with the placenta still attached inside it
- leave both the placenta and uterus inside the mother and close the tummy

Both options have risks and benefits.

Lots of factors are important in the choice of surgery

- the special features of *your* placenta accreta
- if there has been bleeding before the caesarean
- your preference after discussion with your obstetrician

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For many women with a placenta accreta, **immediate hysterectomy** is the safest option. This generally reduces how much bleeding you will have.

However:

- hysterectomy does not guarantee you won't need a blood transfusion
- although hysterectomy is very a safe operation, it does carry a small risk of complications such as injury to the bladder, ureters (tubes that connect the kidneys to the bladder) or bowel; these risks are higher with placenta percreta.

Leaving both the placenta and the uterus in place is also sometimes an option. Once the baby is born by caesarean, the uterus is closed with the placenta still inside. Your tummy is then closed.

This option also has benefits and risks.

Studies where carefully chosen cases had the placenta left behind inside the uterus, show that 2 out of 3 women will **not need a hysterectomy**

However:

- The 33% (1/3) who go on to need hysterectomy may experience very heavy bleeding. This can happen days or weeks after the baby's birth and may require emergency surgery to control.
- There is a chance of serious infection because the placenta has been left inside the uterus.
- Because of bleeding and infection, any surgery may be more difficult than if it had been done at the time of birth
- You have about 70% chance of another pregnancy. In that pregnancy, there is 1 in 4 chance of another placenta accreta.

In making this decision, every woman's situation and preferences will be different. Your obstetrician will help you work through the best solution for you.

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

Most women planning pregnancy do not expect any complications, and so it comes as a surprise to find there are problems.

- It can be scary to learn that the condition you have is serious.
- It can be even harder if you must spend some time in hospital apart from your family.
- Going through a stressful pregnancy places a lot of strain on women and families. Our staff understand that you and your family will be worried at this time.
- We also understand that if you need to have a hysterectomy, you will often have feelings of loss and sadness. Depending on your situation, these feelings may be mild or severe.
  If you are finding it difficult to cope, please speak with your obstetrician, midwife, GP, or one of our social workers. They can provide

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counselling and helpful information. Don't keep your worries inside - talking about your feelings is important and will help you heal physical and mentally.

Placenta accreta is a rare, but serious, problem of pregnancy which may mean you need to spend some weeks in hospital before your baby's birth.

Placenta accreta can cause with heavy bleeding. It can also need complicated surgery, blood transfusion, and specialised treatment, sometimes even a short stay in the intensive care unit (ICU).

Our expert team of obstetricians, surgeons, anaesthetists, interventional radiologists, blood bank specialists and midwives have cared for many pregnant women with placenta accreta and will take good care of you.

We understand that you may feel frightened or overwhelmed. Talk to our doctors and midwives about any concerns and questions you have.

We welcome further feedback on this brochure as a way on continually improving our service.

Send your feedback to:
wslhd-wmdwnhwebsite@health.nsw.gov.au

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