

*Maternity and Obstetric Nursing Lec :19*

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**Placenta accreta**

**Lec/ 19**

Maternity and Obstetric Nursing Lec :19Ph.D. Pediatric Nsg. د. عدي الفرطوسي (odayalfartosy@yahoo.com)**Placenta accreta**

it a serious pregnancy condition that occurs when blood vessels and other parts of the placenta grow too deeply into the uterine wall.is considered a high-risk pregnancy complication. If placenta accreta is suspected during pregnancy, you'll likely need an early C-section delivery followed by the surgical removal of the uterus (hysterectomy).

**Symptoms**

Placenta accreta often causes no signs or symptoms during pregnancy — although vaginal bleeding during the third trimester is possible. Often, placenta accreta is detected during a routine ultrasound

**Causes**

Placenta accreta is thought to be related to abnormalities in the lining of the uterus, typically due to scarring after a C-section or other uterine surgery. This might allow the placenta to grow too deeply into the uterine wall. Sometimes, however, placenta accreta occurs without a history of uterine surgery.

**Risk factors**

Many factors can increase the risk of placenta accreta, including:

- **Previous uterine surgery.** If had a C-section or other uterine surgery, placenta accreta..
- **Placenta position.** If placenta partially or totally covers your cervix (placenta previa) or sits in the lower portion of uterus, at increased risk of placenta accreta.
- **Maternal age.** Placenta accreta is more common in women older than 35.
- **Previous childbirth.** The risk of placenta accreta increases each time give birth.
- **Uterine conditions.** The risk of placenta accreta is higher if have abnormalities or scarring in the tissue that lines your uterus (endometrium). Noncancerous uterine growths that bulge into the uterine cavity (submucosal uterine fibroids) also increase the risk.

**Complications**

Placenta accreta can cause serious complications, including:

- **Heavy vaginal bleeding.** .
- **Premature birth.**

**Tests and diagnosis**

Techniques to help diagnose placenta accreta might include:

- **Imaging tests.** Through ultrasound or magnetic resonance imaging (MRI), your health care provider can evaluate how the placenta is implanted in your uterine wall.
- **Blood tests.** Your health care provider might test a sample of your blood for an otherwise unexplained rise in the amount of alpha-fetoprotein — a protein that's produced by the baby and can be detected in the mother's blood. Such a rise has been linked to placenta accreta.

**Treatments and drugs**

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In the case of extensive placenta accreta, a C-section followed by the surgical removal of the uterus (hysterectomy) might be necessary. This procedure, also called a cesarean hysterectomy, helps prevent the potentially life-threatening blood loss that can occur if part or all of the placenta remains attached after delivery.

**Before surgery**

A cesarean hysterectomy should be done at a hospital that has an intensive care unit and is equipped to handle complications, such as severe bleeding. health care team for the surgery might include an obstetrical surgeon, a pelvic surgeon and an anesthesiologist, as well as a neonatologist to treat your baby.

health care provider might recommend scheduling the C-section and hysterectomy as early as week 34 of pregnancy to avoid an unscheduled emergency delivery.

**During surgery**

During the C-section, your health care provider will deliver your baby through an incision in your abdomen and a second incision in your uterus. After delivering your baby, your health care provider or another member of your health care team will remove your uterus — with the placenta still attached — to prevent severe bleeding.

After a hysterectomy, you no longer have the ability to become pregnant. If you had planned to become pregnant again in the future, discuss possible options with your health care provider.

Rarely, the uterus and placenta might be allowed to remain intact, allowing the placenta to dissolve over time. However, this approach can have serious complications, including:

- Severe vaginal bleeding
- Infection
- A blood clot that blocks one or more arteries in the lungs (pulmonary embolism)
- The need for a hysterectomy at a later date

In addition, limited research suggests that women who are able to avoid hysterectomy after having placenta accreta are at risk of pregnancy complications with subsequent pregnancies, including miscarriage, premature birth and recurrent placenta accreta.

If you're interested in uterine conservation, ask your health care provider if it's a possibility for you. If so, he or she can help you weigh the risks and benefits.