

# Placenta accreta spectrum center of excellence

Minnesota Perinatal Physicians delivers specialized care for women with placenta accreta spectrum disorders (PASD). Our program provides a multidisciplinary care team approach which includes diagnostics, extensive counseling, risk stratification, prenatal care, and development of a collaborative evidence based individualized pregnancy and birth plan. We partner with our multidisciplinary inpatient care team including anesthesia, urology, interventional radiology, and intensivists to manage patients needing the highest level of care at any time during the pregnancy and at the time of delivery.

Minnesota Perinatal Physicians is an institutional member of the Pan-American Society for Placenta Accreta Spectrum (PAS2) with focus on clinical expertise, advocacy, education and research.

**To refer a patient, call 612-863-4502 or fax 612-863-5697**  
**To talk with a maternal care coordinator, call 612-863-8299**

## PASD FACTS



**1 in 272**  
pregnant women  
experience PASDs<sup>1</sup>



**2.5-3.0L**  
median blood loss  
associated with three  
types of PASD cases<sup>3</sup>



**Only 1 in 4**  
general obstetricians  
referred patients with  
suspected PASD to  
centers of excellence<sup>2</sup>

**MPP performs the highest volume of accreta cases in the five-state region**

- In 2020, 23 cases were performed
- In 2021, 25 cases were performed



# Placenta accreta spectrum disorders are serious pregnancy complications

PASD is where the placenta grows deeply into the wall of the uterus and is unable to detach after childbirth. Also known as placenta “accreta”, “increta” or “percreta” depending on the severity of the condition.

The risk for developing a PASD increases with each C-section or uterine surgery, especially in the setting of placenta previa. These disorders put the mother at risk of severe blood loss and other complications. The rates of maternal death, transfusion, prolonged hospital stay and hysterectomy are all increased for women with accreta, increta or percreta.

This referral guide is a resource to help you determine when to refer a patient to Minnesota Perinatal placenta accreta program. Working collaboratively, we can deliver the best possible care experience for your patients.

## Refer for consult and evaluation:

- Based on risk factors
- Upon identification of a concern

## Risk factors for PAS:

- Placenta previa/Low lying placenta plus:
  - Prior cesarean section (risk increases with each additional surgery)
  - History of D&C
- IVF pregnancy
- History of classical cesarean with anterior placenta in current pregnancy
- Prior suspected accreta or retained placenta
- Prior uterine surgery: Myomectomy, D&C, cornual resection,
- Prior hysteroscopic surgery (Myomectomy, septum resection)
- Prior endometrial ablation
- Prior pelvic irradiation
- Sonographic risk factors

## Referral information:

- Fax a service request
- Enter an order for *Consult to Perinatology*
- Call a maternal care coordinator for urgent assistance
- Visits may include a multidisciplinary team
- Patients will be called to schedule the appointment

## Why Minnesota Perinatal Accreta Spectrum Program?

- Dedicated team of OB/MFM surgeons specializing in PAS disorders
- Specialized OB ICU providing post-delivery care as needed
- Surgical care with a multidisciplinary team including Anesthesia, Urology, Interventional Radiology and Intensivists
- RN Care Coordination guides your patient along the way and assists with visit coordination
- Multidisciplinary outpatient team approach develops a pregnancy management plan throughout the pregnancy
- Individualized care plans created in collaboration with specialty teams and the patient
- Multidisciplinary inpatient care management for patients who require the highest level of care around the time of delivery