

Placenta Accreta Spectrum

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Objective: To identify the relationship between index IVF pregnancies with a FIGO-staged placenta accreta spectrum diagnosis (either pathologically or clinically diagnosed, or both) and the risk of major morbidity in a subsequent pregnancy.

Methods: We conducted a retrospective cohort study of patients with an IVF pregnancy complicated by either clinically or pathologically diagnosed FIGO-graded placenta accreta spectrum in an index pregnancy who returned with a subsequent pregnancy at a single academic center from 2012-2020. Major morbidities in subsequent pregnancies included hemorrhage (EBL > 150cc 10-point hct drop, or red blood cell transfusion), diagnosis of accreta, or hysterectomy.

Results: 48 patients were identified as having a diagnosis of placenta accreta spectrum complicating their index pregnancy of either grade 0 (33), 1 (14), or 2 (1). 25 cases were assigned final grading based on clinical criteria; 10 based on pathological criteria; and 13 on concordant pathologic/clinical criteria grading. The results regarding major morbidity in subsequent pregnancy and any association with FIGO staging remain to be determined.