SCENARIO

Placenta Praevia/Accreta – Antenatal Management

LEARNING OBJECTIVES

Explain the multidisciplinary pre op planning of an elective section for placenta praevia

Obtain Consent for a caesarean section in a patient with placenta praevia

Discuss blood transfusion and the principles of cell salvage to a patient

Describe the potential surgical techniques used to control bleeding at section for placenta praevia

EQUIPMENT LIST

Consent form	Trust NPSA Care bundle checklist
B-Lynch Diagram/model	Bakri/Rush Balloon
Video link (see debrief)	

PERSONNEL	FACULTY
MINIMUM: 1 Obstetric registrar	MINIMUM: 1 Facilitator/Role Player

TIME REQUIRMENTS
TOTAL 40 minutes

Role/Play Simulation:	20mins
Debrief:	20mins

INFORMATION TO CANDIDATE

PATIENT DETAILS

Name:	Jemma Frank	Phx: 2x LSCS
Age:	35	Allergies: Nil
Weight/BMI:	68 kg/ 27	

SCENARIO BACKGROUND

Location: 1. Antenatal Clinic
2. Theatre

You are the ST7 in ANC. Your next patient is Miss Frank and her partner. Jemma is 31 weeks pregnant. She has had two previous LSCS. This pregnancy she was diagnosed with an anterior major placenta praevia. She is asymptomatic. She is here to discuss her MRI report that does not show any evidence of placenta accreta but the placenta does cross her uterine scar.

Please discuss with Jemma how you plan to manage her delivery, including potential complications and obtain her consent for caesarean section.

You are the ST7 covering the elective section list on the day of Jemma's surgery.

1. Discuss you preparations and check list prior to surgery.

2. Use model / diagram to demonstrate/ discuss surgical management

RCOG CURRICULUM MAPPING

Module 10 Management of Labour
Safe use of blood products
Module 12 Postpartum Problems
Management of Massive Haemorrhage

INFORMATION FOR ROLEPLAYERS

BACKGROUND

Your name is Jemma Frank. You are 35 years old. This is you third pregnancy. You are now 31 weeks pregnant. Your younger two children where born by caesarean section. This pregnancy you have been well and you have not had any bleeding. Your placenta has been found to be covering the neck of the womb. You and your husband have attended clinic today to discuss the findings of an MRI scan you had to determine if the placenta had grown into you section scar. You have no medical problems or allergies.

RESPONSES TO QUESTIONS

You are very scared about this condition and worried how much blood you might loose.
You have no objections regarding a blood transfusion.
You would like to know the risk of hysterectomy.
You ask if you might die.
What would happen if you left the placenta inside, could I get an infection or bleed?

INFORMATION TO FACILITATOR

SCENARIO DIRECTION

Prompt if needed

Demonstrate clear jargon free communication of the MRI findings.
Highlight accreta still possible despite MRI/USS findings- consider managing as high risk for morbid adherence.
Answers patient questions.
Discuss risk of bleeding and premature delivery.
Advice on PV bleeding – avoid intercourse, attend hospital immediately if bleeding, pain or contractions.
Avoid /manage anaemia >110g/L consider parental iron.
Discuss outpatient vs. inpatient management in 3rd trimester asymptomatic vs. symptomatic (lack of evidence, distance from hospital, transport, and carer.
Ensure blood bank G&S sample valid.

Aim delivery by 36 weeks with steroid cover.
Consultant decision regarding timing – NPSA checklist
Consent/ risk to discuss:

- Massive blood loss/blood transfusion/ blood products/cell salvage
- Major surgical interventions- midline laparotomy, emergency/elective hysterectomy, arterial ligation, classical caesarean section (subsequent rupture risk 6%)
- Leave placenta in situ +/- Methotrexate risk secondary PPH and hysterectomy
- HDU/ITU
- Morbidity and mortality
- Need for General Anaesthetic

Future fertility – impact on surgical approach

Plan: inform date of delivery to:

- theatre staff, consultant anaesthetist, paediatricians, labour ward, HDU/ITU, SCBU Haematology, blood bank, interventional/vascular radiology, urology, gynaecology back up, book additional equipment/general trays/cell salvage/haemostatic sutures/ haemostatic balloon/ interventional radiology equipment.

SCENARIO DIRECTION CONTINUED

On day of delivery:

Check NSPA care bundle complete and all staff are confirmed available
Check all required equipment listed is available
6 Units X matched blood available in theatre
Check availability of HDU bed
Check SCBU
Confirm patient consent form

Demonstrate/ describe haemostatic balloon insertion
Demonstrate/ describe insertion of B-Lynch suture

View: https://youtu.be/zQZxeluyLws

SCENARIO DEBRIEF

TOPICS TO DISCUSS

Importance of MDT planning and NPSA checklist

Critical points to discussion when taking consent for LSCS with placenta praevia/accreta

Internal iliac artery embolisation and balloon occlusion compared to elective hysterectomy

REFERENCES

Placenta praevia, placenta praevia accreta and vasa praevia: diagnosis and management. RCOG Guideline No 27 January 2011 (3rd edition of this guideline)

www.nrls.npsa.nhs.uk/intrapartumtoolkit