



SMFM Preoperative Planning Form for Suspected Morbidly Adherent Placenta

(for Checklist, please see page 5)

Patient Information

Name _____ MRN _____

Age _____ DOB _____

BMI _____ (prepregnant)

EDD _____ Gravidity / Parity _____

Medical Co-morbidities:

Health care proxy:

Prior Surgeries or Incisions:

Primary Obstetrician/Obstetric Group

Imaging

Placenta previa? Yes No

Suspected Accreta Increta

Percreta

Ultrasound Findings:

MRI Findings (if indicated):

Antenatal Planning

Preoperative consent? Yes No

Advanced direct? Yes No

Sterilization papers? Yes No

Desires future fertility? Yes No

Transfusion consent? Yes No

Labs (most recent, with date):

Hbg/Hct _____

Platelets _____

Creatinine _____

*The above is intended to serve as a guideline and not intended to be a standard of care.
Care should be based on the judgment of the physician based on the individual patient's condition.*

Contraindications to tranexamic acid? Yes No
Intravenous iron indicated preoperatively? Yes No

Fetal Concerns _____

Planned gestational age at delivery _____ EFW _____

ACOG supports delivery of cases of placenta previa with suspected accreta, increta, or percreta at 34 0/7 to 35 6/7 weeks of gestation" (ACOG Committee Opinion No. 560).

Antepartum Plan

Admission planned? Yes No Date of admission _____
Antenatal corticosteroids? Yes No Date of steroids _____
Additional plans _____

OR Planning

Planned Surgery Date _____ Time _____

Location of Surgery _____

Primary point of contact: _____ Contact #: _____

Planned Surgical Team, if applicable:

Primary Obstetric Team

Attending (1^o) _____ Contact #: _____

Assistant _____ Contact #: _____

Fellow _____ Contact #: _____

Resident _____ Contact #: _____

Gyn-Onc, if applicable

Attending (1^o) _____ Contact #: _____

Assistant _____ Contact #: _____

Fellow _____ Contact #: _____

Resident _____ Contact #: _____

Other:

Anesthesia Plan and Team

Preoperative anesthesia consult: Yes, done Planned No

Planned analgesia: General (GET) Regional (+/- possible conversion to GET)

Planned intravenous access: Central line Peripheral access Other

Anesthesiology

Attending (1^o) _____ Contact #: _____

Assistant/Secondary _____ Contact #: _____

Fellow _____ Contact #: _____

Resident _____ Contact #: _____

Maternal allergies which could alter prophylactic antibiotic choice: No Yes

Additional optional preoperative equipment or consultations:

- Preoperative IR catheters? No Yes
- Preoperative ureteral stents? No Yes
- Stirrups for dorsal lithotomy No Yes
- Cystoscope in OR? No Yes

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Blood product planning issues or concerns: _____

Any maternal antibodies present which could delay availability of products: No Yes

The Massive Transfusion Protocol at our institution can be activated in the following manner:

A cooler from the MTP at our institution contains: _____

The following blood products are requested to be available in the room at surgery start:

Packed RBCs: No Yes, # of Units: _____

Platelets: No Yes, # of Units: _____

Fresh Frozen Plasma: No Yes, # of Units: _____

Cryoprecipitate: No Yes, # of Units: _____

Blood Salvage ('Cell Saver') No Yes (Booked)

Surgical approach

Planned abdominal incision: Vertical Pfannenstiel Other

Planned uterine incision: Low Transverse Classical Fundal Other

Ultrasound requested for intraoperative hysterotomy mapping/planning: No Yes

Planned hysterectomy? Yes No

"If the diagnosis of placenta accreta is uncertain preoperatively, a period of observation for placental separation without excessive bleeding is appropriate... Typically there should be no planned attempt to remove the placenta before hysterectomy is undertaken."

Contingency plan if placenta spontaneously delivers: _____

Other teams to be present?

Urology Vascular Surg. Trauma Surg Gen Surg. Other: _____

Postoperative Planning

Recovery/PACU: _____

Critical Care Unit Bed: _____

Planned method of postoperative VTE prophylaxis:

Mechanical only Pharmacologic only Both Other: _____

Teams Aware

- | | | |
|---------------------------|---|---------------------|
| Nursing (L&D) | <input type="checkbox"/> Yes <input type="checkbox"/> N/A | (Name & Date _____) |
| MFM | <input type="checkbox"/> Yes <input type="checkbox"/> N/A | (Name & Date _____) |
| Anesthesiology | <input type="checkbox"/> Yes <input type="checkbox"/> N/A | (Name & Date _____) |
| Gyn Oncology | <input type="checkbox"/> Yes <input type="checkbox"/> N/A | (Name & Date _____) |
| Interventional Radiology | <input type="checkbox"/> Yes <input type="checkbox"/> N/A | (Name & Date _____) |
| Vascular Surgery | <input type="checkbox"/> Yes <input type="checkbox"/> N/A | (Name & Date _____) |
| Trauma/General Surgery | <input type="checkbox"/> Yes <input type="checkbox"/> N/A | (Name & Date _____) |
| Blood Bank | <input type="checkbox"/> Yes <input type="checkbox"/> N/A | (Name & Date _____) |
| Pediatrics/Neonatal | <input type="checkbox"/> Yes <input type="checkbox"/> N/A | (Name & Date _____) |
| Critical Care Unit | <input type="checkbox"/> Yes <input type="checkbox"/> N/A | (Name & Date _____) |
| Perfusionist (Cell Saver) | <input type="checkbox"/> Yes <input type="checkbox"/> N/A | (Name & Date _____) |
| Other | | |
| _____ | <input type="checkbox"/> Yes <input type="checkbox"/> N/A | (Name & Date _____) |
| _____ | <input type="checkbox"/> Yes <input type="checkbox"/> N/A | (Name & Date _____) |
| _____ | <input type="checkbox"/> Yes <input type="checkbox"/> N/A | (Name & Date _____) |

Emergency Contact Numbers (should be filled in as appropriate)

- Main OR Booking:
- Chief of Obstetrics:
- Medical Director Labor and Delivery:
- Maternal-Fetal Medicine 'on call':
- Gyn Oncology 'on call':
- Interventional Radiology 'on call':
- Trauma or General Surgery 'on call':
- Colorectal Surgery 'on call':
- Vascular Surgery 'on call':
- Urology 'on call':
- Pediatrics/Neonatal 'on call':
- Blood Bank:
- Intensive/Critical Care Unit:
- Perfusionists (Cell Saver):
- Pastoral/Spiritual Care:

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SMFM Checklist for Suspected Morbidly Adherent Placenta

Intended for use throughout the planning process but should be complete prior to proceeding with planned, non-urgent surgery.

- Surgical consents signed
- Blood product consents signed
- Anesthesia consents signed
- *EDD reconfirmed
- Surgery booked
- *Blood bank notified and products requested
- *Acceptable intravenous access in place
- Acceptable preoperative hemoglobin
- *Neonatology notified
- *Corticosteroids administered
- Anesthesia consultation performed
- Requested equipment available in or near operating room
- *Other relevant subspecialties are aware and confirmed available

**If used as a supplement to the WHO Surgical Safety Checklist, the surgeon should perform the asterisked items during the Time-Out portion.*

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