SMFM Checklist for
Unexpected Morbidly Adherent Placenta

Intended for use when morbidly adherent placenta is first encountered at the time of labor onset or delivery, and was not diagnosed antenatally.

Diagnosis *Before Delivery* (e.g. bleeding prior to delivery):

*If located at facility without accreta experience:*
- Assess stability (vital signs, extent of blood loss, fetal monitoring status)
- Assess and prepare surgical help, equipment, & transfusion capability (see contact numbers below)
- Consider transport to facility with accreta experience if patient is stable
- Contact possible accepting facility

*If proceeding to cesarean hysterectomy*

*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.*
Inform patient and family of change in diagnosis and plan; obtain appropriate consent

Anesthesia notified; consider general anesthesia

Acceptable intravenous access in place (2 large bore IVs)

Blood Bank notified and products requested (consider postpartum hemorrhage bundle and/or massive transfusion protocol)

Neonatology/Pediatrics notified

Requested equipment available in or near operating room (consider:
  - Hysterectomy surgical equipment kit
  - Cystoscopy
  - Ureteral stents
  - Red cell salvage (with perfusionist)
  - Stirrups for dorsal lithotomy

Other relevant subspecialties notified and available (consider:
  - Maternal-Fetal Medicine
  - Gynecologic Oncology
  - Interventional Radiology
  - Urology
  - Vascular Surgery
  - Trauma/General Surgery
  - Colorectal Surgery

Contact appropriate Intensive/Critical Care Unit

Consider contacting pastoral/spiritual care

If still bleeding after hysterectomy, consider abdominal packing for stabilization & transport

Emergency Contact Numbers (fill 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 or Transfusion Specialist:
- Intensive/Critical Care Unit:
- Perfusionists (Cell Saver):
- Pastoral/Spiritual Care:

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