Society for Maternal•Fetal Medicine
High-risk pregnancy experts

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

Diagnosis *at* Laparotomy:

If located at facility without accreta experience and if transport may be option:

- ☐ Assess stability (vital signs, extent of blood loss, hemodynamics, fetal status)
- ☐ Assess placental location visually and by intra-operative ultrasound
- ☐ Assess and prepare resources (surgical help, equipment, & transfusion capability; see contact numbers below)
- ☐ Assess transport capabilities (includes contact to possible accepting facility)
- ☐ Consider delaying uterine incision until resources available at facility (if maternal and fetal status permits), *or*
- ☐ Consider no uterine incision, close abdomen, & prepare for transport to referral center (if fetal and maternal status permits), *or*
- ☐ Consider delivery of fetus by fundal incision (or incision that avoids placenta if mapping is possible), closure of uterus and abdomen, & transport if stable and appropriate
- ☐ If transporting, photograph intraoperative findings for receiving facility

If proceeding to cesarean hysterectomy

- ☐ 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: