

## Checklist: Management of Unexpected or Undiagnosed Placenta Accreta Spectrum

### Component 1: Management to Prevent & Reduce Morbidity

#### Critical Questions:

1. Does this hospital have the resources to manage PAS? (Section 3)
2. Can transport to a PAS referral center be safely arranged?

#### IF PROCEEDING WITH DELIVERY

- Mobilize resources & team (**Component 2**)
- Determine placental location (before or during surgery)
- Consider midline vertical incision
- Deliver neonate away from the placenta, may be fundal
- Avoid placental delivery and cord traction if PAS is evident

#### AFTER DELIVERY OF NEONATE

- In stable delivered patient, consider temporizing & transport
- In unstable or hemorrhaging patient, proceed to hysterectomy

#### IF PROCEEDING WITH HYSTERECTOMY

- Communicate change plan to patient/family, OR staff, & consultants
- Obtain equipment and resources (**Component 3**)
- Consider lithotomy to assess blood loss and assist vaginally
- Consider use of: ureteral stents, vessel sealing device, supracervical hysterectomy, vaginal instrumentation to define colpotomy
- TXA for active hemorrhage
- Balanced transfusion of blood products
- Perform periodic evaluation of case status (**Component 4**)

#### FOR UNCONTROLLED HEMORRHAGE

- Call for additional help; e.g., trauma surgery, anesthesia, OR staff
- Consider aortic compression (manual or IR)
- Consider abdomio-pelvic packing if uncontrolled DIC

DIC, disseminated intravascular coagulation; ICU, intensive care unit; IR, interventional radiology; NICU, neonatal intensive care unit; OR, operating room; PAS, placenta accreta spectrum; TXA, tranexamic acid

### Component 2: Mobilize resources & team

- Obtain two large bore peripheral IVs and arterial access
- Prepare for massive transfusion protocol
- Notify available subspecialties: anesthesia, OB/GYN, pelvic surgeon, trauma/vascular surgeon, NICU, blood bank
- Determine optimal operating theater (e.g., Main OR)
- Update procedural consents
- Identify Health Care Proxy

### Component 3: Suggested procedural equipment

- Anesthesia: airway, arterial & venous line kit
- Blood products in the room and checked
- Blood warmer / rapid infuser
- Hysterectomy kit, with abdominal wall retractor
- Cesarean kit
- Ultrasound with sterile probe cover
- Cystoscopy tower, tray, and ureteral stents
- Newborn resuscitation equipment
- Arterial occlusive balloon kit, if available

### Component 4: Periodic Reevaluation

*Every 15-30 minutes*

- Evaluate vaginal blood loss and total blood loss
- Consider lab work or point-of care coagulation testing
- Anticipate additional blood product needs
- Avoid and correct hypothermia and hypocalcemia
- Re-dose surgical antibiotics, if indicated
- Update patient support persons, when appropriate
- Inform ICU of admission, if applicable