

Introduction

- Multidisciplinary meetings (MDM) are a common form of pre-operative planning used for patients with placenta accreta spectrum (PAS) in order to facilitate safe delivery outcomes for mother and baby
- At our institution, MDMs frequently involve Maternal-Fetal Medicine, Anesthesia, Urology, and Interventional Radiology teams in addition to others including Blood Bank, and Hematology
- This study sought to determine whether the MDM approach at our institution improves clinical outcomes of women with PAS

Study Design

- Retrospective cohort study at a single institution from January 2013 to December 2021
- Patients diagnosed with PAS, antenatally or postnatally, were identified through record review (placental pathology, cesarean hysterectomy, and Accreta Center records)
- Patients were divided into groups based on if they had an MDM
- Primary outcomes: total blood products transfused and intraoperative complications
- Secondary outcomes: comparison of intraoperative and post-discharge complications across those with planned and unplanned hysterectomy
- Statistical analysis was performed using Chi square tests, student T-tests, and logistic regression modeling with statistical significance defined as $p < 0.05$

Results

- There were 40 patients with a preoperative PAS diagnosis: 21 with MDM, 19 without MDM
- MDM was not significantly associated with any of the studied outcomes (Figure 1)
- Planned versus unplanned hysterectomy was associated with statistically significant increased risk of post-discharge complications (35.7% vs. 3.3%, $p=0.009$)
- Planned hysterectomy was associated with a longer length of stay, 6.86 (± 6.6) days versus 2.43 (± 1.9) days ($p=0.002$)
- Planned hysterectomy did not have significant correlation with composite intraoperative or delivery admission complications (Table 1), number of blood products transfused, or ICU admission
- Peri-operative complications did not differ between groups

Tables and Figures

Figure 1: Delivery outcomes based on pre-operative planning

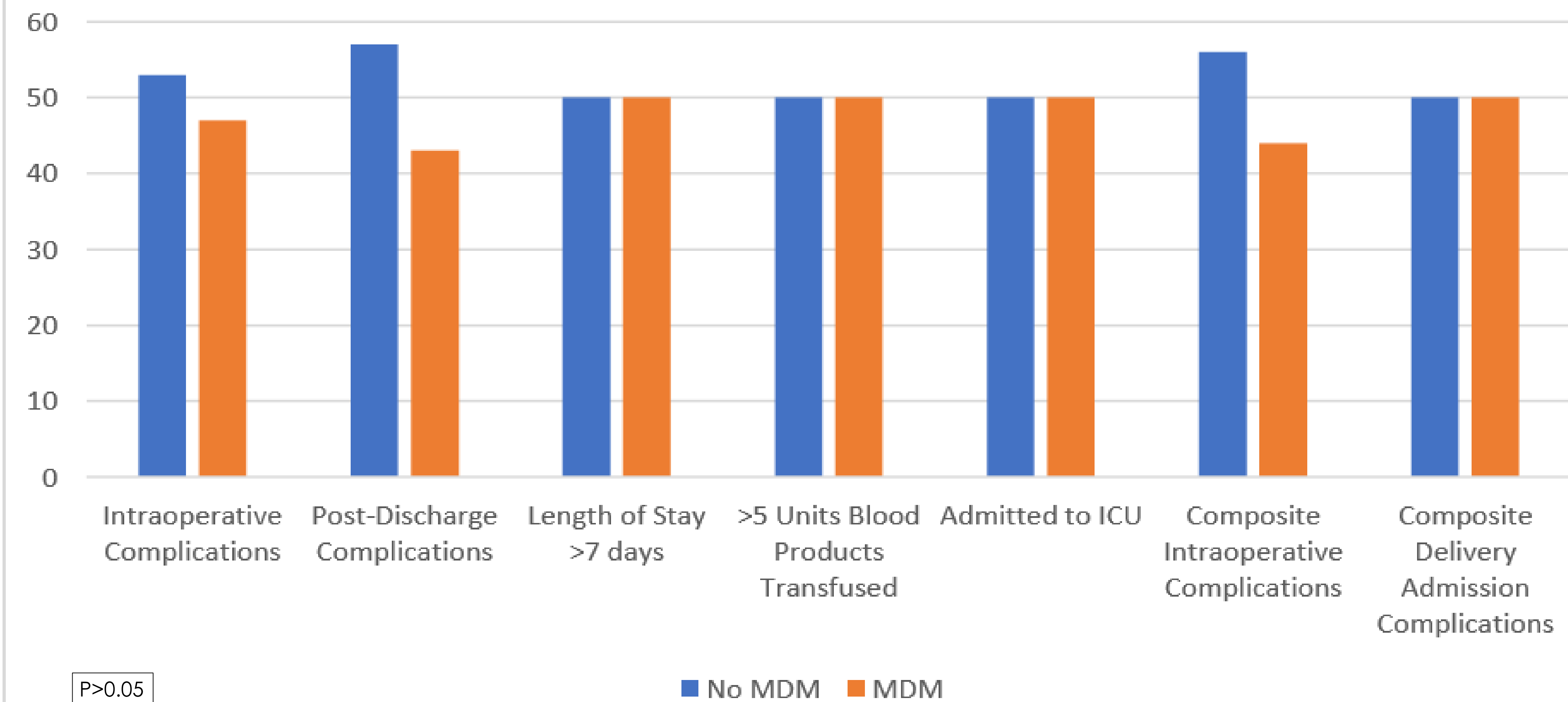


Table 1: Perioperative Complications based on Preoperative Planning

Complication	Multidisciplinary Meeting		p-value
	Yes	No	
Intraoperative			
Hemorrhage	15 (78.9%)	17 (81.0%)	1.000
Cystotomy	1 (5.3%)	2 (9.5%)	1.000
Ureteral injury	0	0	
Uterine rupture	0	0	
Delivery Admission			
Venous thromboembolism	0	1 (4.8%)	1.000
Stroke	0	0	
Myocardial infarction	0	0	
Fever	0	0	
Pneumonia	0	0	
Acute respiratory failure	0	0	
Ileus	0	0	
Small bowel obstruction	0	0	
Reoperation	2 (10.5%)	0	0.219
Post-discharge			
	3 (15.8%)	4 (19%)	1.000

Data represented as N (%)

Discussion

- In our cohort, MDM was not associated with improved perinatal outcomes
- Planned hysterectomy was associated with longer length of stay and more post-discharge complications, but women with a planned hysterectomy likely represent a cohort with more complicated cases related to PAS, at risk for increased complications

In our limited, single institution cohort, pre-operative MDM did not improve clinical outcomes of women affected with PAS

