Appendix 1

Center for **O**bstetrical **M**anagement of **P**lacenta **A**ccreta **S**pectrum (COMPAS)
Loma Linda University Childrens Hospital

Clinical Management & Procedure Guidelines
Placental Accreta Spectrum

POLICY STATEMENT:

1. Goals for the management of patients with Placenta Accreta Spectrum (PAS) disorder include recognizing risk factors, early and accurate diagnosis, comprehensive counseling, and thorough planning.
2. Antenatal patients may be either diagnosed with PAS or be high suspicion for PAS based on clinical history and sonographic findings characteristic of PAS.
3. A multidisciplinary team consisting of the following will collaborate and meet to develop plan of care.
   A. Physicians:
      i. Perinatologist
      ii. On-call obstetrician
      iii. Anesthesiologist
      iv. Neonatologist
      v. Gynecologic Oncologist
      vi. Acute Care Surgeon
   B. Support Staff: Perinatal & Neonatal CNS/Ed, Labor & Delivery RN, NICU RN and RT, Surgical ICU CNS, Operating Room RN, Scrub Technician, Social Worker, Case Manager, OB/Neonatal Pharmacist
4. Components for successful development of the plan of care include:
   A. Course of hospitalization and delivery
   B. Availability of blood products
   C. Anesthesiology, surgical, and radiology expertise
   D. Intensive Care Unit (Surgical and Neonatal) capacity and capability
   E. Proper consents
   F. Advanced Directive
   G. Hospital tour for patient and family
   H. Education/counseling for patient and family
   I. Multidisciplinary PAS conference
   J. Designated surgical team members

PROCEDURE:

1. Identify patient with PAS
   A. Review patient history and diagnosis
   B. Ultrasound evaluation for confirmation of diagnosis
   C. Provide patient with *Placenta Accreta* Spectrum education pamphlet
2. Initiate Management Protocol
   A. MRI on a case by case basis as determined by the involved perinatologist and gynecologic oncology.
   B. Betamethasone administration for delivery <34 weeks or 34-36 weeks without diabetes or previous betamethasone course.

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C. Schedule surgery at designated OR as determined by the involved perinatologist and gynecologic oncologist at optimal gestational based on multidisciplinary COMPAS meeting
D. Consultation
    1) Gynecologic oncology
    2) Anesthesiology
    3) Neonatology
    4) Acute Care Surgery
        1. Consultation for cases selected for REBOA placement at multidisciplinary COMPAS meeting
E. Notification of blood bank blood for products to be available in operating room at delivery
    1) 6 units PRBCs
    2) 6 units of thawed Plasma (ship with blood)
    3) 1 pack Platelets
F. Psycho-social assessment and support
G. Advanced directive information provided and discussed
H. Verify appropriate consents signed
I. Nursing care checklist: large bore IV access, EFM monitoring prior to surgery

3. Coordinate hospital tour for patient & family if possible
A. L&D, NICU
B. OR/PACU
C. SICU

4. ***Planned*** delivery
A. Admission to hospital afternoon before delivery
B. Cesarean section/hysterectomy- preferably the 1st case start (OR room and staff to be held until patient arrives)
C. Unit transfers/schedule for procedures
    1) Antepartum room for EFM, 2 large bore IV's; Pre-op briefing by OR Circulating RN @ 0645
    2) To OR for A- line, central line, and Foley catheter insertion
    3) To PACU or directly to SICU for recovery/care until stable
D. Intraoperative management
    1) Placement of femoral arterial sheath in selected patients with REBOA deployment and inflation after delivery
    2) Tranexamic acid administration following delivery
E. Activate OB Hemorrhage Protocol/Massive Transfusion protocol as needed

5. ***Emergent*** delivery
A. If patient begins bleeding heavily, call OB Rapid Response
    1) Activate OB Hemorrhage Protocol/Massive Transfusion protocol
    2) The on-call obstetrician will call the OR and state that the case is **EMERGENT Cesarean Hysterectomy**
    3) Discuss with on-call anesthesiologists and gynecologic oncologist so that optimal staff is available. Call the acute care surgeon on call as needed for REBOA placement.
    4) The designated OR staff is responsible for circulating and scrubbing; L&D RN responsible for monitoring the fetus
B. Intraoperative management same as for planned delivery above