



Severe Maternal Morbidity Following Cesarean Hysterectomy for Placenta Accreta Spectrum: A Retrospective Cohort Study

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INTRODUCTION

- Placenta accreta spectrum (PAS) is a high risk complication of pregnancy where the placenta invades part or all of the uterine wall.¹
- Current literature lacks large, multicenter studies of outcomes after cesarean hysterectomy for patients with PAS.

What is the incidence of severe maternal morbidity (SMM) events and ICU admissions for patients who undergo cesarean hysterectomy for PAS?

What patient and hospital factors are associated with SMM and ICU admission?

METHODS

- Retrospective cohort study using Premier Inc. database identifying patients who had ICD-10 diagnosis code of PAS and hysterectomy between 10/1/2015- 6/30/2021.
- Collected information about patient's demographics, hospital characteristics, anesthetic technique, transfusion requirements, post-operative outcomes, use of REBOA, and SMM events excluding hysterectomy.
- Descriptive statistics were used to describe the cohort. We performed mixed effects logistic regression models with random intercept for hospital to assess for factors associated with ICU admission and transfusion SMM events. P <0.05 was considered statistically significant.

RESULTS

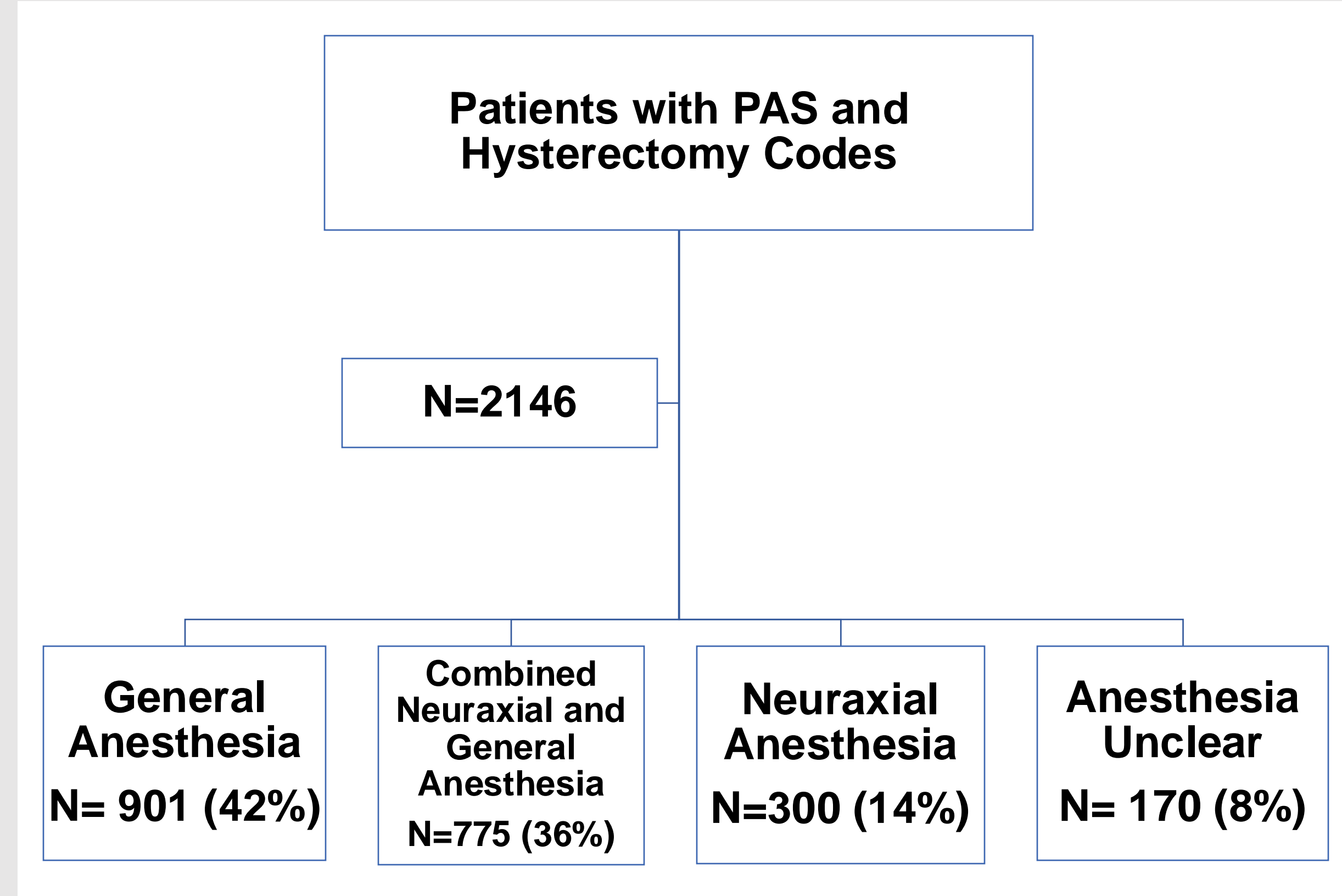


Figure 1
Anesthetic Techniques Used During Cesarean Hysterectomy

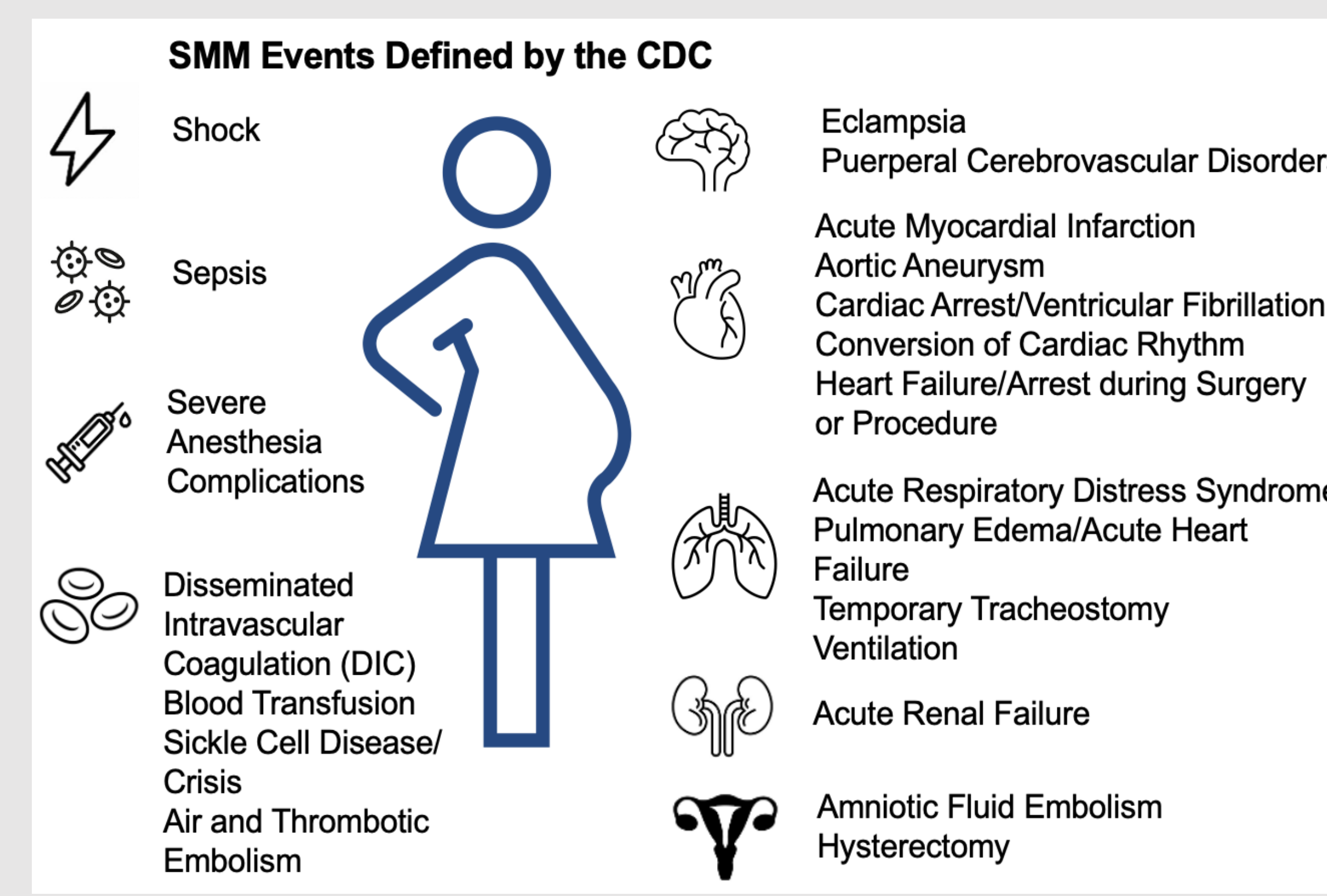


Table 1
Severe Maternal Morbidity (SMM) Events Defined by the CDC

- A code for placenta accreta was present in 66% of cases, increta in 13% and percreta in 21% of cases.
- REBOA was used in 2% of cases.
- SMM events (excluding hysterectomy) occurred in 54% of cases, non-transfusion SMM events in 25% of cases and a transfusion SMM in 44% of cases.
- Median [IQR] hospital stay was 5 [4,8] days, and 45% of cases were admitted to ICU.

CONCLUSIONS

General anesthesia was the most common anesthetic technique utilized.

Transfusion SMM was the MOST common SMM event.

Almost half of patients were admitted to the ICU.

Transfusion SMM was the strongest factor associated with ICU admission.

REFERENCES

1. Obstetric Care Consensus No. 7 Summary: Placenta Accreta Spectrum. *Obstet Gynecol*, 2018. 132(6): p. 1519-1521.

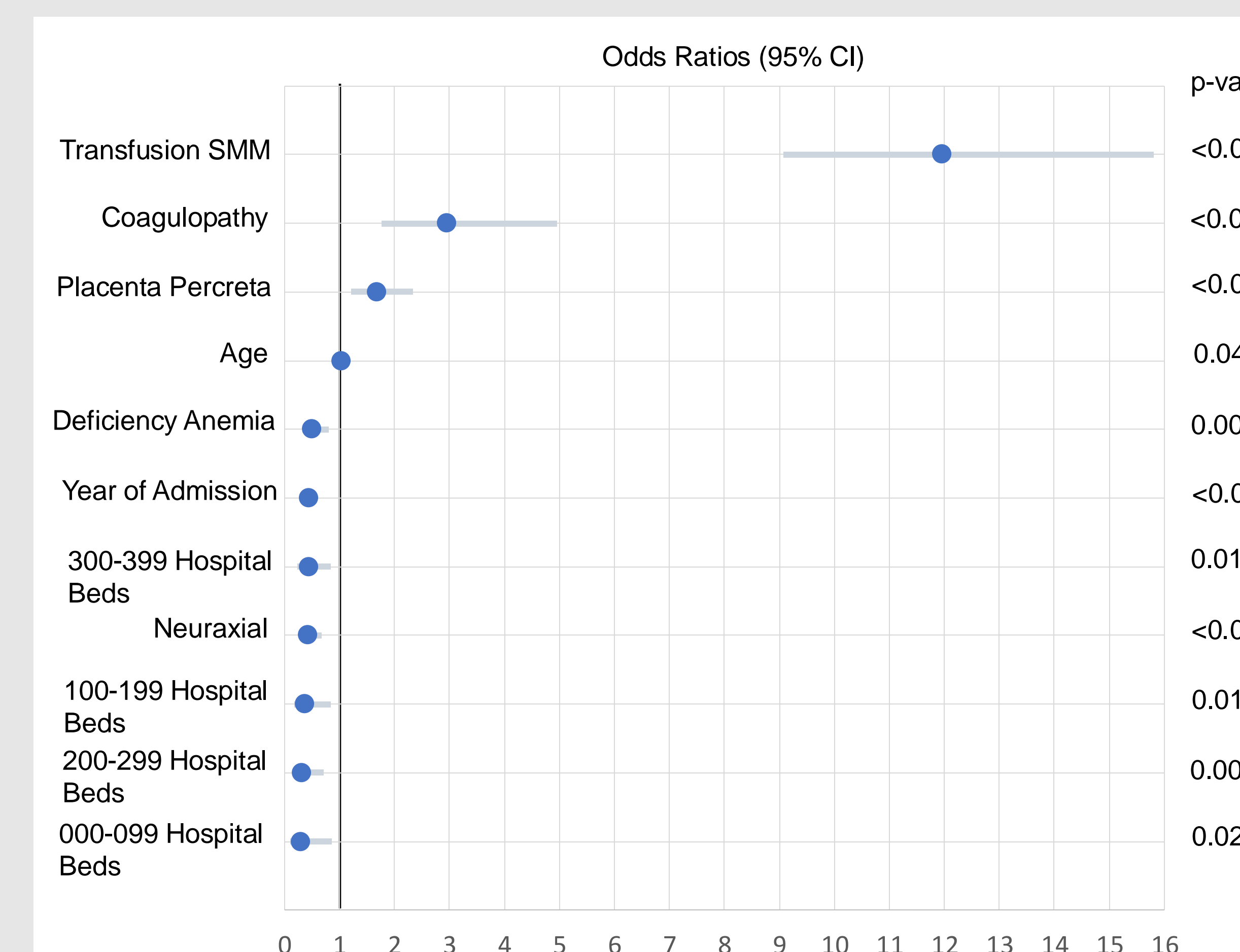


Table 2
Multivariable Analysis of ICU Admission

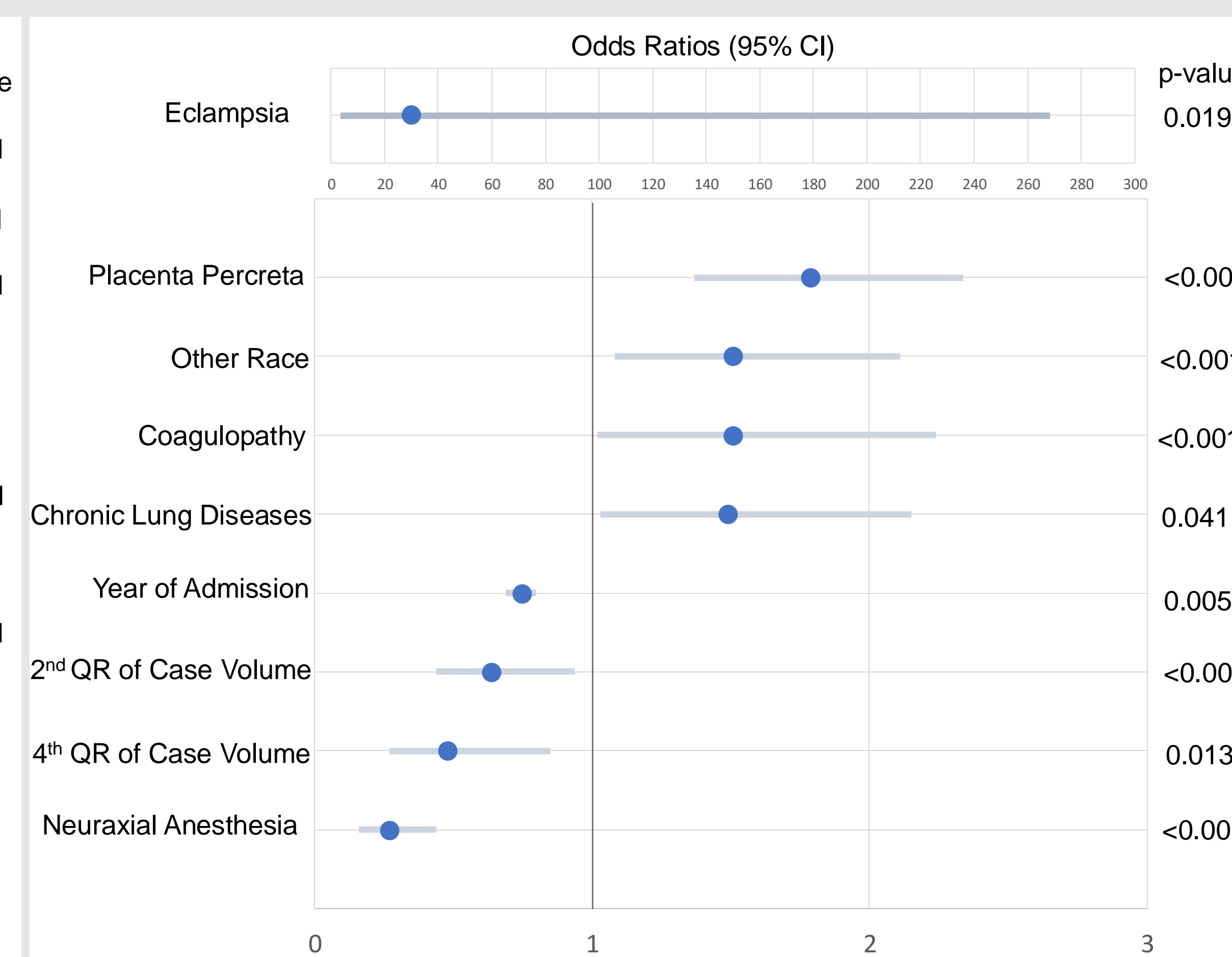


Table 3
Multivariable Analysis of SMM Events