Placenta accreta, increta and percreta cause a significant risk for hemorrhage, maternal morbidity and mortality. Care coordination and advance planning, availability of blood products, and interdisciplinary resources are essential to mitigate this risk.

**Statement of the Problem**

Placenta accreta, increta and percreta cause a significant risk for hemorrhage, maternal morbidity and mortality. Care coordination and advance planning, availability of blood products, and interdisciplinary resources are essential to mitigate this risk.

**Background**

The Society of Maternal Fetal Medicine states that "the reported incidence of accreta has increased from 0.8 per 1000 deliveries in the 1980s to 3 per 1000 deliveries in the past decade."

Placenta previa in the presence of prior cesarean section or uterine scar is a significant risk factor for development of placenta accreta.

The FIGO Placenta Accreta Diagnosis and Management Expert Consensus Panel state that the increase in placenta accreta is a consequence of the rise of cesarean sections over the last two decades.

**SMFM & ACOG Guidelines for Placenta Accreta spectrum**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Table 1. Guidelines for Placenta Accreta Spectrum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Placenta</td>
<td>Placenta in situ:</td>
</tr>
<tr>
<td>Placenta Accreta</td>
<td>Placenta is almost visible through the lower uterine segment, and there is evidence of increased vascularity.</td>
</tr>
</tbody>
</table>

The placenta is almost visible through the lower uterine segment, and there is evidence of increased vascularity.

The fetus has been delivered through a fundal uterine incision, which has been repaired.

**Quality & Process Improvement**

Perinatal Morbidity and Mortality reviews
Quarterly auditing and quality & process improvement action plans

**References**


