

PERINATAL

MISSION AND PURPOSE:

The CBRAC Perinatal Care Region Committee is committed to enhancing patient outcomes and elevating care standards for pregnant and postpartum patients and their babies. We engage CBRAC members, regional acute hospital systems, physicians, and frontline EMS providers to achieve our goals utilizing evidence-based practices, community collaboration, comprehensive education, and diligent data monitoring. Our overarching mission is to improve perinatal healthcare, striving to advance healthcare quality, equity, and safety for all mothers and babies.

NEONATAL AND SPECIAL MATERNAL CONSIDERATIONS

PLACENTA ACCRETA SPECTRUM DISORDER-

Placenta accreta spectrum disorder (PASD), also called abnormally invasive placenta (AIP), describes a clinical situation where the placenta does not detach spontaneously after delivery and cannot be forcibly removed without causing massive and potentially life-threatening bleeding. (1)

Transport Pre-Hospital Considerations:

Communication and Coordination:

- Contact the receiving hospital immediately to alert them of known placenta accreta spectrum disorder (PASD) patient.
- Search for presence of turquoise wristband that will indicate physician and patient information.
- Utilize Pulsara for accurate tracking of known placenta accreta cases: Ensure that the hospital receives appropriate notification for specialty team to be alerted in real time about the patient's condition, enabling them to prepare the necessary resources and staff. Pulsara's platform facilitates precise communication between pre-hospital teams and the receiving facility, including direct notification to the OB specialty team, ensuring timely, coordinated care for both mother and baby.

Transport Considerations:

- Transport to a designated Level IV maternal center.
- Consider the need for a dedicated transport team with advanced life support capabilities.
- Ensure adequate blood products are readily available during transport (when available, whole blood).

Facility Considerations:

- The facility shall have a written hospital preparedness and management **policy** for patients with placenta accreta spectrum disorder (PASD) who are undiagnosed until delivery, including educating hospital and medical staff involved in the treatment and management of PASD about risk factors, diagnosis, and management.
- **Regional Physician Collaboration:** There must be a robust regional collaboration between healthcare providers to ensure that known placenta accreta patients can be shared across institutions. This allows for the seamless transfer of care and avoids delays in treatment, ensuring timely intervention and minimizing risks associated with PASD.
- Placenta accreta spectrum disorders, including team education, risk factor assessment, screening, evaluation, diagnosis, referral, treatment, and multidisciplinary management of both anticipated and/or unanticipated PASD cases.
- Have a placenta accreta spectrum disorder care team with the expertise and privileges to screen, diagnose, consult, and manage patients with suspected or unanticipated PASD.

Placenta Accreta Spectrum Disorder Team

The facility shall have a Placenta Accreta Spectrum Disorder (PASD) Team whose members have expertise to assume responsibility for the diagnosis and management of pregnant or postpartum patients with suspected or unanticipated PASD, including the following elements:

(A) The multidisciplinary team must be comprised of:

- A primary response team consisting of a minimum of these components: an anesthesiologist with training and/or experience in obstetric anesthesia, obstetrician/gynecologist or maternal-fetal medicine physician, surgeon or

- surgeons with expertise in pelvic, urologic, and gastroenterological surgery, a neonatologist, and experienced nursing and operating room personnel; and
- A secondary response team consisting of a minimum of these components: a radiologist with critical interventional radiology skills and blood bank/transfusion medicine service specialist.
 - (B) All team members must have full hospital privileges; and:
 - A representative of each component of the primary response team must be available at all times for on-site consultation and management, and to arrive at the patient bedside within 30 minutes of an urgent request in attending to a patient with PASD;
 - A representative of each component of the secondary response team must be available at all times for on-site consultation and management, and be able to arrive at the patient's bedside for an urgent request to attend to a patient with PASD within a time frame commensurate to the clinical situation and consistent with current standards.
 - (C) The team shall participate in regular and ongoing staff and team-based education and training to care for patients with PASD; and
 - (D) A board-certified MFM physician or an obstetrician/gynecologist with expertise in the diagnosis and management of PASD to lead the team; and.
 - (E) Participates in regular, ongoing outreach and education on PASD to other maternal facilities not specializing in PASD, inclusive of QAPI.
 - (F) A documented on-call schedule of team members will be readily available to the facility and maternal staff on the labor and delivery unit and operating rooms.

Placenta Accreta Spectrum Disorder (PASD) Training Goals and Ongoing Initiatives:

1. **Quality Performance Improvement (QPI):** Implement ongoing QPI initiatives focused on optimizing clinical outcomes for PASD cases, ensuring timely identification, and enhancing care protocols.
2. **Quarterly Case Reviews:** Conduct comprehensive quarterly case reviews, analyzing both successful and challenging PASD cases across the region. These reviews will provide valuable insights to refine practices, identify areas for improvement, and share best practices.
3. **Quarterly Drills and Simulation Training:** Facilitate quarterly simulation drills with EMS teams and hospitals within the region, focusing on PASD-specific scenarios. Utilizing the CBRAC OB mannequin, these drills will

improve hands-on response, communication, and coordination during real-life PASD events.

By consistently reviewing and enhancing these initiatives, we will strengthen our system's readiness, ensuring better outcomes for patients with PASD.