Texas Children's	PFW Placenta Accreta Spectrum (PAS) Screening and Activation Workflow	
Procedure # 11607	***Categories*** Clinical →Clinical, Clinical, Pavilion For Women, Unit Routines - Operations	***This Procedure Applies To:*** Texas Children's Hospital ***Document Owner*** Tara Barrick Clinical Specialist

PROCEDURE STATEMENT:

This document provides guidance on how to screen patients for placental accreta spectrum disorder (PASD) and a process to active the PASD team.

PROCEDURE

1. Initial Screening for PASD Risk Factors

1.1. All patients arriving to triage 20 0/7 weeks gestation or greater will be screened using the PASD screening tool in EMR

1.2. Nurse to ask the patient the following questions:

1.2.1. Have you ever had a cesarean section?

1.2.2. Have you been told in this pregnancy that your placenta covers your cervix, which is referred to as a placenta previa?

1.2.3. Have you been told in this pregnancy that there is a concern your placenta is stuck to the lining of your uterus, which is referred to as a placenta accreta spectrum disorder?

1.3. If patient screens positive to questions 1 AND 2 OR to question 3 only, then physician/advance practice provider (APP) will be notified to evaluate patient.

1.3.1.1. Epic will calculate score based on yes or no responses

1.3.1.2. Score of 2 or higher indicates a positive PASD screening

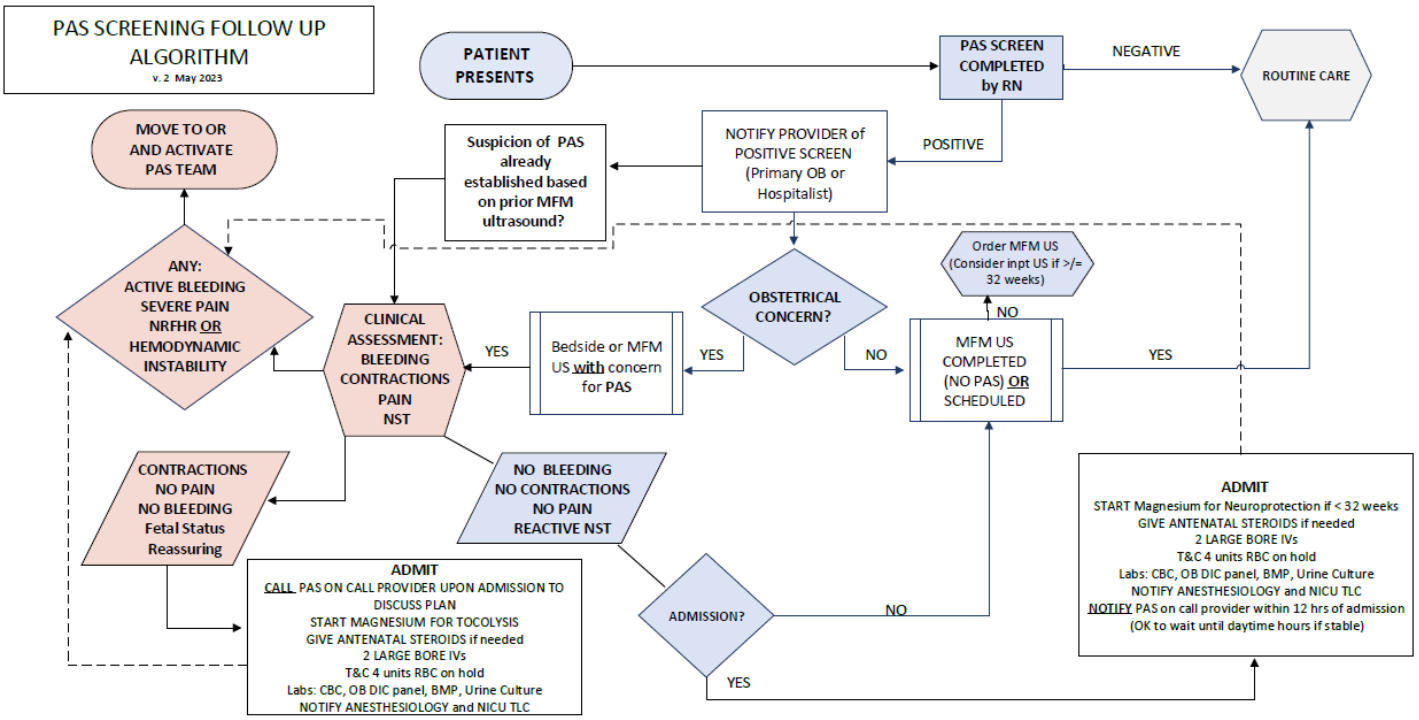
1.3.1.3. RN will report all positive PASD screens to attending provider/APP

1.3.1.4. Providers will initiate PASD algorithm based on screening, assessment findings and other pertinent details.

1. Placenta Accreta Spectrum Disorder (PASD)

Goals for the management of patients with PASD include recognizing risk factors, early and accurate diagnosis, comprehensive counseling, and thorough planning. Planning should be discussed and reviewed by Maternal-Fetal Medicine (MFM) practice and the PAS team for uniformity in diagnosis and management plan. After initial screening in triage, management will be dependent upon having a positive vs. a negative scree. For those that screen positive, management should be guided by the clinical assessment (Figure 1).

Figure 1: PAS Screening Follow UP



1.1. PAS Team Notification

1.1.1. The PAS on-call provider should be contacted to discuss all patients who screen positive and are being admitted for an obstetrical concern (Figure 1)

1.1.2. PAS on-call provider should be contacted immediately upon decision to delivered a patient who screens positive. The Charge Hospitalist should then notify the House Supervisor to activate the PAS Team Notification Workflow (Figure 2).

1.2. Primary Response Team:

Arrive at the bedside within 30 minutes of urgent request:

1.2.1. Anesthesiologist,
1.2.2. Hospitalist, Obstetrics and Gynecology (Ob/Gyn) attending or MFM attending
1.2.3. Neonatologist
1.2.4. Nursing staff
1.2.5. Operating room personnel

Arrive within a timely manner of urgent request:

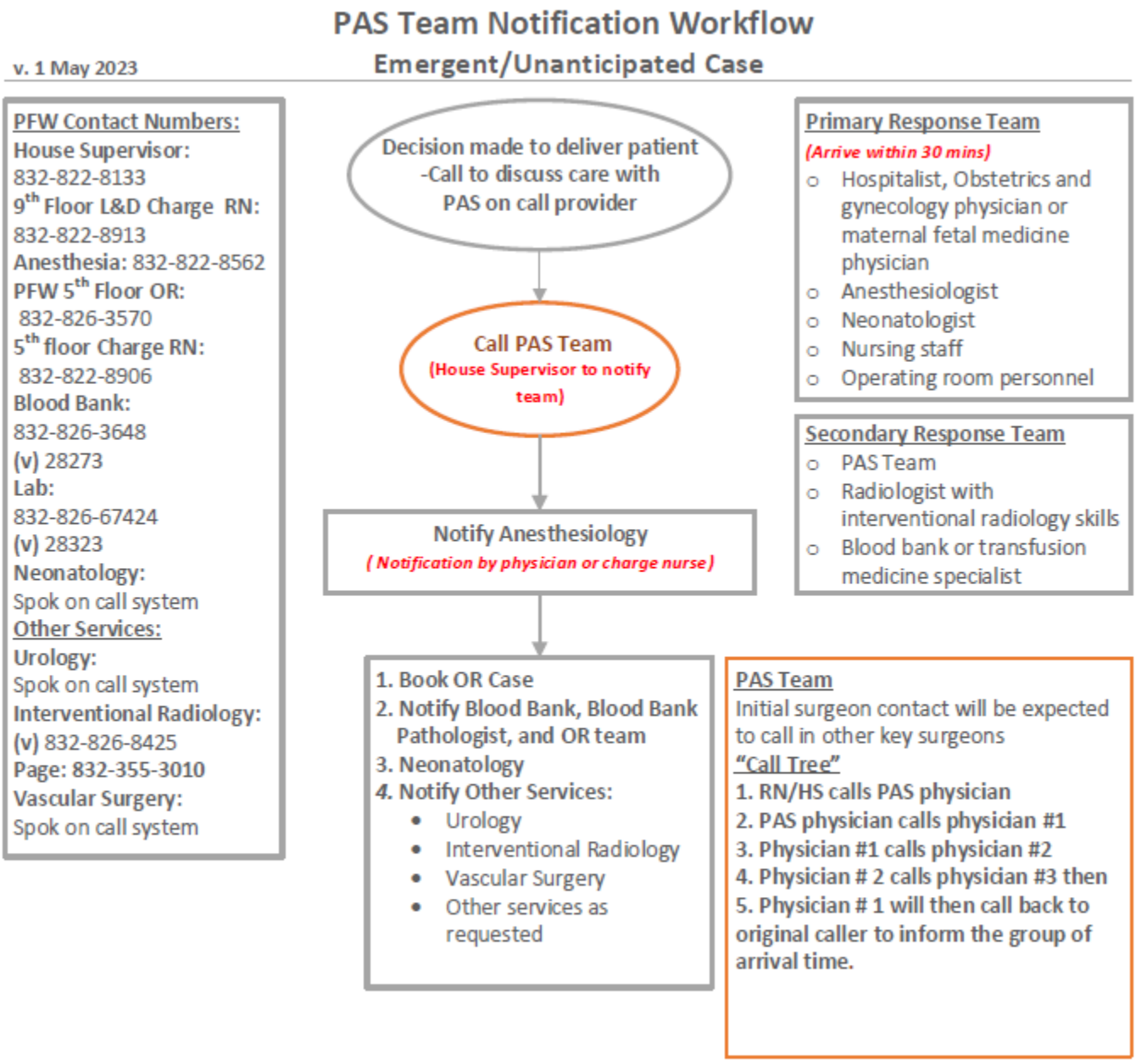
1.2.6. Urologist, Transfusion Medicine Specialist and Critical Care Medicine Specialist
1.2.7. Support staff: include psychiatry/psychology, spiritual care

1.3. Secondary Response Team:

Available for on-site consultation and management. Be available to arrive within a timeframe commensurate with clinical situation and consistent with current standards.

1.3.1. Radiologist with interventional radiology skills
1.3.2. Blood bank or transfusion medicine specialist
1.3.3. Percreta Surgical Team

Figure 2: PAS Team Notification Workflow



Refer to the Call Schedules and Phone Number/Contact List on the SPOK directory to contact physicians directly

RELATED DOCUMENTS:

Diagnosis and Management of Placenta Previa, Vasa Previa, and Placental Accreta Spectrum

PPH Risk Assessment Stratification Tool

PFW Adult Massive Transfusion Protocol (MTP) Policy

Adult MTP Massive Maternity Transfusion Policy

PFW Adult Massive Transfusion Protocol (MTP)

Obstetric Hemorrhage Due to Uterine Atony Evidence-Based Guideline

Fetal and Uterine Monitoring PFW Policy

Fetal and Uterine Monitoring PFW Procedure

PFW Magnesium Sulfate Administration Policy

PFW Magnesium Sulfate Administration Procedure

Care of the Rh Negative Mother: Postpartum

REFERENCES:

Jauniaux, E., Kingdom, J. C., & Silver, R. M. (2021). A comparison of recent guidelines in the diagnosis and management of placenta accreta spectrum disorders. *Best Practice & Research Clinical Obstetrics & Gynaecology*, *72*, 102–116. https://doi.org/10.1016/j.bpobgyn.2020.06.007

Juusela, A. , Javadian, P. , Gimovsky, M. & Nazir, M. (2020). Outcomes of Placenta Accreta Cases Managed via a Placenta Accreta Protocol Versus Without a Protocol [29N]. *Obstetrics & Gynecology, 135* , 153S-153S. doi: 10.1097/01.AOG.0000663728.37438.31.

Obstetric Care Consensus No. 7: Placenta accreta spectrum. (2018). *Obstetrics & Gynecology*, *132*(6). https://doi.org/10.1097/aog.0000000000002983

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