

The Mental Health Need for PAS Patients

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Financial Disclosures

Brett D. Einerson, MD MPH

- No relevant financial disclosures
- Appreciation for NICHD for supporting my work

Disclosures and Notes

Patient quotes are anonymous, invaluable.

**Most quotes are published,
some come from National Accreta Foundation
some come from memory (which can be fallible).**

**“There are no formal
recommendations for mental
health intervention in women
with PAS.”**

Salama, Holt, and Puryear. Mental health and placenta accreta spectrum. Am J Perinatol 2023.

Experience of Emergent Hysterectomy

- Fear of death
- Pain
- Emotional numbness
- Delayed emotional reaction
- Long term negative memories (68%)
- Persistent fear of death (7%)

“Regardless of innate resilience, this circumstance sets up patients and families for emotional distress, fear, feelings of loss, and varying degrees of trauma.”

-Dr. Jen Gilner



PAS: Unique Losses and Traumas

- Loss of ideal pregnancy
- Loss of fertility
- Change in body image
- Difficulties with relationships
- Difficulties with pain & sex

“Nobody knew what I went through. Nobody could understand. Even [friends] who lost babies or had complicated pregnancies”

Vomvolaki. Hysterectomy sexuality psychological changes. Eur J Contracept Reprod 2006.

Murphy. Mothers traumatic birth experiences. Health Care Women Int 2018.

Grover. Patient reported outcomes in PAS. Am J Perinatol 2018.

Einerson. Lived experiences of PAS. BMJ Open 2021.

Placenta Accreta Spectrum

40%

**experience
PTSD symptoms**



PAS Patient Experiences

.....

6 months to 3 years after surgery

2x – 6x more likely to report:

- rehospitalization
- additional surgery
- painful intercourse
- anxiety
- grief
- decreased quality-of-life

PAS Patient Experiences



Quality of Life after Cesarean Hysterectomy for Placenta Accreta Spectrum Grover et al.

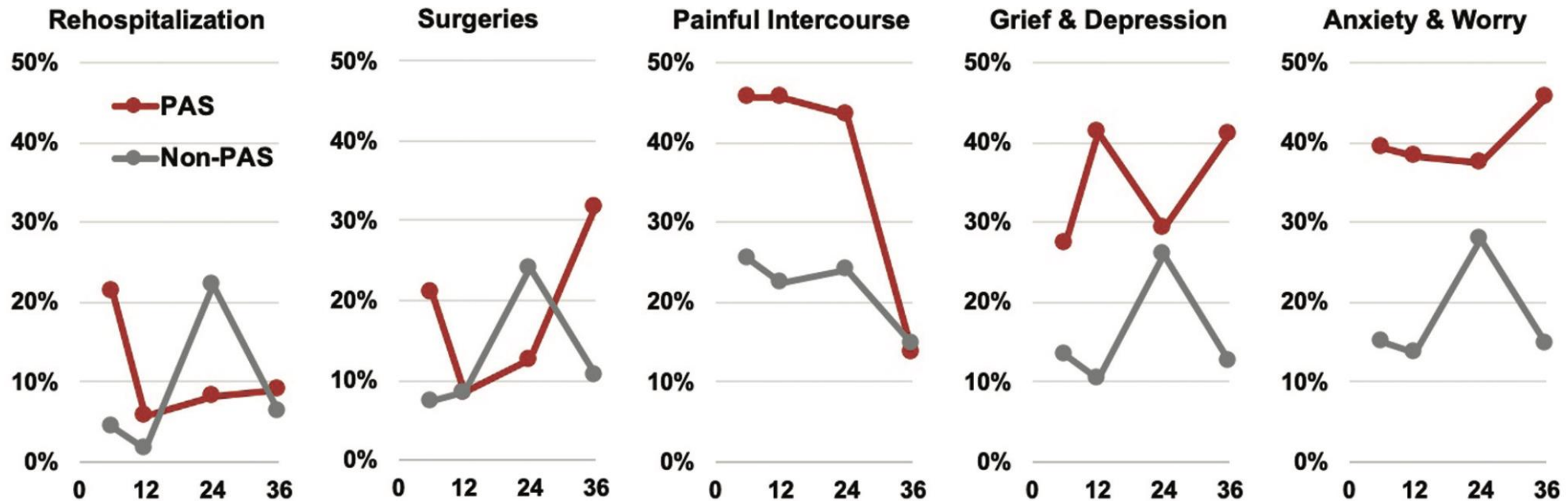


Fig. 1 Proportion of patients reporting rehospitalization, additional surgeries, painful intercourse, grief and depression, and anxiety and worry at 13 6, 12, 24, and 36 months (on the x-axes). PAS in red, non-PAS in gray. PAS, placenta accreta spectrum.



PAS Patient Experiences



Qualitative data

“I felt absolute terror”

“its not all over when you go home”

“you feel so guilty and like such a burden”

“way too long to be awake [for surgery]”

“would I ever get to meet [my baby]?”

“haunted for weeks”

PAS Patient Experiences



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Knowing or Not Knowing

Planned High-Stakes Delivery or Surprise Diagnosis

**Trauma of
the
Knowing**

**Trauma of
the
Unexpected**

**No difference in PTSD-like symptoms
months to years later.**

[Most of] those who need treatment of PAS prior to viability suffer the **double-trauma** of loss of the pregnancy and loss of any future pregnancy.



Thank you so much for saving my
life you are an amazing doctor
you have a gross job but you are the
best. me and my baby are alive
because of you and your team.
I get to take her home today!
My husband is so grateful for
you too! My kids say thank you
too!

- ~~XXXXXXXXXX~~

The Partners, During OB Emergency

- Partners feared death, like they had no role.¹
None wanted their partner to be pregnant again.
- Felt neglected by staff, struggling to stay informed.²
- Wished they had a chance to debrief.

Long-term:

- Partner symptoms of PTSD & PPD correlate.³

The Couple, After OB Emergency

- **Lack of understanding, resentment, conflict**
- **Avoid discussion, feeling like a burden**
- **Difficulty with intimacy, avoidance of sex, rejection**

Lindberg. Qualitative study new fathers complicated birth. *Sex Reprod Health* 2013.

Sentilhes Psychological impact of PPH. *AOGS* 2011.

Nicholls. Childbirth-related PTSD in couples. *Br J Health Psychol* 2007.

Gottvall. Traumatic birth experience. *BJOG* 2002.

Bartels. Living with PAS Mothers & Fathers. *PLoS One* 2023.

What about us, the health care providers?





**Patients are traumatized
by their experience with PAS.**

Don't believe me? *Ask them.*



Open access

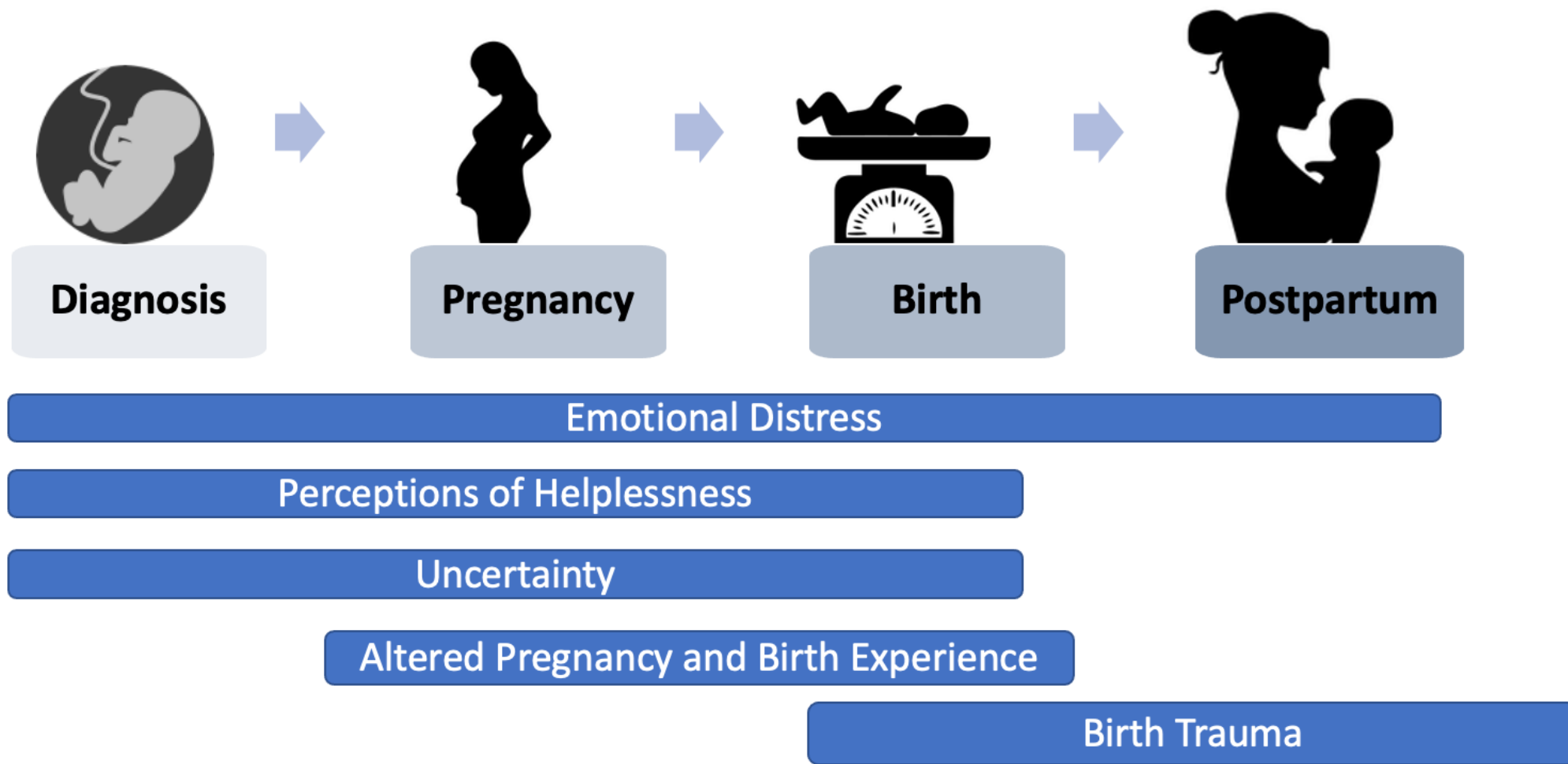
Original research

BMJ Open Lived experiences of patients with placenta accreta spectrum in Utah: a qualitative study of semi-structured interviews

Brett D Einerson ,¹ Melissa H Watt,² Brittney Sartori,³ Robert Silver,¹ Erin Rothwell¹



Figure. Lived experiences of patients with placenta accreta across the care continuum





Emotional Distress



PAS Patient Experiences

“I lived in fear every day...
I was just in **constant fear**”

“I was not in the best mind frame and was not thinking extremely clearly a lotta the time, just because I was so emotional.”



Helplessness



PAS Patient Experiences

“Doctors were kinda blunt”

“[The doctor said] Okay. We’re gonna deliver you in two weeks. I’m like ‘What?’”



Uncertainty



PAS Patient Experiences

“everybody you talked to had a different answer... that’s probably the worst part.”

“**not knowing**, going in, if I was going to make it out alive”

Altered Pregnancy & Birth Experience



PAS Patient Experiences

“I spent a lot of time on Facebook Messenger with
[my kids who were in another state]”

“I **wasn't comfortable** with them taking my uterus”

“I was sent to the general OR, and put under right
away before they even started delivery”

Birth Trauma



PAS Patient Experiences

“mentally, just worrying I was gonna die. Just terrified out of my mind just with all the risks and writing letters to my kids before in case I didn’t make it”



whoa...

The background features a series of overlapping, diagonal stripes in various colors including teal, orange, dark blue, and brown. Interspersed among these stripes are several solid-colored circles in shades of teal, orange, and dark blue. The overall composition is dynamic and layered.

impact > intention

Normalizing birth in the operating room and beyond.





It is the obstetrician's job to integrate elements of the normal pregnancy experience into the very abnormal postsurgical experience.



Support the Bonding Experience

- **Interaction in the OR**
clear drape | touch matters
- **Lactation support, early**
even in the ICU
- **Connecting recovery to nursery**
video connections | visits to NICU
- **Involvement in NICU rounds**
coordinated timing of maternal rounds and NICU rounds



Up your Communication Game

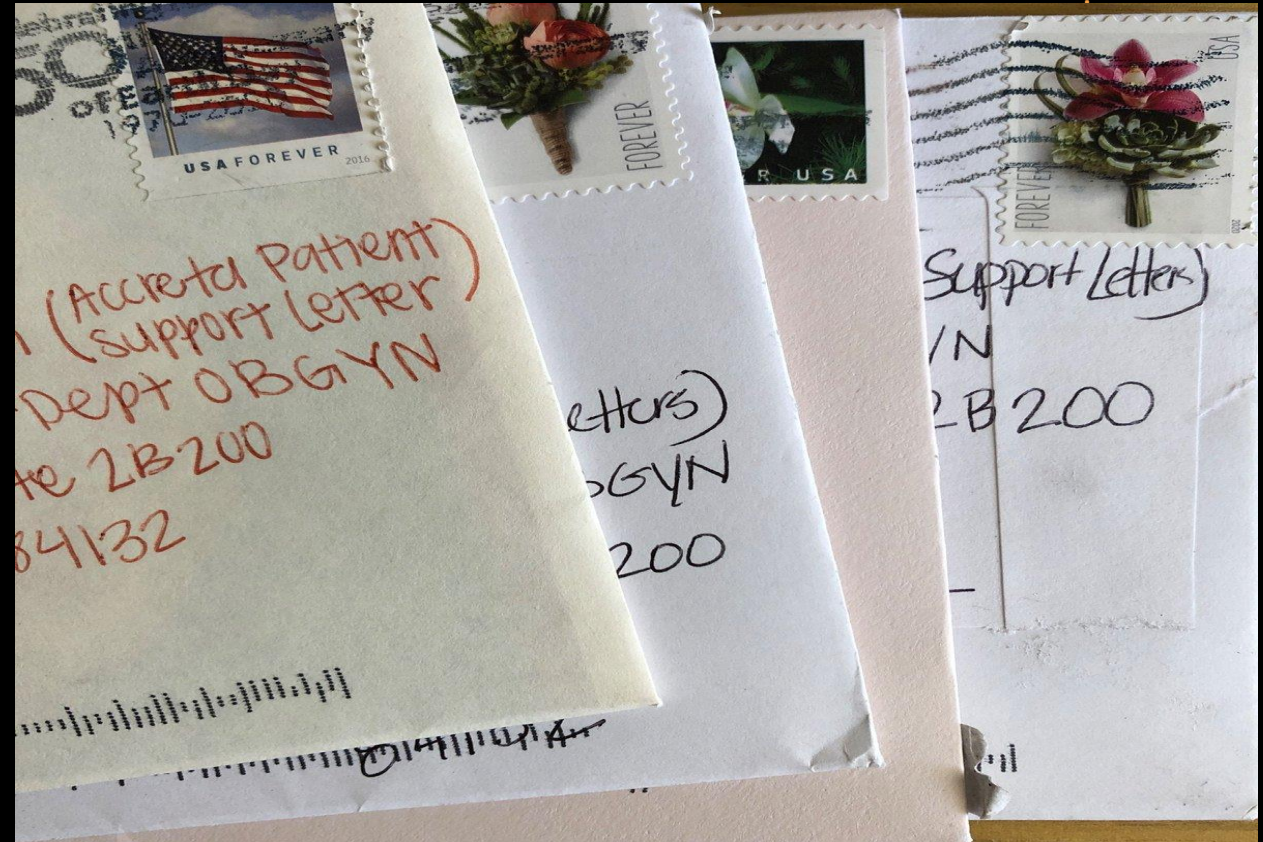
- Practice ~~multi-~~ **inter**-disciplinary care
staff | consultants | family | therapists | care nav | peers
- [re]Define normal
 - lactation support before extubation (?!?)
 - no fundal checks (?!?)
 - “heavy lochia” (?!?)
 - Months of follow-up, not weeks
- Formalize communication ‘back home’

The Couple

- Involve partners in “the team”
- Consider couples outcomes, interventions
- Debrief with the partner

Peer Support

- Support Groups Online
- Your past patients often become advocates



Consistency

Consistent Presence

Introduce & expand “The Team”
Show up, be present

“It means a lot to us that you cared how [baby] was doing in NICU”

Consistent Communication

Right team, right time, right plan.
Balanced, confident, reassuring.

“...just afraid out of my mind that I was gonna die”

“When we came to the ER, bleeding everywhere, I was sure [she] was going to die. But when I saw that Dr. [] and Dr. [] had arrived, I knew she was going to be alright.”

“The OR staff called me before my scheduled cesarean hysterectomy to ask if there was any chance I could be pregnant.”

“Nobody seemed to know what conservative treatment was.”

**“The
gratitude
and the
sorrow
equally
filled my
spirit.”**





Psychological Support for PAS



What can we do? (aspirational checklist)

- ❑ **Normalize & routinize mental health care for PAS**
diagnosis → birth → survivorship
- ❑ **Practice trauma-informed care & shared decision making**
collaboration | control | choice | cultural consciousness
- ❑ **Introduce, reinforce, & expand “the team”**
medical & emotional professionals | family | peers & community
- ❑ **Provide structured, professional family support**
- ❑ **Inform & educate providers “back home”**
- ❑ **Continue comprehensive care well past delivery**