Introduction  
The incidence of the abnormally invasive placenta (AIP) is increasing due to rising rates of caesarean sections (CS).

Material and methods  
Out of 1198 patients referred for NT scan, between Jan 2017-Dec 2018, 298 had previous CS / uterine surgery. Our centre has a structured protocol to evaluate placenta previa (PP) and low lying placenta (2 cm from internal os) in such patients. Irrespective of indication of scan, we see for 1: Placental Lacunae  2: Thinning of myometrium  3: Disruption of uterine serosa and focal irregularity of bladder wall  4: Abnormal retroplacental (RP) flow. Following this protocol we suspected 4 cases of AIP, which were confirmed during anomaly scan and later in CS.

Discussion  
At least two of the four criteria were seen in AIP. CS scar pregnancy is precursor of AIP. Considering the inverted pyramid of pregnancy care, early and reliable diagnosis of AIP is must to avoid sudden and serious complications.

Conclusion  
Anticipation is the key in early diagnosis of AIP. The protocol based evaluation of low lying placenta and PP in patients with previous uterine surgery can help in the accurate prediction of AIP in the first trimester.