EP22.12 Risk factors and prenatal suspicion for abnormal placentation: 3 years experience in a single tertiary hospital.
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Introduction
Abnormally invasive placenta (AIP) is a clinical term used to describe such conditions as placenta accreta, placenta increta and placenta percreta. In that cases placenta does not separate spontaneously at delivery and cannot be removed without causing abnormally high blood loss. Once a rare occurrence, these pathologies are becoming an increasingly common complication of pregnancy due to the increasing rate of surgical interventions as well as cesarean delivery.

Aim of the study was to evaluate the risk factors, prenatal suspicion and delivery complications of placenta previa and AIP for women, who delivered in the Hospital of Lithuanian University of Health Sciences (LUHS) between 2015 – 2017 years.

Methods
A retrospective study including an analysis of medical documentation of 198 women, who gave birth in the LUHS Kaunas Clinics during the study period and were diagnosed with abnormal placentation. Data including parity, body mass index, previous surgical interventions, blood loss, anaemia treatment were recorded. Statistical analysis was made using IBM SPSS Statistics 23.0 program. The results confirmed as significant if p < 0,05.

Results
AIP and abnormal placentation was diagnosed to 2.02 % (n = 198) of all women who gave birth in our hospital between 2015 - 2017. Multiparous women and those with a history of surgical treatment before the pregnancy were diagnosed with placenta accreta (p = 0,04) and placenta percreta (p < 0,001) more frequently. Women with BMI > 25 kg/m2 were more often diagnosed with low – laying placenta (p = 0,004). All cases of placenta previa and 75 % cases of placenta percreta were diagnosed during prenatal ultrasound examination. Despite the fact that the most severe cases were diagnosed prior to delivery, the average blood loss during delivery was 827,8 ± 622,22 ml and statistically significant blood loss was higher in patients with placenta accreta and increta (p = 0,01). 11,62 % of the patients had blood transfusion.

Conclusion
The main risk factors of abnormally invasive placenta are previous surgical interventions, multiparity and co-existing placenta previa. All of the cases with abnormal placentation were diagnosed before the delivery using ultrasound, however, there were no verified ultrasound form, which would make AIP diagnostics more precise.