Objective
The aim of this study is to develop normogram predicting peripartum complications (ie, cesarean hysterectomy, uterine artery embolization and blood transfusion) in placenta previa.

Method
For the construction of normogram, we included 254 singleton pregnant women with placenta previa delivered by cesarean section (CS) from January 2011 to January 2018. Sonographic findings were collected retrospectively. Nomogram predicting peripartum complications were developed based on univariate and multivariate logistic regression models.

Result
Nomograms for the prediction of peripartum complications were constructed including three factors in scoring model such as history of prior CS, type of placenta and uteroplacental vascularity. The prediction model for blood transfusion showed an AUC of 0.71 (0.65-0.78) in training set. The AUC for internal validation set was 0.68 (0.58-0.78). The prediction model for postpartum hysterectomy or uterine artery embolization showed an AUC of 0.88 (0.81-0.95) in training set. The AUC for internal validation set was 0.78 (0.62-0.93).

Conclusion
Our nomograms for predicting peripartum complications will provide valuable information to patients with placenta previa.

Figure 1. Prediction model of blood transfusion in women with placenta previa

Points
Prior C/S
Type
Hypervascularity
Total points
Predictive value

A. Normogram

Figure 1. Prediction model of peripartum complications (postpartum hysterectomy or uterine artery embolization) in women with placenta previa

Points
Prior C/S
Type
Hypervascularity
Total points
Predictive value

A. Normogram

B. Calibration of model