Introduction
To evaluate the value of ultrasound scoring system for predicting the risk of pernicious placenta previa (PPP) combined with placenta accreta (PA) and poor pregnancy outcomes.

Methods
This is a prospective study of women with PPP at ≥28 weeks’ gestation based on ultrasound diagnosis. Transabdominal or transvaginal ultrasound is used to assess PA and poor pregnancy outcomes with the scoring system involving uteroplacenta demarcation, number and size of lacunae, bladder line, lacunae and placental basal blood flow. Each item is assigned 0 to 2 points, and the sum yields the final score. Diagnosis of PA is based on surgery or pathology. Following up with pregnancy outcomes, at least one of the three such as postpartum hemorrhage (PPH)≥1000ml, hysterectomy and organ involvements is thought to be the poor pregnancy outcomes.

Results
51 PPP women, 36(70.6%) has PA, of which 27(75%) with poor pregnancy outcomes. The score over 5 points which has the maximal Youden index with the sensitivity 86.1% and specificity 73.3%; More than 8 points with the specificity 100%. The score over 5 points with the sensitivity 100%; According to the correlation analysis, PA and PPH are correlated, the higher the score, the more the amount of postpartum hemorrhage. PA and PPH are correlated, the higher the score, the more postpartum hemorrhage

Conclusion
The ultrasound scoring system is useful in predicting the risk of PPP with PA and poor pregnancy outcomes.