Objective
To anticipate the risk of bladder lacerations based on risk factors, ultrasound and Doppler examination in patients with abnormal placental insertion, and improve the neonatal and mother prognosis during and after birth. Management of placenta accreta invading the urinary bladder usually requires radical surgery, which may include partial resection of the bladder.

Patients & methods
This study included 12 patients with placenta accreta that delivered by emergency C-section, complicated with bladder laceration and hysterectomy. Examinations were done in the Cuza Voda Obstetrics and Gynecology Hospital from October 2010 to December 2017.

Results
Patients with a mean age of 28.4 years have had emergency C-sections between 31-37 weeks of gestation. Various risk factors such as previous C-sections, placenta praevia, urological intervention during C-section, ultrasound and Doppler examination before birth, gestational age, associated pathologies of the mother were evaluated. Also, placental lacunae, loss of retro placental space, retro placental myometrial thickness, echogenic bladder wall and Doppler criteria were evaluated in 7 of 12 cases.

Conclusion
Previous C-section is a major risk factor for placenta accreta. An ultrasound exam before birth and in some cases an MRI were extremely helpful in anticipation of possible urinary tract lacerations during C-section. The help of the urologist for bladder during surgery have led to faster post operatory recovery, the decrease of hospitalization and ICU time, and fewer cases of post operatory hematuria. 9 patients had delivered at more than 34 weeks of gestation, had better pre- and postpartum Hb level, and the babies had better weight and APGAR score at birth.