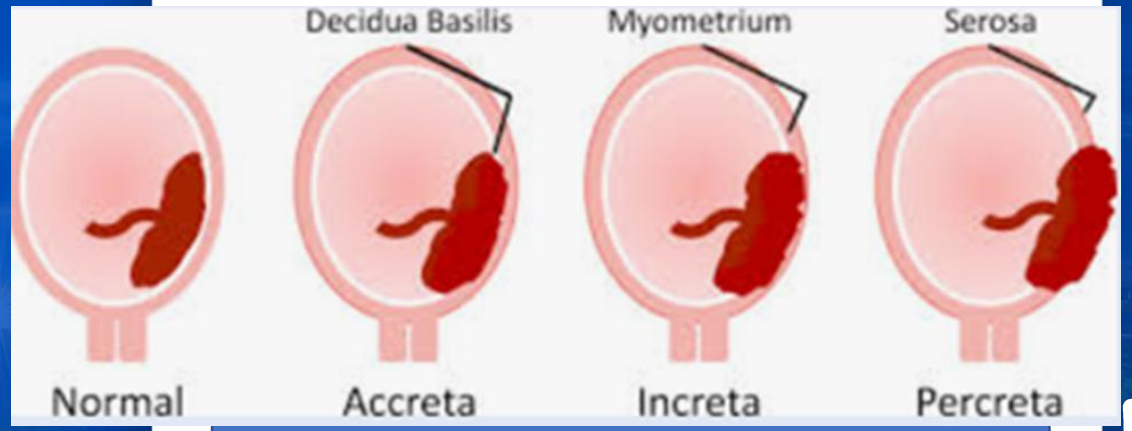
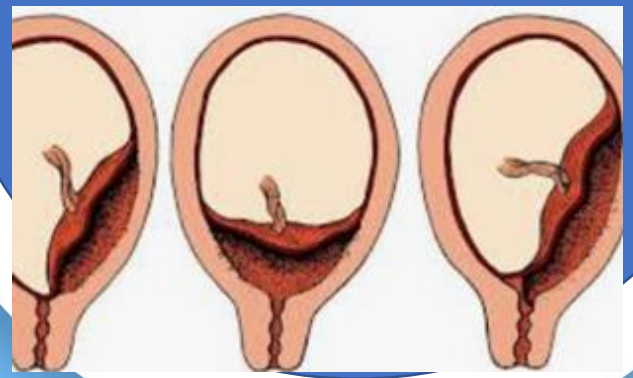
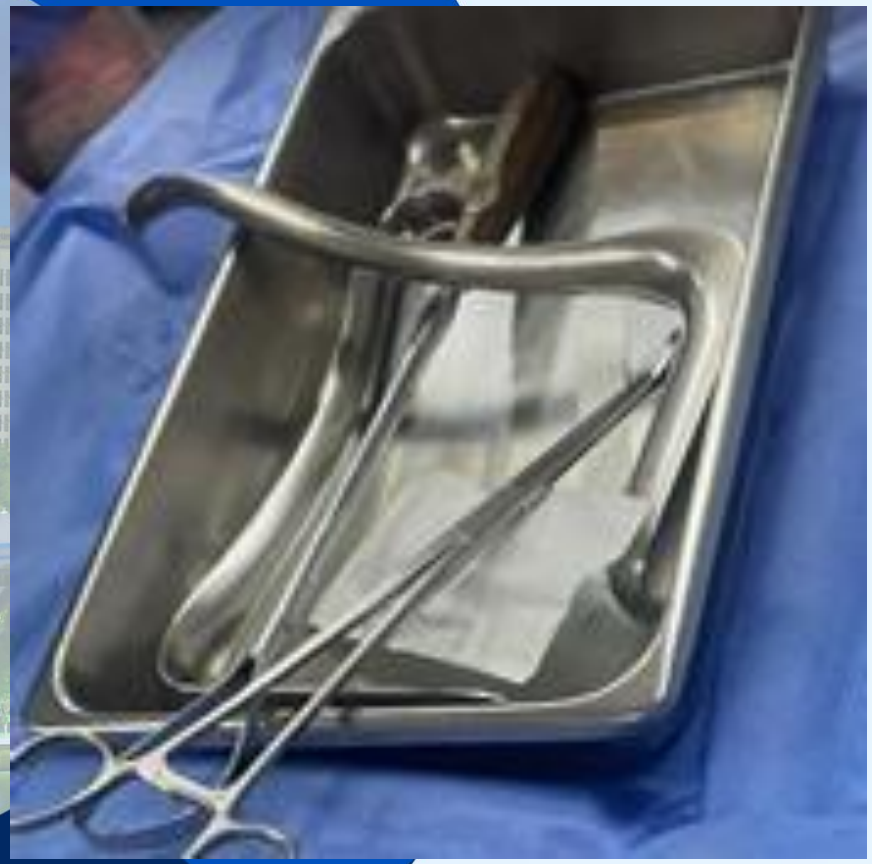


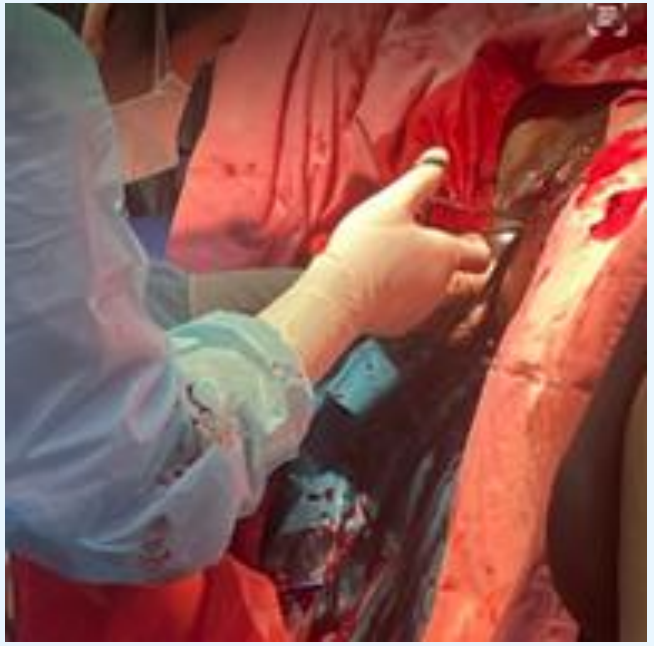


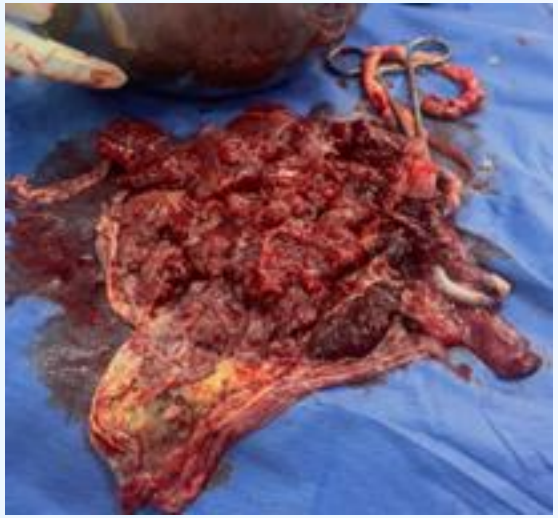
Nursing practicum

Placenta Adherence

Asst.Prof.Duangporn Pasuwan







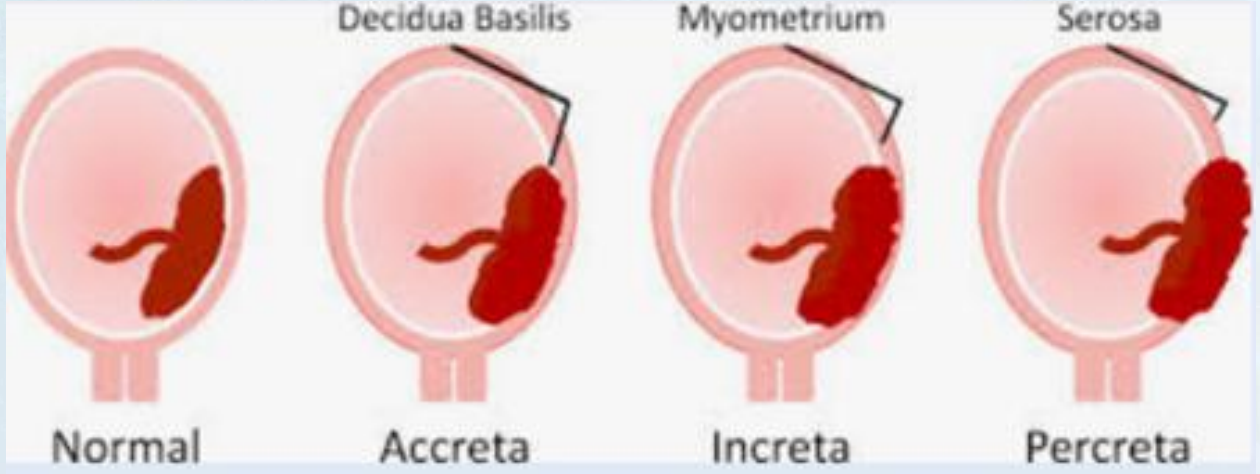
What is Placenta Accreta Spectrum?

1. Placenta accreta spectrum (PAS) refers to abnormal trophoblastic invasion of the placenta into the myometrium, resulting in abnormal placental adherence and failure of normal separation.

- Abnormal placental invasion into uterine wall
- Risk of severe postpartum hemorrhage (PPH)
- Major cause of peripartum hysterectomy and maternal morbidity
- Requires multidisciplinary team management

Types of Placental Adherence

- **Placenta Accreta:** Chorionic villi adhere to myometrium superficially
- **Placenta Increta:** Chorionic villi invade deeply into myometrium
- **Placenta Percreta:** Chorionic villi penetrate through myometrium; may invade bladder, bowel, or other organs



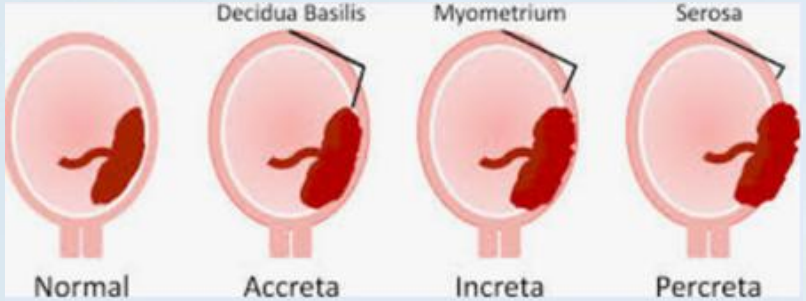
Risk Factors & Etiology

Major Risk Factors:

- Prior cesarean delivery (strongest predictor)
- Placenta previa (present in >80% of accreta cases)
- Maternal age >35, multiparity, uterine surgery

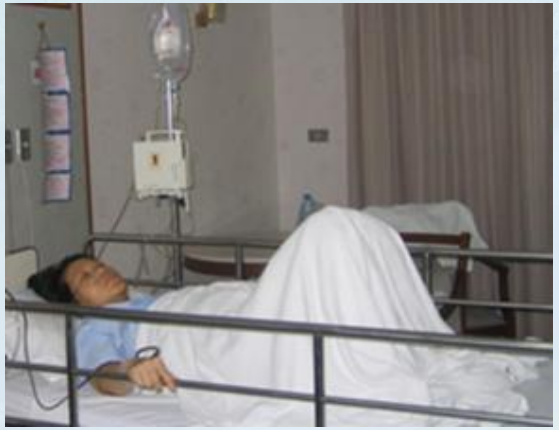
Pathophysiology:

Defective endometrial-myometrial interface → failure of normal decidualization → abnormally deep placental anchoring



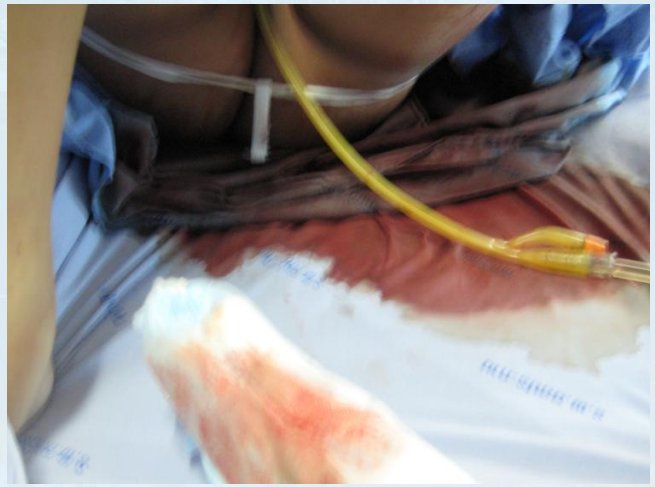
Primary Nursing Diagnosis (I)

- Risk for Deficient Fluid Volume related to massive PPH and placental invasion
- Anxiety/Fear related to diagnosis and risk of severe complications
- Deficient Knowledge related to placenta accreta and management plan



Primary Nursing Diagnosis (II)

- **Risk for Infection** related to invasive procedures and prolonged surgery
- **Risk for Injury** related to massive transfusion and complications (organ perforation, DIC)



Risk for Deficient Fluid Volume

Related to: Massive postpartum hemorrhage and abnormal placental invasion

Goal: Maintain adequate circulating volume; vitals stable; minimize blood loss

Interventions:

- Establish large-bore IV access; arrange type & cross-matched blood
- Monitor vital signs, urine output, CBC, coagulation studies continuously
- Prepare for massive transfusion protocol; coordinate with blood bank
- Position client for optimal IV access; have emergency equipment ready
- Administer fluids/blood products as ordered; document intake/output meticulously

Anxiety/Fear

Related to: Diagnosis of placenta accreta and risk of life-threatening complications

Goal: Anxiety reduced; client expresses feelings and understanding

Interventions:

- Provide clear, honest information about placenta accreta diagnosis and management
- Facilitate multidisciplinary team discussion with client and family
- Encourage verbalization of concerns and fears
- Provide emotional support; allow family presence and involvement
- Connect with social work, chaplain, or mental health services as needed

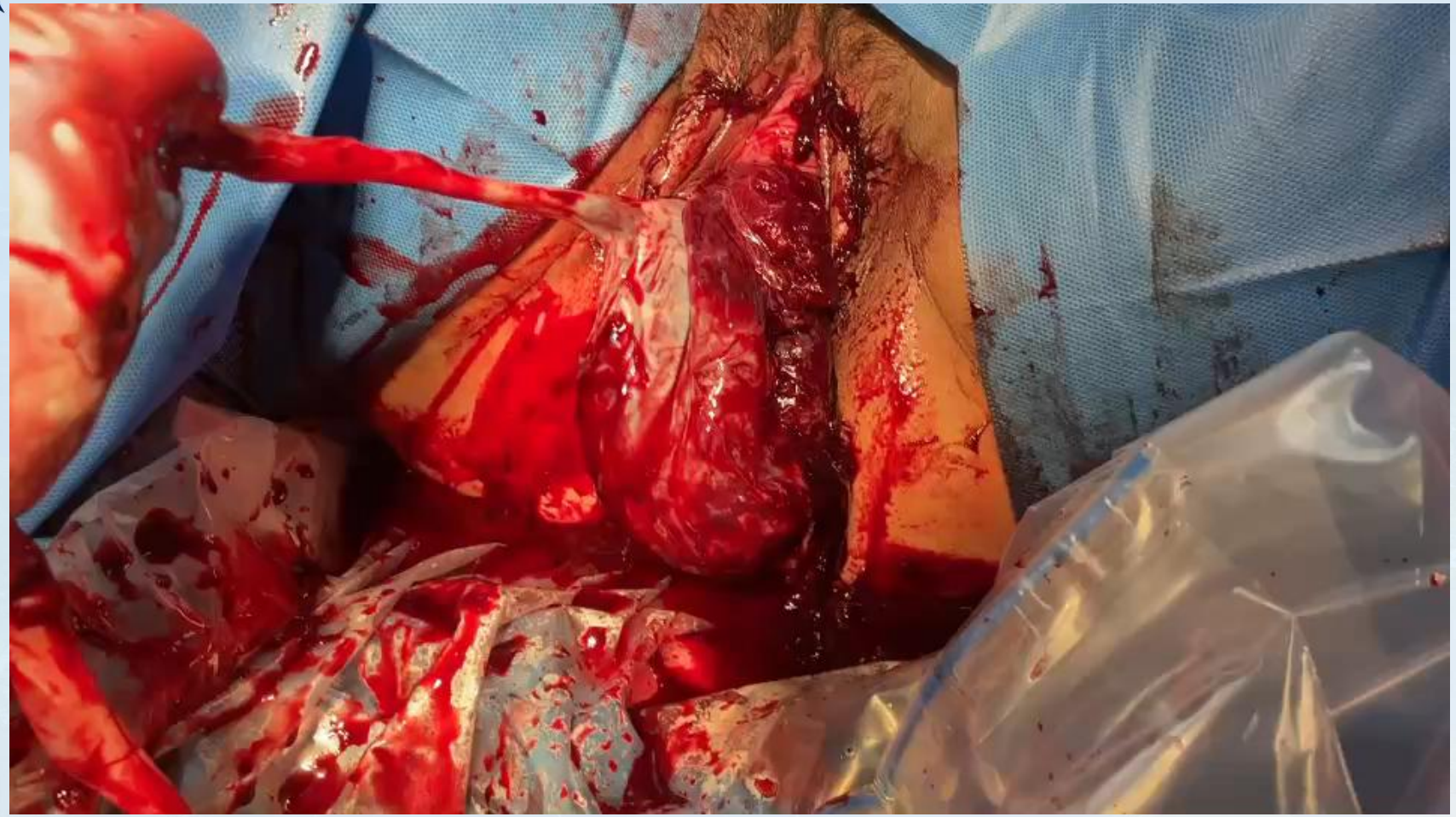
Deficient Knowledge

Related to: Placenta accreta condition and required treatment

Goal: Client verbalizes understanding of condition and plan of care

Interventions:

- Teach about placenta accreta types, risks, and potential complications
- Explain planned delivery: cesarean hysterectomy with multidisciplinary team
- Discuss anesthesia options and blood transfusion protocols
- Provide written materials and resources for informed decision-making
- Answer questions and address misconceptions regarding prognosis



Case : G2P1 Overt DM PROM at 05.00
G1 NL Last para 2 yr. BF15 mo.
8.00 : 2 cm 90% MA 0
10.00 : 2 cm 90% MA 0 severe pain score 8-9
11.30 : 3 cm 100% MA 0
12.30 : 3 cm 100% MA 0
13.30 : 6 cm 100% MA 0intermittent cath 50 ml
15.00 : 7 cm 100% MA 0
15.40 : 9 cm 100% MA 0
16.00 : fully
16.10 : NL Female 2735 gm. APGAR 9 10 10
transfer to sick NB observe BS.
16.40 : placenta incomplete

Risk for Infection

Related to: Invasive procedures, prolonged surgery, and ICU admission

Goal: Remain infection-free; normal temp; WBC within normal limits

Interventions:

- ✓ Monitor vital signs and temperature every 2-4 hours postoperatively
- ✓ Maintain sterile technique for all dressing changes and catheter care
- ✓ Administer prophylactic antibiotics as ordered
- ✓ Monitor for infection signs: fever, wound drainage, purulent discharge, tachycardia
- ✓ Monitor lab values: WBC, blood cultures if fever develops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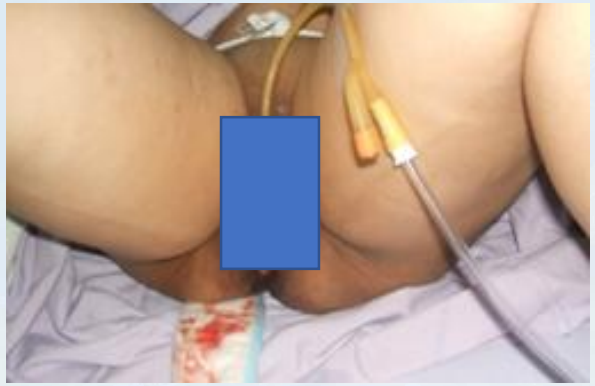
Severe Complications & Management

Critical Complications:

Massive PPH, DIC, bladder/bowel perforation, ureter injury, ICU admission

Multidisciplinary Team:

MFM specialist, anesthesiologist, neonatologist, interventional radiologist, urologist, blood bank physician. Scheduled delivery in Level III/IV facility with prepared team prevents maternal mortality.



Any questions?