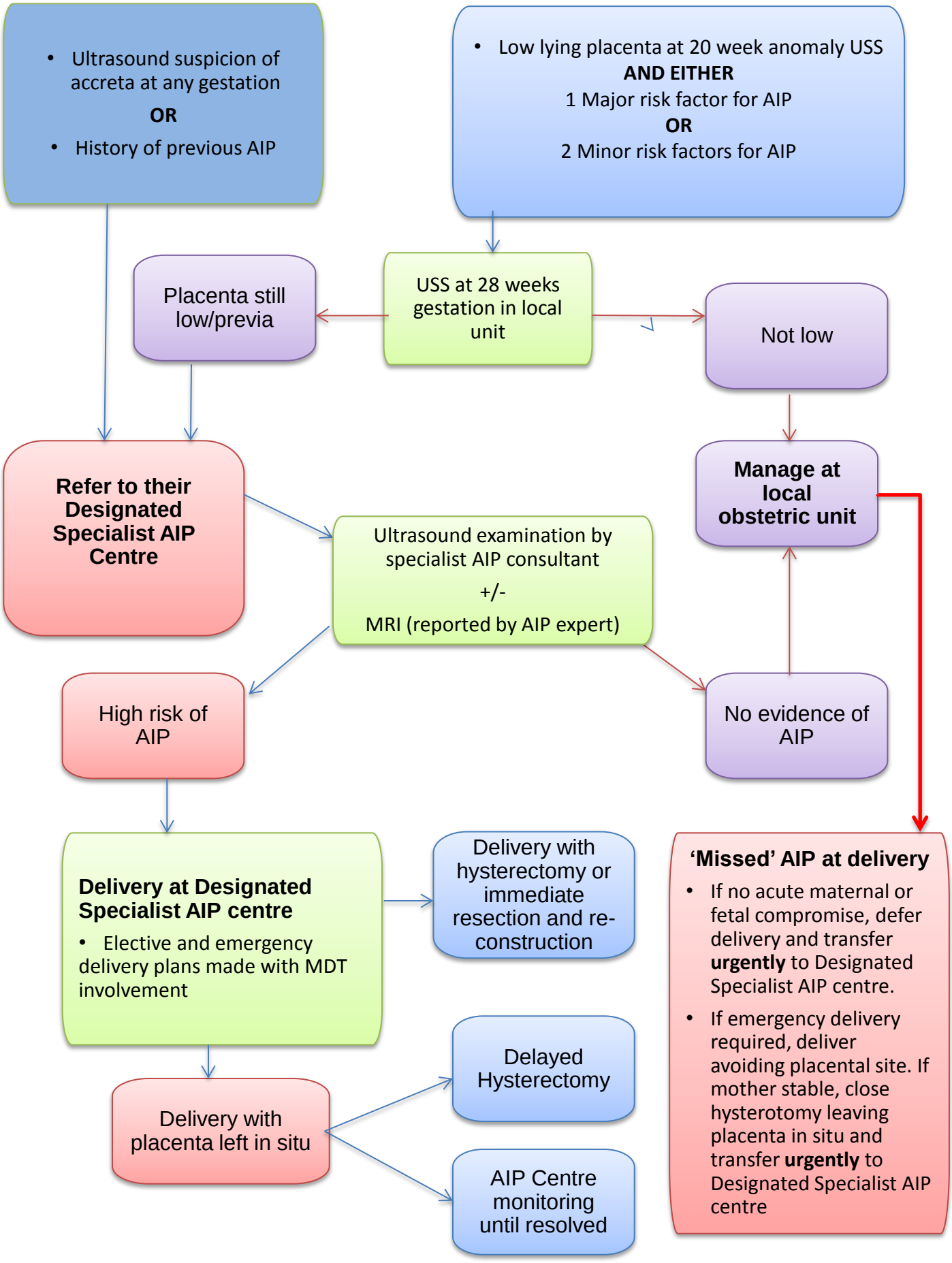
• Ultrasound suspicion of accreta at any gestation
OR
• History of previous AIP
• Low lying placenta at 20 week anomaly USS
AND EITHER
1 Major risk factor for AIP
OR
2 Minor risk factors for AIP
USS at 28 weeks gestation in local unit
Placenta still low/previa
Not low
Refer to their Designated Specialist AIP Centre
Manage at local obstetric unit
Ultrasound examination by specialist AIP consultant
+/-
MRI (reported by AIP expert)
High risk of AIP
No evidence of AIP
Delivery at Designated Specialist AIP centre
• Elective and emergency delivery plans made with MDT involvement
Delivery with hysterectomy or immediate resection and re-construction
Delivery with placenta left in situ
Delayed Hysterectomy
AIP Centre monitoring until resolved
'Missed' AIP at delivery
• If no acute maternal or fetal compromise, defer delivery and transfer urgently to Designated Specialist AIP centre.
• If emergency delivery required, deliver avoiding placental site. If mother stable, close hysterotomy leaving placenta in situ and transfer urgently to Designated Specialist AIP centre