

## OBSTETRIC HEMORRHAGE

## Risk Assessment Tables

## PRENATAL

## RISK FACTORS

- Suspected previa/accreta/increta/percreta
- Pre-pregnancy BMI > 50
- Clinically significant bleeding disorder
- Other significant medical/surgical risk  
(consider patients who decline transfusion)<sup>1</sup>

## INTERVENTION

- Transfer to appropriate level of care for delivery<sup>2</sup>

## ANTEPARTUM

## RISK FACTORS

- |   | TIMING OF DELIVERY (WEEKS) |
|---|----------------------------|
| <input type="checkbox"/> Placenta accreta               | 34 0/7 – 35 6/7            |
| <input type="checkbox"/> Placenta previa                | 36 0/7 – 37 6/7            |
| <input type="checkbox"/> Prior classical cesarean       | 36 0/7 – 37 6/7            |
| <input type="checkbox"/> Prior myomectomy               | 37 0/7 – 38 6/7            |
| <input type="checkbox"/> Prior myomectomy, if extensive | 36-37                      |

PLACENTA ACCRETA  
MANAGEMENT<sup>3</sup>

For 1 or more prior cesareans, placental location should be documented prior to delivery. Patients at **high risk** for placenta accreta, should:

- Obtain proper imaging to evaluate risk prior to delivery
- Be transferred to appropriate level of care for delivery if accreta is suspected

<sup>1</sup> See supplemental guidance document on patients who decline blood products

<sup>2</sup> Review availability of medical/surgical, blood bank, ICU, and interventional radiology support

<sup>3</sup> See supplemental guidance document on morbidly adherent placenta