Abstract

Background. The incidence of placenta praevia (PP) is 0.3-0.5% of pregnancies and it is a major risk factor for placenta accreta syndrome (PAS). PP and PAS cause immense fetomaternal morbidity and mortality and as a result, place a huge burden on health care resources. Hence accurate diagnosis prenatally of PP and associated PAS, is essential as this allows adequate preparation for potential complications

Objective. To ascertain the accuracy of prenatal diagnosis of PP and PAS, and the feto-maternal outcomes of these conditions in women diagnosed at Chris Hani Baragwanath Academic Hospital (CHBAH)

Methods. This was a retrospective, descriptive study that reviewed 55 women diagnosed with PP at CHBAH from 1st of January to the 31st of December 2018. Maternal demography, clinical presentation, ultrasound and Magnetic Resonance Imaging (MRI) findings were assessed to determine feto-maternal outcomes.

Results. Complete data was obtained for 28 women. The incidence of PP was 0.3%. Seventeen patients (58.6%) required intensive care admissions, 7 (24.1%) patients required blood transfusion, and 4 (12.12%) had hysterectomy. The average gestational age of delivery was 33.84±3.4. Ten (30.12%) babies required neonatal intensive care admissions. Ultrasound had a positive predictive value of 50% while MRI correctly identified PAS in 33.3% of patients

Conclusion. PP and PAS increase the likelihood of maternal and neonatal morbidities. Ultrasound is a useful tool in evaluating placenta implantation and can assist in anticipating adverse feto-maternal outcomes in PP and PAS .MRI has limited clinical value in this setting currently, and should not be done routinely