CME Disclosure

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of The Doctors Company and Georgia Perinatal Quality Collaborative. The Doctors Company is accredited by the ACCME to provide continuing medical education for physicians.

The Doctors Company designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclosure to the Audience
The Doctors Company would like to disclose that no one in a position to control or influence the content of this activity has reported relevant financial relationships with commercial interests.
Surviving My Son’s Birth

With Patient, Family and Staff Support

Alexis Carena

January 8, 2019
Placenta Accreta

“Maternal death may occur despite optimal planning, transfusion management, and surgical care”

Source: Committee Opinion: Placenta Accreta, The American College of Obstetricians and Gynecologists, July 2012
Placenta Accreta Rates Have Quadrupled Since The 1980s

- **1980s**: 1 in 1,250 pregnancies
- **2002**: 1 in 533 pregnancies
- **2010**: 1 in 333 pregnancies
- **2016**: 1 in 272 pregnancies

Complex Delivery Planning

21+ specialists:
- Obstetricians
- Obstetric Anesthesiologists
- Gynecological Oncologists
- Interventional Radiologists
- Maternal-Fetal Medicine Specialists
- Neonatologists
- Urologists
- Blood bank
The Big Birthday

- Confirmed Placenta Increta
- Cesarean hysterectomy
- Blood transfusions
- 3 hour surgery – awake the whole time
- Comfort via music and communication
- Recovery in women’s surgical specialty unit, not labor and delivery unit
- Mother/baby care
- Pain management

#preventaccreta
Home Sweet Home

Short-term:
• Arms full with an infant
• More pain management
• Lactation support
• Stiches removal at 10 days pp
• Follow-up with doctor at 6 weeks pp

Long-term:
• Back pain
• Scarring/adhesions
• Anxiety/PTSD
• Hormones
• On the journey alone – or not?
“Efforts to reduce the number of maternal deaths from hemorrhage should address both the availability of blood and transfusion services as well as other means to prevent and treat hemorrhage that do not rely solely on blood transfusions”

Source: The Use of Blood in Obstetrics and Gynecology in the Developing World, Reviews in Obstetrics and Gynecology, 2011 Summer
Suggestions for Patient Care

• Don’t sugar coat your words, women are capable of handling the truth.

• Listen, especially when talking about pain management. We know our bodies.

• Advocate for the right patient/nurse ratio and support. Not every postpartum case is the same.

• Offer comfort, compassion and tender care. It is more important than any robe or blanket.

• Inform your patients about support groups and postpartum resources. Remind them they are not alone.
Suggestions for Partner/Family Care

• Give them privacy if they want it.
• Listen and ask questions. Ask them what they need and try to meet those needs.
• Offer empathy not sympathy.
• Trauma can affect families, not just patients. Inform them of the signs of anxiety and PTSD, and the resources available. Remind them they are not alone.
Resources and Support

Emotional therapy
• Birth trauma therapy
• Family therapy

Physical therapy
• Myofascial release massage
• Chiropractor
• Yoga, pilates

Maternal & mental health
• Postpartum depression: Postpartum Support International
• Breastfeeding: La Leche League, lactation consultants
• Wellness: Gynecologist vs primary care doctor

Advocacy, awareness, resources
• National Accreta Foundation
• MoMMA’s Voices

Facebook support groups
• Hope for Accreta
• Maternal Near-Miss Survivors
• Local Accreta Support Groups

Maternal health events
• March for Moms
• Champions for Change

Blood drives
• Heroes for Moms
Thank you! Connect with me

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HeroesForMoms
HeroesForMoms
National Accreta Foundation

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