

Validation of a clinical and sonographic based scoring system for prenatal prediction of morbidly adherent placenta in high risk population



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Biography

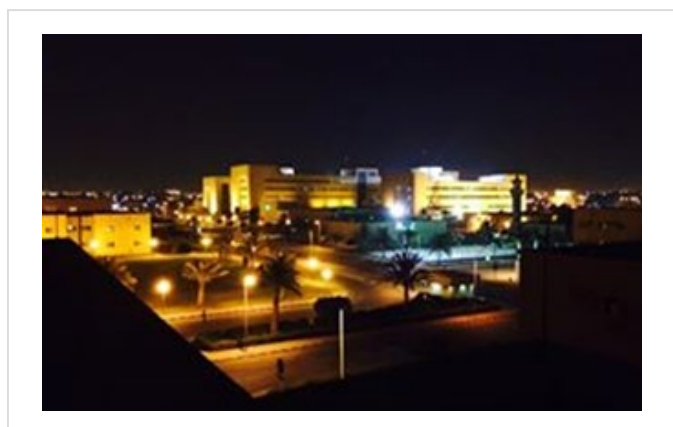
Abrar Alsadah is an enthusiastic, motivated and energetic healthcare professional, skilled in maternal fetal Medicine, fetal surgery, diagnostic obgyn ultrasound and perinatal genetics. She has completed her MBBS from Imam Abdulrahman Bin Faisal University. She has completed her residency in OB/GYN from King Saud Bin Abdulaziz University and medical fellowships from Universities of Toronto and Ottawa. Currently she is working as an Ob/Gyn and maternal fetal medicine consultant (perinatologist) in Ministry of Health, Saudi Arabia. She is the author and co-author of numerous professional papers in British and international journals, and participated in writing the UCLH hospital protocol (protocol of high-risk day hospital pregnancies, management of obstetric cholestasis, antenatal anemia, gestational diabetes in pregnant women).

Objective: The aim was to validate three sonographic based scoring system in prediction of MAP in high risk population.

Study design: A retrospective cohort study was conducted including pregnant women with previous uterine scar and anterior placenta who had Ultrasound evaluation antenatal and delivered in our center. Using three previously proposed sonographic-based score system published by Tovbin et al, Rac et al, and Gilboa et al to predict MAP, Ultrasound images were reviewed by a junior Maternal Fetal Medicine Specialist blinded to the final pathology report and/or surgical notes. Parameters assessed, included number of previous cesarean sections, number and size of placental lacunae, obliteration of demarcation between uterus and placenta, location of the placenta and Doppler assessment, etc.

Results: 55 pregnant women who met the inclusion criteria were reviewed. Nine (16%) cases of MAP were diagnosed at the time of delivery and all had hysterectomy. 12 MAPS confirmed by pathology and or operative notes; 44 of them had normal placenta.

Conclusion: In our cohort study, Tovbin had superior prediction of MAP than the other two scoring system. No difference was found to prediction negative cases of MAP for all three-scoring system and appear to be a useful tool. Larger sample and further statistical analysis should be performed before implementation of scoring system in a routine high-risk patient assessment.



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