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### Management of Morbidly Adherent Placenta

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#### What is Morbidly Adherent Placenta?

Disorders of placentation can be classified into two groups – placenta praevia, which refers to an abnormally sited placenta, and morbid adherence (placenta accreta, increta and percreta), which refers to abnormal placental invasion into the uterine wall.

Placenta praevia refers to a placenta partially or completely lying in the lower segment of the uterus, with an overall incidence at term of around 0.4-0.8%. Incidence increases with maternal age, smoking, multiple pregnancy, parity, previous caesarean sections. (CSs) and previous uterine instrumentation [1], Morbidly adherent placenta (MAP) encompasses a group of disorders: placenta accreta (placenta abnormally adherent to the inner half of the myometrium), placenta increta (placenta invading into the outer half of the myometrium) and placenta percreta (placenta penetrating through the myometrium and the uterine serosa). MAP may be associated with placenta praevia. but can also occur in a normally sited placenta. In fact, any factor that damages the uterine decidua can lead to a morbidly adherent placenta.

The site of placental implantation is determined by the position of the trophoblast at 8–10 weeks' gestation. If this is initially 'low lying', the leading edge of the placenta often appears to migrate upwards as the lower segment of the uterus develops. It is thought that scar tissue in the lower segment of the uterus may prevent the normal growth that usually leads to the placenta 'migrating' upwards, resulting in a higher incidence of placenta praevia in women with a previous CS. In particular, previous CS increases the likelihood of a low-lying placenta detected at the 20–22 week anomaly scan to become a placenta praevia at term from 11% to 50% [2]. The risk of abnormal placentation increases with every uterine operation, such that after four or more CSs, the risk of placenta praevia in any subsequent pregnancies is 10% while the risk of placenta accreta at the fourth CS is 2.13% [3].

#### What Causes MAP?

Morbidly adherent placentae are a result of excessive penetration of the trophoblast through the endometrium (i.e. decidua of pregnancy). The decidua basalis may be deficient in the lower segment or in the presence of scarring from previous operations. This increases the risk of trophoblast invading to the myometrium and beyond [4], especially in cases of damage secondary to previous CS, uterine curettage, endometritis, resection of submucous leiomyoma, endometrial ablation [5] and uterine artery embolization [6].

#### Why is MAP Important?

Morbidly adherent placenta is associated with severe maternal and fetal morbidity and mortality. The maternal morbidity is largely secondary to massive obstetric haemorrhage and the surgical complications of removing a placenta that may be invading other pelvic organs. The average blood loss is 3000-5000 ml [7] and around 90% of cases require blood transfusion. Morbidity includes hysterectomy, ureteric, bladder, bowel and neurovascular injury at laparotomy, intensive care admission and the risks associated with massive transfusion. Major obstetric haemorrhage is also known to be associated with psychological sequelae, including post-traumatic stress disorder (PTSD) as well as intensive care admission. As the frequency of these conditions increases, the long-term mental health implications are likely to become more significant. Maternal mortality is reported to be in the range of 7-10% of

Best Practice in Labour and Delivery, Second Edition, ed. Sir Sabaratnam Arulkumaran. Published by Cambridge University Press. ⊚ Cambridge University Press 2016.

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choices available makes this a continually evolving field and necessitates forward thinking By both discussing the current management of bipolar disorder and the future developments available this resource provides all clinicians working with patients with bipolar disorder an up to date and reflective guide to its management and what the future holds

Massachusetts General Hospital Psychopharmacology and Neurotherapeutics - E-BOOK Theodore A. Stern, Joan A. Camprodon, Maurizio Fava, 2024-09-02 Offering user friendly authoritative guidance on cutting edge psychopharmacologic and somatic treatments for psychiatric and neurologic conditions Massachusetts General Hospital Psychopharmacology and Neurotherapeutics 2nd Edition helps you put today s best approaches to work for your patients Composed of topical chapters primarily from the third edition of Stern et al s Massachusetts General Hospital Comprehensive Clinical Psychiatry this fully revised resource focuses on current psychotropic treatments electroconvulsive therapy and neurotherapeutics making it an ideal quick reference for psychiatrists psychologists internists and nurse practitioners Brings you up to date information on key topics in the field including the application of anticonvulsants anxiolytics mood stabilizers and psychostimulants drug drug interactions side effects treatment adherence and more Includes detailed coverage of antidepressants antipsychotics and antianxiety medications as well as advances in caring for patients with treatment resistant depression and new legal considerations when prescribing psychotropics Covers recent progress on the use of neurotherapeutic interventions such as transcranial magnetic stimulation vagal nerve stimulation and deep brain stimulation Contains a new chapter on the pharmacotherapy of movement disorders derived from Stern et al s MGH Handbook of General Hospital Psychiatry 8th Edition Features a user friendly highly templated format with abundant boxed summaries bulleted points case histories algorithms updated references and suggested readings Offers updated DSM 5 TR criteria alongside peerless hands on advice from members of the esteemed MGH Department of Psychiatry Clinical Handbook for the Management of Mood Disorders J. John Mann, Patrick J. McGrath, Steven P. Roose, 2013-05-09 Provides a one stop evidence based guide to the Therapy in Sleep Medicine E-Book Teri J. Barkoukis, Jean K. management of all types of mood disorders Matheson, Richard Ferber, Karl Doghramji, 2011-10-31 Therapy in Sleep Medicine by Drs Teri J Barkoukis Jean K Matheson Richard Ferber and Karl Doghrami provides the clinically focused coverage you need for rapid diagnosis and effective treatment of sleep disorders A multidisciplinary team of leading authorities presents the latest on sleep breathing disorders including obstructive sleep apnea neuropharmacology parasomnias neurologic disorders affecting sleep sleep therapy for women sleep therapy in geriatric patients controversies and future trends in therapy in a highly illustrated easy to follow format Diagnose and treat patients effectively with complete coverage of the full range of sleep disorders Find diagnostic and treatment information quickly and easily thanks to a highly illustrated easy to read format that highlights key details Stay current on discussions of hot topics including sleep breathing disorders including obstructive sleep apnea neuropharmacology parasomnias neurologic disorders affecting sleep sleep therapy for women sleep therapy in geriatric

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adjustable gastric banding vertical banded gastroplasty the banded gastric bypass and other surgical approaches Reviews the outcomes of bariatric surgery with respect to nutrition diabetes hypertension sleep apnea orthopedic conditions and metabolism Offers guidance on practical and academic training of the bariatric surgeon patient support groups the importance of the multidisciplinary team managed care allied health laparoscopic suites and robotics liability issues and more Includes dietary drug management and other alternative non operative approaches Addresses the growing incidence of childhood obesity with a chapter focusing on adolescent bariatric surgery patients Massachusetts General Hospital Comprehensive Clinical Psychiatry - E-BOOK Theodore A. Stern, Timothy E. Wilens, Maurizio Fava, 2024-03-06 The Massachusetts General Hospital is widely regarded as one of the world's premier psychiatric institutions Massachusetts General Hospital Comprehensive Clinical Psychiatry 3rd Edition offers practical informative and hands on advice from the staff of the esteemed MGH Department of Psychiatry helping you put today s best practices to work for your patients This authoritative reference covers a wide variety of clinical syndromes and settings aided by superb graphics throughout In one convenient volume you ll have easy access to the answers you need to face and overcome any clinical challenge Uses a reader friendly and highly templated format with abundant boxed summaries bulleted points case histories algorithms references and suggested readings Contains new chapters on the Psychiatric Management of Patients with Cardiac Renal Pulmonary and Gastrointestinal Disease COVID 19 Infection Burns Trauma and Intensive Care Unit Treatment Care of LGBTQ Patients and Mindfulness and Resilience Covers key areas such as Substance Use Disorders Mood Anxiety and Psychotic Disorders Emergency Psychiatry Functional Neuroanatomy and the Neurologic Examination Psychological and Neuropsychological Assessment Military Psychiatry Psychiatric Manifestations of Traumatic Brain Injury Legal and Ethical Issues in Psychiatry End of Life Care and Approaches to Collaborative Care and Primary Care Psychiatry Features key points for every chapter updated DSM 5 criteria and enhanced content on collaborative care and behavioral medicine ensuring that your knowledge is thorough and up to date Corresponds to the companion review volume Massachusetts General Hospital Study Guide for Psychiatry Exams 2nd Edition ISBN 978 0 443 11983 5 Any additional digital ancillary content may publish up to 6 weeks following the publication date Practical Management of Bipolar Disorder Allan H. Young, I. Nicol Ferrier, Erin E. Michalak, 2010-05-20 Bipolar disorder or manic depression is characterised by episodes of pathological mood states The two poles are mania with a predominant elated or irritable mood and depression with feelings of sadness anxiety guilt or hopelessness but mixed states frequently occur Episodes can last for many months and profoundly affect physical health relationships and careers Since diagnosis and management are difficult this practical guide provides an overview of the disorder and detailed guidelines for treating the illness throughout its stages from authors internationally renowned for their work in bipolar disorder Also discussed are disease theories mechanisms and key clinical trials as well as chapters devoted to psychosocial treatments substance misuse and insights from lived experience In depth analyses of selected

population groups including youth the elderly and women complement guidelines for clinical approaches in managing bipolar disorder Comprehensive and detailed this guide will prove invaluable to clinicians general practitioners psychiatrists and A Framework for Assessing Mortality and Treatment Improvement Protocol (TIP) Series ,1993 Morbidity After Large-Scale Disasters National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Health Sciences Policy, Committee on Best Practices for Assessing Mortality and Significant Morbidity Following Large-Scale Disasters, 2020-11-25 In the wake of a large scale disaster from the initial devastation through the long tail of recovery protecting the health and well being of the affected individuals and communities is paramount Accurate and timely information about mortality and significant morbidity related to the disaster are the cornerstone of the efforts of the disaster management enterprise to save lives and prevent further health impacts Conversely failure to accurately capture mortality and significant morbidity data undercuts the nation's capacity to protect its population Information about disaster related mortality and significant morbidity adds value at all phases of the disaster management cycle As a disaster unfolds the data are crucial in guiding response and recovery priorities ensuring a common operating picture and real time situational awareness across stakeholders and protecting vulnerable populations and settings at heightened risk A Framework for Assessing Mortality and Morbidity After Large Scale Disasters reviews and describes the current state of the field of disaster related mortality and significant morbidity assessment This report examines practices and methods for data collection recording sharing and use across state local tribal and territorial stakeholders evaluates best practices and Schizophrenia and Psychoses in Later Life Carl I. Cohen, Paul D. identifies areas for future resource investment Meesters, 2019-03-28 A state of the art overview of schizophrenia and psychosis in later life translating present day knowledge into clinical practice **Issues in Sexuality and Sexual Behavior Research: 2011 Edition** ,2012-01-09 Issues in Sexuality and Sexual Behavior Research 2011 Edition is a ScholarlyEditions eBook that delivers timely authoritative and comprehensive information about Sexuality and Sexual Behavior Research The editors have built Issues in Sexuality and Sexual Behavior Research 2011 Edition on the vast information databases of ScholarlyNews You can expect the information about Sexuality and Sexual Behavior Research in this eBook to be deeper than what you can access anywhere else as well as consistently reliable authoritative informed and relevant The content of Issues in Sexuality and Sexual Behavior Research 2011 Edition has been produced by the world's leading scientists engineers analysts research institutions and companies All of the content is from peer reviewed sources and all of it is written assembled and edited by the editors at ScholarlyEditions and available exclusively from us You now have a source you can cite with authority confidence and credibility More information is available at http www ScholarlyEditions com E-Therapy for Substance Abuse and Co-Morbidity John S. Wodarski, Sarah V. Curtis, 2014-12-05 This brief provides an overview of the emerging field of Electronic Therapy E Therapy with a specific focus on alcohol and substance abuse Understanding barriers that prevent individuals from seeking necessary

mental health treatment is at the center of the development and analysis of practice models of care Geographic location transportation language barriers and other situations contribute to difficulties in obtaining adequate treatment for mental illness E Therapy eliminates these barriers by administering counseling and mental health services through audio or audiovisual means This brief examines E Therapy best practices as they apply to alcohol and substance abuse intervention and prevention Seminars in Clinical Psychopharmacology Peter M. Haddad, David J. Nutt, 2020-06-18 Expanded from previous editions and integrating basic science psychopharmacology and clinical practice with up to date clinical guidelines

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