Antenatal Identification and Referral Pathways for Placenta Accreta Spectrum at a Tertiary Maternity Centre

Dr Kathleen Savuro-Mocelutu[1], Dr Chelsea Watt[2]
[1]Gold Coast University Hospital, Gold Coast Health

BACKGROUND

Placenta Accreta Spectrum (PAS) is associated with significant maternal and neonatal morbidity. Rising caesarean birth rates have increased the incidence of PAS, highlighting the importance of early antenatal identification and referral to specialist multidisciplinary services. The GCHHS PAS guideline outlines structured risk stratification, antenatal imaging and referral pathways.

AIM

To evaluate antenatal identification and referral pathways for women with PAS at a tertiary maternity centre and assess compliance with the current GCHHS PAS guideline.

METHOD

Retrospective clinical audit of 12 confirmed PAS cases (1 Jan 2024–1 Jan 2026).
Reviewed:

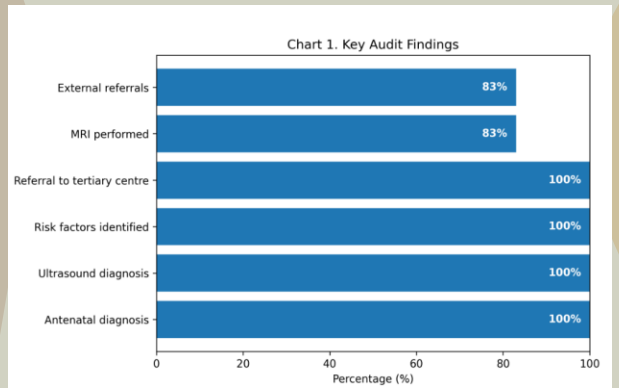
- Maternal risk factors
- Antenatal imaging
- Referral source
- Gestation at diagnosis
- MDT involvement
- Guideline compliance

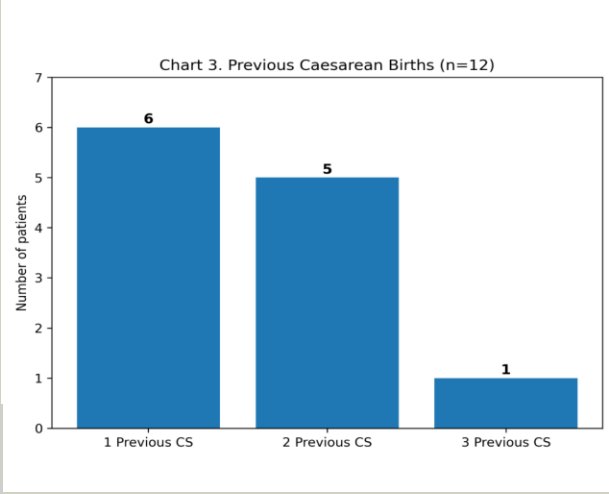
DISCUSSION

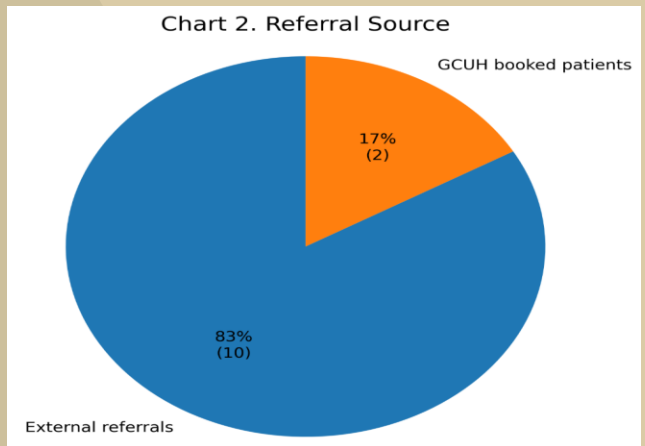
- Excellent compliance with GCHHS guideline.
- Previous caesarean birth and abnormal placental location were predominant risk factors.
- Universal antenatal diagnosis enabled timely tertiary referral and MDT planning.
- Structured referral pathways supported coordinated care.

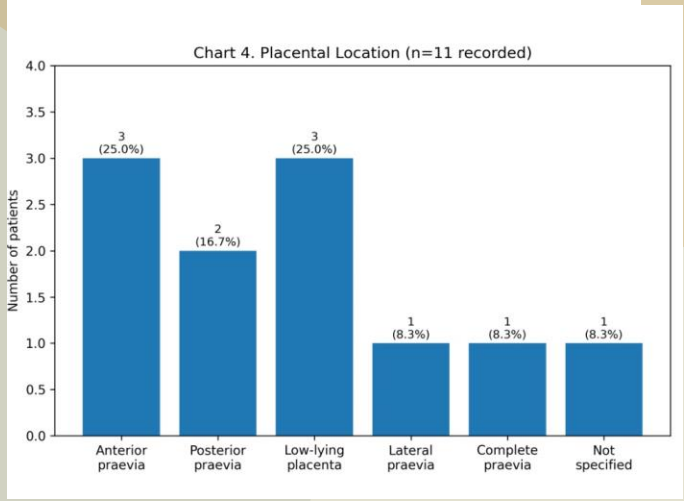
RESULTS

Confirmed PAS: 12 External referrals: 10 (83%) GCUH booked: 2 (17%) Antenatal diagnosis: 100% Ultrasound: 100% MRI: 10 (83%)









GUIDELINE COMPLIANCE

100% of patients had an antenatal diagnosis of suspected PAS.

- **100%** underwent targeted obstetric ultrasound assessment.
- **100%** of women with identified PAS risk factors were appropriately referred to the tertiary multidisciplinary team.
- **83%** underwent antenatal MRI where indicated to further define placental invasion.

83% were referred from external hospitals, demonstrating effective regional referral pathways into the tertiary PAS service.

CONCLUSION

High compliance with antenatal identification and referral standards supports coordinated tertiary management of PAS. Continued adherence to structured pathways remains essential.

References: Royal Australian and New Zealand College of Obstetricians and Gynaecologists. *Placenta Accreta Spectrum (C-Obs 62)*. East Melbourne, VIC: RANZCOG; 2023. • Gold Coast University Hospital. *Placenta Accreta Spectrum Guideline. Version 3*. Gold Coast Hospital and Health Service; 2025. • Cahill AG, Beigi R, Heine RP, Silver RM, Wax JR. Placenta accreta spectrum. *Obstet Care Consensus*. 2018;7:e259-e275. • Jauniaux E, Ayres-de-Campos D, FIGO Placenta Accreta Diagnosis and Management Expert Consensus Panel. FIGO consensus guidelines on placenta accreta spectrum disorders: prenatal diagnosis and screening. *Int J*