Placenta Praevia and Cell Salvage; Does Location Matter?

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Introduction:
Placenta praevia is associated with major obstetric haemorrhage. Intraoperative cell salvage (ICS) is increasingly incorporated into patient blood management during caesarean birth; however, whether placental location influences blood loss sufficiently to guide selective ICS use remains uncertain.

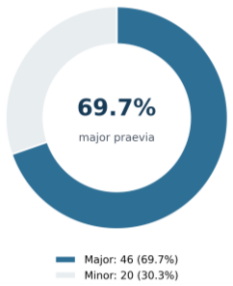
Aim:
To determine whether placenta praevia classification and location influence blood loss and the utility of intraoperative cell salvage during Caesarean section

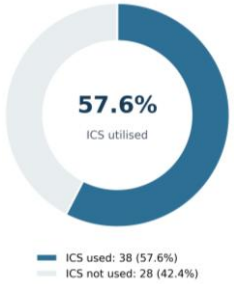
Method
A retrospective cohort study was completed utilising data from Caesarean sections at a single tertiary centre over a 10-year study period.

A total of 66 cases met inclusion and exclusion criteria for this study. Data was then analysed with primary outcomes including Estimated Blood Loss (EBL), ICS utilisation and return, Blood transfusions and Maternal outcomes. This data was then analysed with comparison of outcomes associated with placental classification and location.

Key Results

66
Patients





796 mL
Mean EBL

3
Patients transfused

44%
EBL returned

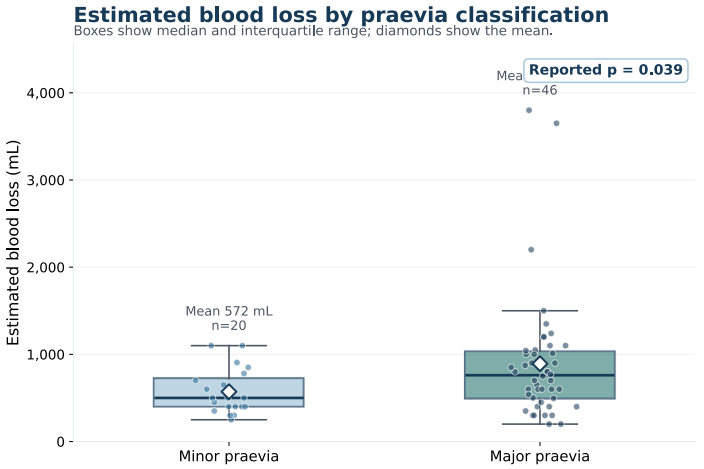
Discussion:

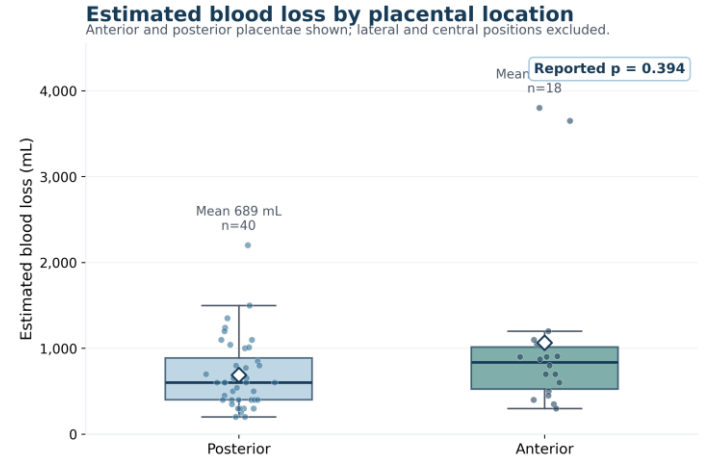
- Blood loss was significantly greater in major compared with minor placenta praevia (p = 0.039).
- Placental location was not significantly associated with blood loss (p = 0.394).
- Although anterior placentae demonstrated greater mean blood loss (1066mL) than posterior placenta praevia (689mL), this trend did not reach statistical significance.

Clinical Implications:

Consider routine availability of ICS at caesarean section for Major Placenta Praevia.

Based on this study, placental location alone should not determine ICS utilisation





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