

# Incorporation of placenta accreta spectrum disorders into quality assurance and performance improvement yielded improved maternal outcomes including decreasing quantitative blood loss, ICU admission rates, and ureteral injury rates.

## Improved maternal outcomes with incorporation of PASD into maternal QAPI program

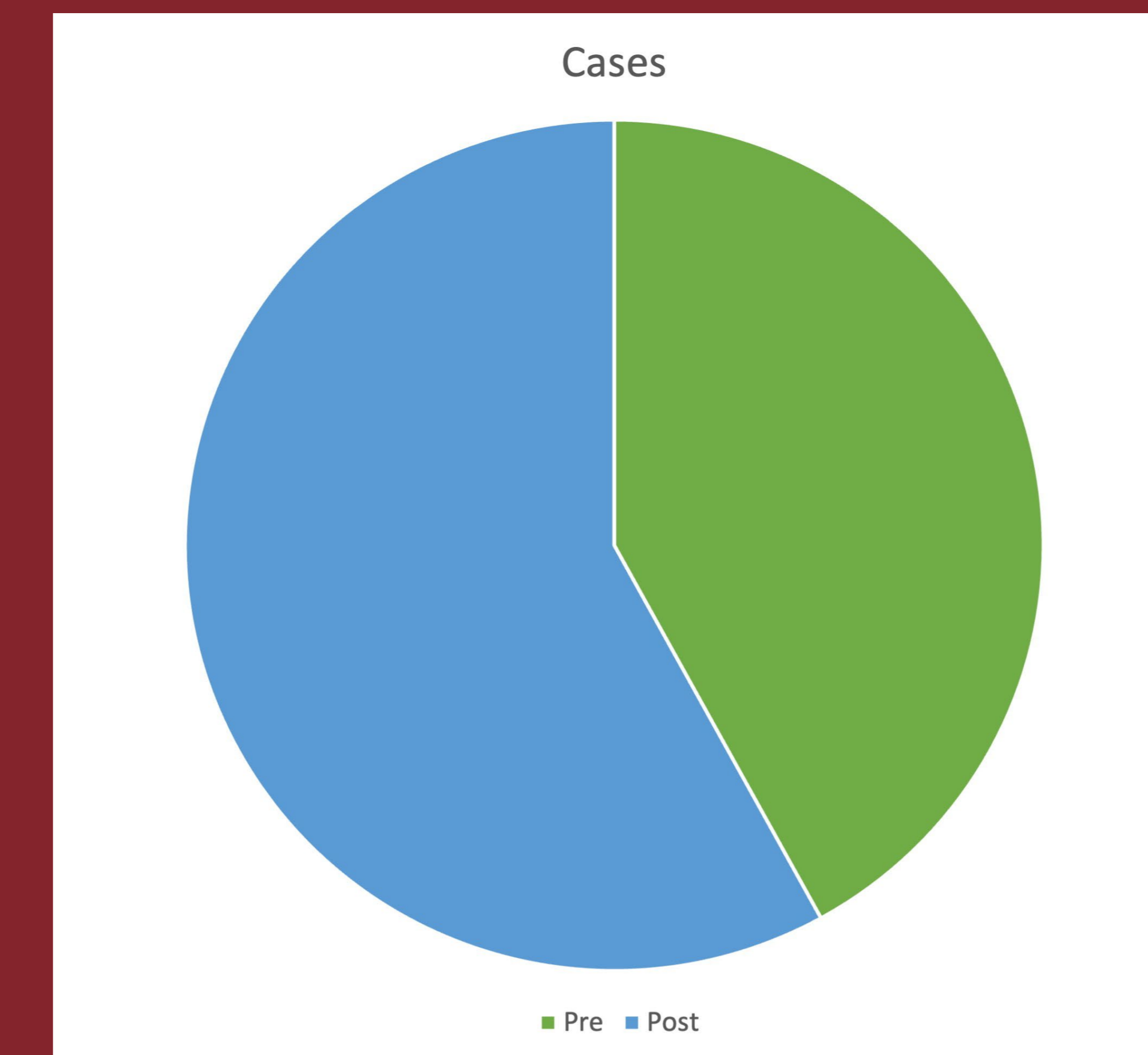
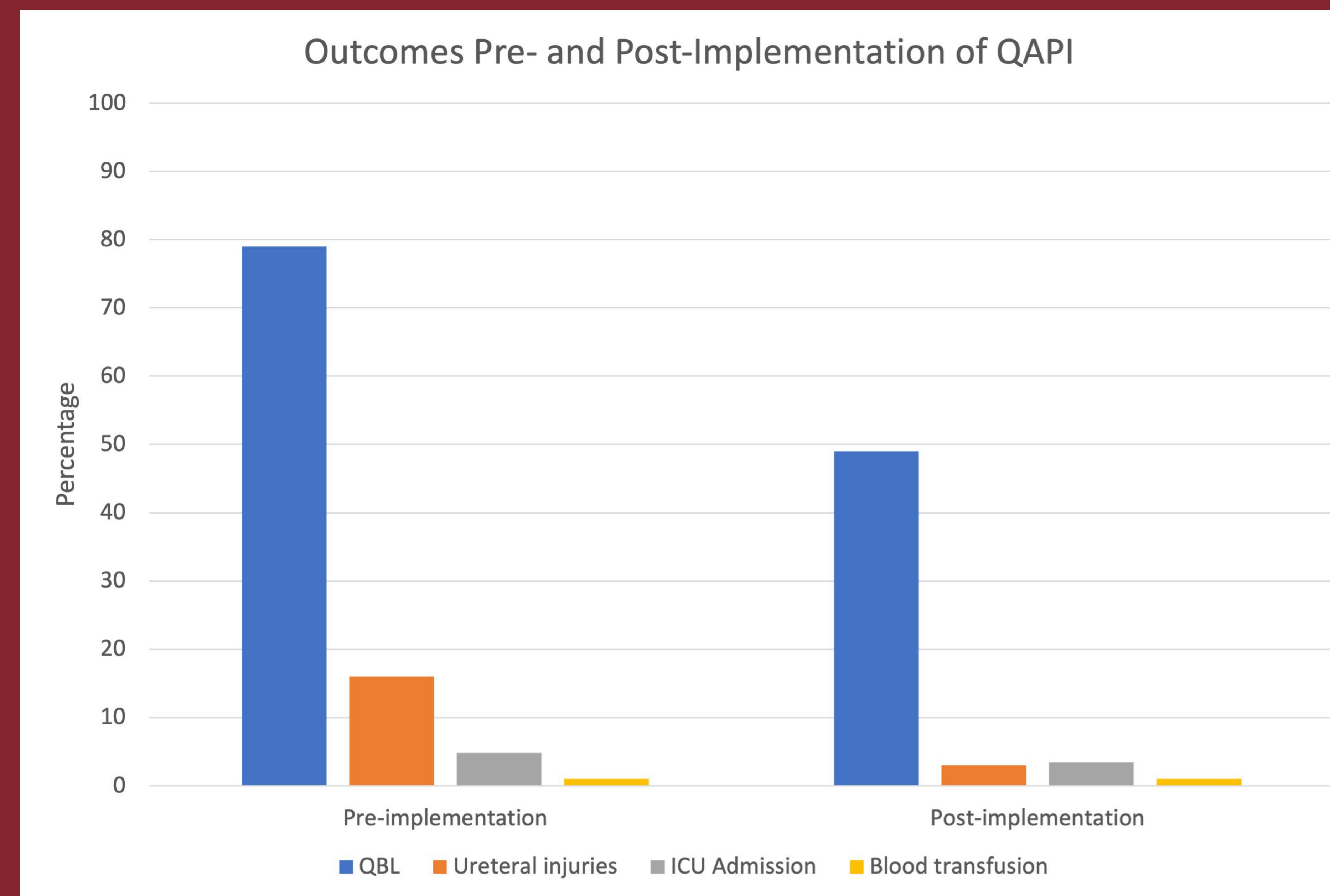
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### Intro

- Multidisciplinary team and checklist created in 2018 for PAS
- In 2022 PAS incorporated into monthly maternal QAPI program
- Preoperative ureteral stents incorporated in 2022

### Methods

1. Single-center retrospective cohort study at academic institution
2. July 2018 - December 2021 and January 2022 - July 2023
3. Primary outcomes: Quantitative blood loss.
4. Secondary outcomes: ICU admission rates, units of packed red blood cells, ureteral injury rates, hospital length of stay



## Results

- QBL decreased 38% from 1580mL to 978mL
- ICU admission rates decreased from 4.8% to 3.4%
- Ureteral injury rates decreased from 16% to 3%
- No change to number of PRBC units transfused or hospital length of stay

## Discussion

The morbidity associated with cesarean hysterectomy for PASD is high and it is important to assess means to decrease complications associated with these procedures. This study reveals the importance of assessing quality improvement methods in order to improve maternal outcomes. This study is limited by the fact that the sample size is small and it was performed at a single institution. Further studies would need to be performed to assess generalization of the results seen in our study.

