# Placental Anomaly

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| Associated Policies and Written Control Documents |
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| • Royal College of Obstetricians and Gynaecologists (2018) Green-top Guideline No. 27a Placenta Previa and Placenta Accreta: Diagnosis and Management.<br>• Antenatal Screening Wales (2020) Ed4 V8 Obstetric Ultrasound Handbook for sonographers delivering the antenatal screening programme in Wales. |
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## Version Control

| Version | Summary of Changes/Amendments | Publication Date |
|---|---|---|
| 1 | Initial Issue | February 2023 |
| 2 | Three yearly review and update. | 10/08/2026 |

## ENGAGEMENT & CONSULTATION

### Key Individuals/Groups Involved in Developing this Document

| Role / Designation |
|---|
| Governance and Lead Sonographer |
| Professional Head of Radiography |
| Women and Childrens Policy and Procedures Oversight Group |
| Assistant Head of Midwifery |

### Circulated to the following for Consultation

| Date | Role / Designation |
|---|---|
| 02/06/26 | Head of Midwifery, Assistant Head of Midwifery, Consultant Midwife, W&C Risk and Governance Lead, Safeguarding Lead, DAU Midwife Sonographers, Community Midwives, Maternity Support Workers, Training and Governance Lead for Ultrasound, Senior Maternity Clinical Informaticist |
| 07/07/26 | Maternity Policies and Procedures sub-group |

## 1.0 Introduction and Purpose

The routine mid pregnancy fetal anomaly scan at $18^{+6}$ to $20^{+6}$ must include placental localisation thereby identifying women at risk of a persisting placenta praevia or a low-lying placenta. Placenta accreta and vasa praevia may also be identified during this scan.

The morbidity and mortality from placenta previa and placenta accrete are considerable in both mother and fetus. Vase previa carries no major maternal risk but is associated with significant risk to the fetus.

The definition of placenta previa relates to pregnancies over 16 weeks where the placenta directly covers the internal os. A placenta that is less than 20mm from the internal os are classified as low lying. The estimated incidence of placenta previa at term is 1 in 200 pregnancies.

Placenta accreta is defined as the abnormal adherence of the placenta to the uterine wall and can be limited to the myometrial wall or penetrate the surround organs (Percreta/Increta). The difficulty in accurate diagnosis has resulted in a variable prevalence rate from 1 in 300 to 1 in 2000. Placenta accreta incidence is rising in correlation with the rise in women having a lower section caesarean section. Placenta accreta carries a 7% higher mortality rate.

Vasa previa is a rare condition with a prevalence of 1:1200 to 1:5000 pregnancies. The fetal vessels run within the membranes in close proximity to the internal os.

Consistent management of placenta previa, placenta accreta and vasa previa make it easier to counsel women and their partner reducing anxiety after the initial diagnosis.

Ladies who could be at a greater Risk of Placental Problems:

- Smoking
- Previous cesarean section
- IVF pregnancies
- Previous Placenta Previa
- Multiple pregnancies
- Women over 40
- Previous abortion or surgery to the womb

## 2.0 Objectives

The purpose of the SOP is to guide ultrasound staff on how to proceed when placenta accreta, placenta previa or vasa previa are suspected in

an asymptomatic woman during and after the anomaly ultrasound screening.

## 3.0 Equality statement:

Powys Teaching Health Board Maternity Services are committed to:
• The elimination of unlawful and unfair discrimination
• The active promotion of equal opportunities for women and their families and our workforce
• The protection of the human rights of women and their families and our workforce
• The promotion of inclusive relationships between groups who share protected characteristics and those who don't
• The valuing of the diversity inherent in the communities we serve and in our workforce.

The words 'woman' and 'women' have been used throughout this document as this is the way that the majority of those who are pregnant and having a baby will identify. The purpose of this document, this term includes girls. It also includes people whose gender identity does not correspond with their birth sex or who may have a non-binary identity. Similarly, where the term 'parents' is used, this should be taken to include anyone who has main responsibility for caring for a baby. It is recognised that there are many different family arrangements.

When translation services are required, there is the expectation that a face-to-face translator or digital interpretation services will be provided.

The Language Line App is available to all maternity staff to use for this purpose. Consideration is required with written documents and leaflets to be provided in a woman's preferred or first language.

**For further support and advice contact PTHB Equality Team:**
powys.equalityandwelsh@wales.nhs.uk

## 4.0 Definitions

- **PTHB** - Powys Teaching Health Board
- **DAU** - Day assessment unit
- **DGH** - District General hospital
- **USS** - Ultrasound scan
- **APH** - Antepartum Hemorrhage
- **SDP** - Single Deepest Pool (Referring to Amniotic Fluid)
- **EFW** - Estimated Fetal Weight
- **FMU -** Fetal Medicine Unit
- **W&C** - Women's and Children's

- **SOP** - Standard Operating Procedure
- **MSW** - Maternity Support Worker
- **RCOG** - Royal College of Obstetricians and Gynecologists
- **LSCS** - Lower Segment Caesarean Section

## 5.0 Roles and Responsibilities

### 5.1 Head of Department

The Head of the Department must:

- Ensure all staff read and understand this procedure
- Arrange regular review to monitor compliance with this procedure

### 5.2 Assistant Head of Midwifery

The Assistant Head of Midwifery has responsibility for:

- Overseeing compliance with training and service development
- Provide leadership and support
- Overseeing the day-to-day running of the service
- Ensure all staff members act in accordance to NMC code of conduct
- Be accountable for the midwife-led ultrasound service
- Arranging yearly mandatory update training
- Overseeing and dealing with the service, provision, developments and issues

### 5.3 Professional Head of Radiography

- To provide professional oversight for the delivery of obstetric sonography service in maternity
- Professional accountability for governance of images
- Professional responsibility for equipment in line BMUS guidance
- Professional management for image storage
- Professional line manager for the governance and lead sonographer

### 5.4 Governance and Lead Sonographer

- To provide the leadership, governance and service improvement for the sonography element of DAU
- To ensure all Practitioners are complying to agreed national and local protocols for sonography/images
- Ensure staff have access to relevant training
- Quality and Assurance of images

- Oversea and provide preceptorship
- Accountable for staff training, both access and delivery for sonography
- Accountable for clinical supervision of sonography
- Provide continuous professional development for best practice for sonography
- To provide clinical advice and support for midwives and senior managers
- Advise on DATIX submissions with regard to sonography

### 5.5 Midwife Sonographer / Sonographer

- The sonographer must be a registered healthcare professional and comply with the NMC/HCPC (registered body) standards
- Maintain professional competency qualifications in obstetric Ultrasound.
- The scans must be reported on the Viewpoint digital system using the relevant template and images must be stored to allow adequate monitoring, audit data and image review as per ASW guidelines (refer to ASW standards, protocols, and ultrasound handbook for compliance standards).
- Documentation of any placental anomaly in the digital maternity record BadgerNet updating the antenatal risk assessment and management plan.
- Informing the womans community midwifery team.

**It is the Sonographers role to ensure follow on pathways of care are in place post scan for placental anomalies.**

## 6.0 Placental Anomaly Identification and Management

### 6.1 Placenta Previa and Low-Lying Placenta

The fetal anomaly scan should be performed between $18^{+6}$ weeks and $20^{+6}$ in accordance with Antenatal Screening Wales standards (2020). The placenta should be examined by performing a transverse and longitudinal sweep of the uterus. The optimum view of the placenta is with a full bladder to aid in viewing the internal cervical os so that a measurement can be taken from the placental edge to the internal os. It is also important to ensure that a lower segment uterine contraction is not giving a false positive finding.

The uterine wall the placenta is attached to and the lower edge of the placenta in relation to the internal os must be recorded, with an image stored and reported on Viewpoint as per the ASW standard.

**The woman's digital pregnancy record (BadgerNet) must be updated in the antenatal risk assessment and management plan to inform those providing care of changes to risk factors for any of the conditions stated below. An email to the community team generic inbox informing of changes in care should be undertaken following the ultrasound scan.**

The placenta is reported as low lying, if clear of the os but < 20mm from the os. It is reported as Previa if covering the os. (RCOG Green Top Guidelines, 2018)

A rescan can be booked at 32 weeks, if the placenta is low lying and the woman is **asymptomatic**. The woman must be advised to attend with a full bladder again, and the importance of this explained. Sonographers should be aware that transvaginal ultrasound for the diagnosis of placenta previa or a low-lying placenta is superior to transabdominal. Therefore, if at 32 weeks the placenta is still covering or low the woman must be referred to a DGH for further evaluation by an obstetrician.

Where the placenta is covering or low lying <17mm from the internal os a referral for information must be sent by the sonographer to the woman's chosen obstetric unit. The referral can be sent as an obstetric review referral in BadgerNet to the antenatal clinic.

**TV scans are not provided in Powys THB.**

Professional RCM advice should be given with regards to the potential of bleeding, what may increase the chance of bleeding and what to do if bleeding occurs.

A RCOG patient leaflet should also be given explaining and advising on a low-lying placenta: https://www.rcog.org.uk/en/patients/patient-leaflets/placenta-praevia/

The woman should be informed of the ultrasound findings and advised to attend hospital immediately if she experiences any bleeding and to mention that she is under review for placenta previa. The community midwife should be informed that a referral to a Consultant/ senior obstetrician has been made.

### 6.2 Placenta Accreta

Placenta Accreta is rare but is a morbidly adherent placenta. The placenta penetrates through the decidua basalis into and then through the myometrium. Women with previous caesarean section require a higher level of suspicion for Placenta Previa or Accreta.

If the placenta is low lying, <20 mm at the anatomy scan, a 32 week gestation scan must be arranged. An assessment of the placenta in relation to the internal os and the caesarean scar needs to be reported. A full maternal bladder is required for accurate evaluation.
In cases where the anterior placenta is underlying a caesarean scar or placenta accreta is suspected, the woman must be referred to the antenatal clinic at a DGH for Consultant/ senior obstetric review and assessment. The referral can be sent as an obstetric review referral in BadgerNet and marked as urgent.

### 6.3 Vasa Previa

Vasa Previa is very rare and describes fetal vessels crossing through the membranes over the internal os below the fetal presenting part.
This can be secondary to a velamentous cord insertion in a single or bi-lobed placenta or from fetal vessels running between lobes of a placenta with one or more accessory lobes (succenturiate lobes).

If a succenturiate lobe is identified at the anomaly scan, as long as it is clear of the internal os it should be reported but otherwise no further action is required.
If however, there is evidence to suggest vasa previa a referral to a consultant / senior obstetrician is required for plan of care using an obstetric review referral in BadgerNet and marked as urgent.

## 7.0 Infection Prevention

**ALL** staff should follow the local guidelines on infection prevention and control. Specific ultrasound protocols relating to the cleaning and decontamination of ultrasound equipment are located in the infection control folder at each ultrasound site.

Personal protective equipment is provided in the form of gloves and aprons for use while performing the ultrasound scan and cleaning the equipment following the recommended guidelines.

Trophon and Tristel training must be undertaken annually by all sonographers and the cleaning systems used in accordance with manufacturer's instructions.
The certificates of training for both decontamination systems must be presented to the Head of Radiology in readiness for the annual revalidation process of the equipment.

## 8.0 Governance

### 8.1 Quality

National governance for ultrasound standards will be implemented throughout the day assessment unit to ensure service standards and the processes for training, supervision and audit and thus achieving the maintenance of high levels of competence, performance and patient safety.

### 8.2 Learning and Improving

All changes to local and national guidelines where relevant, are to be implemented in a timely manner and lead by the Governance and lead sonographer. Evidence-based practice and best practice should be the gold standard for the Obstetric Ultrasound service.

The day assessment staff will be required to complete all mandatory training. The requirements for job specific ultrasound training is specified by the DAU Governance Lead and compliance assessed during individual PADR performance review. Requests for additional learning are assessed on alignment with the Health and Care Strategy and role/ individual development to aid service improvement in the DAU.

ASW requires that the antenatal screening 18+0 to 20+6 week fetal anomaly ultrasound scan e-learning package must be completed once and then used as a supportive resource. The e-learning package is

available on ESR as '000 NHS Wales – Antenatal Screening 18+0 – 20+6 week fetal anomaly ultrasound scan and takes approximately 90 minutes to complete.

Service user review will be undertaken through QR codes, service user groups, incident reviews and any resolution team feedback.

### 8.3 Monitoring and Compliance

Benchmarking of the DAU service provision must be performed to ensure the service is efficient and continues to meet the needs of the population it serves. Patient communication must form part of the review and include a user review of the DAU. Review of Datix submissions from surrounding DGH's involving the DAU will be investigated and feedback to the DAU team anonymously on conclusion for learning.

It is a requirement that a DATIX is submitted for an incident listed on the 'Incident notification List' and any adverse incident that is of concern and requires further investigation. Feedback of findings and trends should be undertaken at regular intervals through the clinical incident meetings held monthly.

Peer/ consultant review of cases will be arranged periodically to monitor practice. It is a requirement that all DAU staff attend a local DGHs perinatal review meeting.

The Patient Administration Systems (Soliton) will be used to monitor activity in the DAU.

### 8.4 Audit & Review

Quality and assurance audit will be carried out monthly with feedback to Midwife Sonographers/ Sonographers
Auditing will be performed to ensure quality and compliance with clinical professional standards.

Record keeping audits must be performed to ensure compliance with NMC/HCPC/DQASS standards using the template created by the Supervisor of Midwives and Governance and lead sonographer. Balanced feedback should be provided to sonographers for reflection and practice review. Review of the audit should recognize trends for further investigation and learning.

Self-audit of ultrasound images and record-keeping forms part of the audit and review process and time must be allocated for this to occur.

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.

## 9.0 Safeguarding

If any safeguarding concerns or significant risk factors are identified for an unborn baby or a vulnerable adult , practitioners must follow Wales Safeguarding Procedures (2019) and SGP036 Safeguarding Policy Policies & Written Control Documents - SGP 036 Safeguarding Policy.pdf (sharepoint.com) . Advice and support concerning any safeguarding issue can be sought from PTHB Safeguarding Team via the Safeguarding Hub on 01686 252806 or email PowysTHB.Safeguarding@wales.nhs.uk (Monday-Friday 09:00-17:00, excluding Bank Holidays). Outside of office hours, Local Authority can be contacted on 0345 0544 847 or contact Silver on Call.
All registered practitioners should access appropriate safeguarding supervision and training as per guidance. Safeguarding Supervision (sharepoint.com)

## 10.0 References / Bibliography


1. Placenta Previa and Placenta Accreta Diagnosis and Management Green-top guidelines No. 27a and Vasa Previa 27b 2018 RCOG

2. MBRRACE – UK (2025) Saving Lives, Improving Mother's care. Surveillance of Maternal Deaths in the UK. www.npeu.ox.ac.uk/mbrrace-uk/reports

3. National Institute of Clinical Excellence (2021) NG201: Antenatal Care Clinical Guideline. ww.nice.org.uk

4. National Institute of Clinical Excellence (2012) Updated (2023) Antenatal Care: Quality Standards

5. National Maternity Review (2016) Better Births – Improving outcomes of maternity services www.england.nhs.uk/mat-transformation/mat-review/

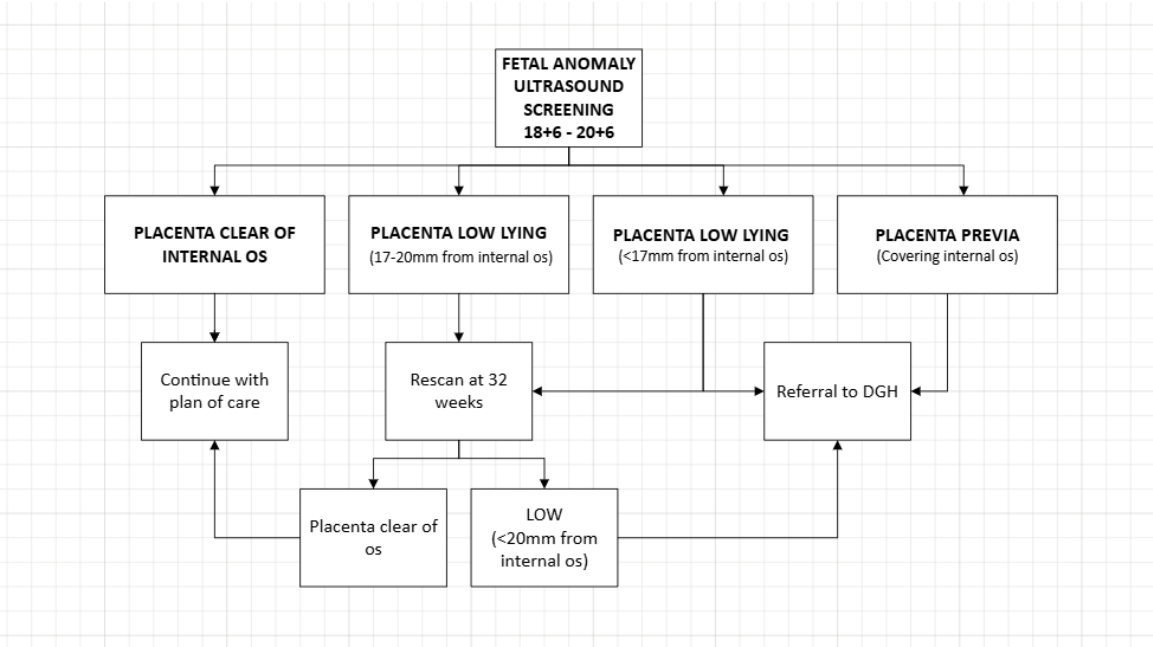
6. Nursing and Midwifery Council (2018) The Code – Professional Standards of practice and behaviour for nurses and midwives. www.nmc-uk.org

7. Antenatal Screening Wales (2020) Obstetric Handbook for Sonographers delivering the antenatal screening programme in Wales. 4th Edition Version 8 Public Health Wales.

8. Society and College of Radiographers / British Medical Ultrasound (2014 rev 2017) Society Standards for the provision of an ultrasound service.

9. Society and College of Radiographers / British Medical Ultrasound (2017 v.2) Guidelines for Professional Ultrasound Practice.

## Appendix A: Placental Clinical Pathway



**Equality Impact Assessment**

**It is not mandatory to complete an Equality Impact Assessment (EIA) for a written control document. If you feel it would be of benefit, please complete the box below and attach an EIA as an appendix to this document.**

| | | |
|---|---|---|
| Has an Equality Impact Assessment (EIA) been completed | | **NO** |
| Name of the person giving this response | DAU Midwife Sonographer | |
| If NO: | N/A | |
| If YES: | | |