

Conservative management or cesarean hysterectomy for placenta accreta spectrum? Local resources and organization of care matter



We thank Dr Shinker and colleagues for their comment and interest in our work.¹

We acknowledge that the incidence of our primary outcome in the conservative management group is quite similar to the one reported during 2014 to 2016 after immediate hysterectomy by the very experienced Houston team.² Nevertheless, the incidences of blood loss–related outcomes after cesarean hysterectomy reported by this team were in the very low range compared with all published ones; furthermore, as underlined in our manuscript,¹ the incidences of blood loss–related outcomes in our cesarean hysterectomy group were similar to those reported by other teams,³ such as the Houston team during 2011 to 2014.² Moreover, the statement that only 19.4% of women undergoing cesarean hysterectomy benefited from multidisciplinary care in our study is not completely accurate, and we would like to clear up any misunderstanding. Of note, 69.4% of women were managed in centers of excellence for placenta accreta spectrum (PAS), but an additional surgeon, other than an obstetrician-gynecologist, was present during the surgery only in 19.4% of cases.¹ In France, obstetrician-gynecologists working in those centers have the experience and surgical skills to manage PAS, whereas other specialized surgeons are on-call.³ This is an organization that is close to the one described by the Houston team.²

Moreover, 1 strength of our large prospective multicenter study was that our results were collected not only from very specialized centers but also from a larger spectrum of specialized and general centers with the inclusion of women with or without a prenatal diagnosis of PAS. This may better reflect the real-world organization of care and incidences of blood loss–related outcomes in women with PAS managed by either conservative management or cesarean hysterectomy.¹

However, we strongly agree with the authors that the generalizability of our results to other settings is questionable. Differences in the organization of the healthcare system may result in substantial differences in maternal outcomes between countries. In particular, in France, conservative management for PAS is a procedure largely implemented for more than 2 decades.³ French teams have experience in managing short- and midterm complications associated with this approach that requires a close midterm monitoring with frequently scheduled visits during several months,³ which implies that women live not too far from the center performing the conservative procedure, thus potentially limiting the percentage of eligible women to conservative management in the US context. Therefore, we agree that further

prospective investigations of conservative management are needed in different contexts before its widespread adoption. ■

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REFERENCES

1. Sentilhes L, Seco A, Azria E, et al. Conservative management or cesarean hysterectomy for placenta accreta spectrum: the PACCRETA prospective study. *Am J Obstet Gynecol* 2021. [Epub ahead of print].
2. Shamshirsaz AA, Fox KA, Erfani H, et al. Multidisciplinary team learning in the management of the morbidly adherent placenta: outcome improvements over time. *Am J Obstet Gynecol* 2017;216:612.e1–5.
3. Sentilhes L, Kayem G, Mattuizzi A. Conservative approach: intentional retention of the placenta. *Best Pract Res Clin Obstet Gynaecol* 2021;72: 52–66.

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