

- 1. A centre which can provide a multidisciplinary team (MDT) with significant experience of managing abnormally invasive placenta (AIP) which can provide antenatal diagnosis and pre-operative planning. This team should be available 24/7 to ensure expertise is available for emergency situations.**

This MDT should, as a minimum, include;

- Imaging expert (fetal medicine specialist and/or radiologist)
  - Experienced obstetrician (often maternal-fetal medicine specialist)
  - Anaesthesiologist with expertise in complex obstetric cases
  - Surgeon experienced with complex pelvic surgery (often a gynaecological oncologist)
  - Urologist (with experience of open urological surgery especially ureteric re-implantation)
  - Neonatologist
  - Interventional Radiologist\*
- 2. There should be *on site*, rapid access to the following in case of emergency;**
    - Colorectal surgeon
    - Vascular surgeon
    - Haematologist
  - 3. Adult intensive care facilities available on site**
  - 4. Gestational age appropriate neonatal intensive care facilities**
  - 5. Massive transfusion facilities**
  - 6. Intra-operative blood salvage (cell salvage) services available<sup>^</sup>**

\* Although the IS-AIP do not recommend the routine use of prophylactic balloon occlusion, the availability of embolization in the event of massive haemorrhage remains important.

<sup>^</sup> Intra-operative blood salvage should be available for all elective procedures as a minimum.

**Table 1: IS-AIP criteria for what constitutes a specialist centre for AIP**