A common condition of the field delivery stage is a delay in the expansion of the placenta, usually accompanied by menses or slight fever due to the weakened or damaged placenta. In addition, placenta accreta may be present after abortion, or retained, placenta may be following the placenta accreta. Diagnosis of placenta accreta can be difficult, especially if the placenta is not attached properly.

The diagnosis of placenta accreta can be made using imaging techniques such as ultrasound, MRI, or CT scans. Imaging can help identify the extent of the placenta accreta and predict the course of the delivery.

Management of placenta accreta may involve medical or surgical interventions. Medical management may include medications to promote uterine contractions and uterine ripening agents. Surgical interventions may involve delivery of the placenta, suction curettage, or uterine incision and removal of the placenta.

Immediate hemorrhage control is paramount when managing placenta accreta. Blood transfusions and surgical intervention as necessary. Intraoperative consultation with a gynecologist or general surgeon is recommended if the presence of placenta accreta is confirmed during the delivery.

The management of placenta accreta can be complex and requires a multidisciplinary approach. Close monitoring of the patient's vital signs, hemoglobin level, and uterine activity is essential. Endotracheal intubation and mechanical ventilation may also be necessary. The delivery should be performed by a qualified healthcare provider with experience in managing placenta accreta.

In summary, placenta accreta is a serious condition that requires prompt and effective management. Early diagnosis and appropriate treatment are essential to prevent complications and improve maternal outcomes.