

# Cesarean Scar Pregnancy

*Patient Information Series – What you should know, what you should ask.*

## **What is Cesarean scar pregnancy?**

Cesarean scar pregnancy is a relatively uncommon condition (1 in 800 to 1 in 2000 pregnancies after cesarean delivery). The pregnancy starts developing on the cesarean scar and can lead to life-threatening complications.

## **What causes cesarean scar pregnancy?**

The exact causes of cesarean scar pregnancy are not known, but having a higher number of cesareans increases the possibility of CSP in future pregnancies. Certain other conditions increase the chance of developing CSP, such as a high body mass index, diabetes during pregnancy, surgical removal of fibroids from the uterus, or if your cesarean was done in the second stage of labor. Any infection after surgery can also increase the chances of developing CSP.

## **What will CSP mean for me and my baby?**

Although most of the CSPs end in a spontaneous miscarriage, some can present with sudden severe symptoms, including severe hemorrhage due to the rupture of the uterus. Alternatively, the pregnancy can progress through the second and third trimesters and evolve towards a disease called placenta accreta spectrum (PAS) disorders. In PAS, the placenta is adherent to the uterine wall and can invade it, leading to severe symptoms before or during delivery, including hemorrhage and the need for a hysterectomy (removing the uterus). The normal course of CSP varies—20 percent will end in an uneventful live birth, while the rest, 80 percent, may develop placenta previa and placenta accreta (adherent placenta). It is not always possible to diagnose CSP, and sometimes the first sign of this condition is the presence of severe bleeding in the first trimester. If CSP is diagnosed early in pregnancy and the mother does not have symptoms, a consultation with a fetal medicine specialist should be immediately arranged to discuss the different options for managing the pregnancy. These include the possibility of ending the pregnancy in view of the high risk of severe symptoms, which cannot be predicted by an ultrasound scan. The other option is to continue the pregnancy. In this case, the mother should be closely monitored to detect signs of uterine rupture, including pain and severe bleeding. The mother should also be referred to a specialist for ultrasound evaluation in order to rule out the presence of PAS disorders. If you decide not to continue the pregnancy, you should decide early. Complications are much lower if termination is done before 9 weeks of pregnancy.

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## **What other questions should I ask?**

- What other symptoms should I be worried about if I have a diagnosis of CSP?
- Is there a way to predict whether I will experience uterine rupture?
- What problems can occur if I have this condition?
- How often will I have ultrasound examinations done?
- Where should I deliver?
- Should I always have a hysterectomy in case I continue the pregnancy and develop PAS?
- Can I meet the team of doctors that will be assisting me during delivery?

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