**Supplementary tables**

**Table S1**  Characteristics of studies identified by systematic review

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Author**  **(year)** | **Country** | **Study period** | **Study type**  **Gestational age** | **Case selection** |
| Alici Davutoglu et al (2018)14 | Turkey | Jan 2015-March 2016 | Retrospective, case-control  >24 weeks | 26 anterior placenta previa/43 controls |
| Cim et al (2018)15 | Turkey | Sept 2016-May 2017 | Prospective  28-35 weeks | 58 suspected of placental invasion |
| Dall'Asta et al (2018)16 | UK | 2018 | Case series  27-35 weeks | 8 anterior placenta previa |
| Aryananda et al (2019)17 | Indonesia | Sept 2016-Dec 2016 | Prospective  32-38 weeks | 12 high-risk patients |
| Hasegawa et al (2019)18 | Japan | 2019 | Case report  34 weeks | 1 case of placenta previa increta |
| Bayramoğlu Tepe et al (2020)19 | Turkey | N/A | Retrospective  Third trimester | 54 patients with prior CD |
| Chen et al (2020)20 | China | Jan 2018-May 2019 | Prospective  Mean (SD) 26.2 (6.8) weeks | 27 high-risk patients |
| Dall'Asta et al (2020)21 | UK & Italy | 2014-2018 | Retrospective  25-36 weeks | 43 placenta previa |
| di Pasquo et al (2020)22 | Italy | Jan 2015-Sept 2018 | Retrospective, multicenter  ≥26 weeks | 332 Low-lying/placenta previa |
| Horinouchi et al (2021)23 | Japan | 2021 | Case report  31 weeks | 1 case of PAS |
| Shih et al (2021)24 | Taiwan | 2002-2017 | Retrospective  Mean (SD) 27.9 (5.3) weeks | 133 cases of PAS |
| Dall'Asta et al (2022)25 | UK & Italy | N/A | Retrospective, multicenter  25-36 weeks | 65 Low-lying/placenta previa |
| Al-Khan et al (2022)26 | USA | 2020 | Prospective, case-control  Mean (SD) 24.6 (5.2) weeks | 10 high-risk patients/20 controls |
| Skupski et al (2022)27 | USA | 2008-2019 | Retrospective, multicenter  Second & third trimester | 385 placenta previa |
| Dokumaci et al  (2022)28 | Turkey | June 2015- May 2017 | Prospective, case-control  Mean (SD) 32.2 (5.3) weeks | 18 PAS/20 controls |

**Table S2**  Demographic and clinical characteristics presented in first Delphi round, to identify high-risk patients in whom detailed placenta accreta spectrum (PAS) ultrasound assessment is indicated

|  |  |
| --- | --- |
| **CHARACTERISTICS** | **n (%)** |
| **Advanced maternal age** | 6 (16%) |
| **Conception by in-vitro fertilisation** | 18 (49%) |
| **Nulliparity** | 0 |
| **Multiparity** | 6 (16%) |
| **One prior Cesarean delivery** | 35 (95%) |
| **Multiple (≥ 2) prior Cesarean deliveries** | 37 (100%) |
| **Prior placental manual delivery** | 22 (60%) |
| **Prior myomectomy** | 33 (89%) |
| **Prior uterine curettage** | 25 (68%) |
| **History of endometriosis/adenomyosis** | 14 (38%) |
| **Prior PAS** | 36 (97%) |

***Question:*** *Which of the patient characteristics in questionnaire 1a should be used to identify pregnant women in whom detailed PAS ultrasound assessment is indicated?*

**Table S3**  Second- or third-trimester ultrasound findings that are not related to placenta accreta spectrum (PAS) but may increase the probability of PAS at birth, presented in first Delphi round

|  |  |
| --- | --- |
| **ULTRASOUND SIGNS** | **n (%)** |
| **Anterior low-lying placenta\*** | 24 (65%) |
| **Anterior placenta previa\*** | 30 (81%) |
| **Posterior low-lying placenta\*** | 11 (30%) |
| **Posterior placenta previa\*** | 22 (60%) |
| **Placenta previa with cervical involvement** | 29 (78%) |
| **Increase placental thickness** | 9 (24%) |
| **Multiple pregnancy** | 6 (16%) |
| **Fetal growth restriction** | 0 |

\*Defined as “low lying” when the edge is 0.5-2 cm from the internal os (IO) on TVS at any gestation > 16 weeks & placenta previa when the edge is < 0.5cm from the IO or completely covering it29.

***Question:*** *Which of the second or third trimester ultrasound signs in questionnaire 1c do you think would increase the probability of PAS at birth?*

**Table S4**  Distribution of optimal gestational age at which to identify ultrasound signs associated with PAS, according to individual expert preference

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ULTRASOUND SIGNS** | **11-14 wks** | **19-23**  **wks** | **32-36 wks** | **19-23 & 32-36 wks** | **Gestational age does not matter** |
| **Loss of ‘clear zone’** | 3 | 24 | 20 | 19 | 15 (41%) |
| **Myometrial thinning** | 4 | 22 | 17 | 15 | 18 (49%) |
| **Bladder wall interruption** | 2 | 15 | 22 | 15 | 20 (54%) |
| **Placental bulge** | 1 | 14 | 13 | 13 | 22 (60%) |
| **Uterovesical hypervascularity** | 2 | 16 | 21 | 11 | 16 (43%) |
| **Placental lacunae** | 2 | 23 | 17 | 17 | 18 (49%) |
| **Bridging vessels** | - | 20 | 23 | 20 | 17 (46%) |

***Question:*** *What is the optimal timing to check for these signs during pregnancy? (You may tick more than one gestational age window).*