Operational definition of dependent variables

Pregnancy outcome

- Estimated blood loss (mL)a quantitative measurement of operative procedure or and intrapartum blood loss after delivery.
- The number of blood transfusion (units) during surgery: number of units transfused during surgery.
- The number of blood transfusion (units) within 24 hours postoperatively: number of units transfused within 24 hours postoperatively.
- Readmission: a return hospitalization to an acute care hospital following a prior acute care admission within 30 days of discharged from initial admission.
- Maternal ICU admission: obstetric care admission to the intensive care unit (ICU).
- Surgical complications: any intended or unintended event occuring to the patient as a direct result of the surgery.
- The duration of postoperative hospital stay (days): the duration of hospital stay after surgery.
- Maternal mortality: the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the cause of death (obstetric and non-obstetric); this definition includes unintentional/accidental and incindental causes.
- Perinatal mortality: the number of fetal deaths of at least 28 weeks of gestation and/or 1000 g in weight and newborn deaths (up to and including the first seven days after birth).

Timeliness of emergency care

- Triage waiting time (minute): the time needed from patient arrival to initial assessment at the emergency room.
- Decision to delivery interval (DDI) (minute): the interval between the time emergency caesarean section was decided and the time the first baby was born (minutes).
- Time to emergency laparotomy (minute): the time between decision to do emergency laparotomy (reoperation after cesarean section or cesarean histerectomy or laparotomy to control bleeding with cases vaginal delivery suspected PAS) and anaesthetic start time.
- Intensive care unit (ICU) waiting time (minute): interval between decision to ICU admission time.

- Time to transfusion (minute): the decision to transfusion due to obstetric hemorrhage and transfusion initiation.

Adherence to a standard of process

- Availability of multidisciplinary team: availability of the cooperation between different specialized professionals consisting of a maternal fetal medicine specialist, gynecologic oncologist, anesthesiologist, intensivist, neonatologist, urologist, and colorectal surgeon involved in suspected PAS management.
- Availability of blood units for transfusion: blood units were available and transfused as requested.
- Availability of ICU bed spaces: ICU bed was available as requested