



INTRAPARTUM CARE

MANAGEMENT OF THE THIRD STAGE OF LABOUR

MANAGEMENT OF A RETAINED PLACENTA

AIM

Appropriate care of a woman experiencing a retained placenta.

DEFINITION

The definition of a retained placenta is made according to the type of management used for the third stage of labour. These are:

Active management of the third stage of labour: the placenta is not delivered within 30 minutes of the birth of the infant.¹

Expectant (physiological) management of the third stage of labour: the placenta is not delivered within 60 minutes of the birth of the infant.¹

KEY POINTS

1. In the presence of postpartum haemorrhage (PPH) the placenta must be delivered at once. Commence management for PPH as per Community Midwifery Program (CMP) clinical guideline for PPH
2. Avoid vigorous cord traction to prevent the cord snapping or causing uterine inversion.
3. A full bladder may inhibit delivery of the placenta.

Potential consequences of retained placenta.

- PPH.⁴
- Anaesthetic risk for removal of retained placenta.

Management of retained placenta

- Management as per CMP guideline PPH must be instigated in the presence of PPH.⁴
- If physiological third stage management has occurred and the placenta remains in situ 1 hour after the birth, the client must be offered an oxytocic. Syntometrine® 1mL must be administered following consent as per standing order Administration of Syntometrine®. Commence active management with controlled cord traction (see CMP clinical guideline Active Management of the Third Stage of Labour).
- Encourage maternal position change and maternal effort to aid delivery of the placenta, encourage breastfeeding or nipple stimulation.
- Rub up the uterus to induce a contraction.



- Insert an indwelling catheter.
- Call the ambulance (as per CMP clinical guideline transfer from home to hospital)
- Consult with the supporting hospital, informing the obstetrician and midwifery coordinator of immediate transfer in with a retained placenta.
- Insert a large bore IV cannula, preferably 16g. Take bloods for full blood picture (purple tube), group & save (pink tube) and consider clotting screen (blue tube).
- Commence IVI Syntocinon 40 IU in 500mL of Hartmann's as per standing order Administration of Syntocinon . Administer at a rate of 125 mL/ hour (42 drops / minute)
- Insert a 2nd large bore cannula if practicable; commence 1 litre of CSL IVI following a verbal order.
- Monitor maternal BP, pulse, respirations and blood loss, every 15 minutes in the absence of bleeding.
- Check the fundal height and uterine tone every 5 minutes.
- Ensure contemporaneous documentation.
- Transfer into the support hospital on arrival of the ambulance (as per CMP clinical guideline Transfer from Home to Hospital).⁶
- Complete an intrapartum clinical handover form, and intrapartum transfer form.

If the placenta births at any time prior to leaving the house, there is no PPH, maternal observations are within normal limits and completeness of placenta and membranes is confirmed, consult with the supporting hospitals obstetrician or GP/obstetrician to discuss if transfer is still required.



REFERENCES / STANDARDS

1. National Institute of Clinical Excellence. [Intrapartum care. Care of the healthy women and their babies during childbirth](#). London 2014
2. Royal College of Obstetricians and Gynaecologists. 2009. Green Top Guideline, No. 52. [Prevention and management of Postpartum Haemorrhage](#).

National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice
12 Provision of Care

Legislation - Nil

Related Guidelines / Policies –[CMP Active Management of the Third Stage of Labour](#)
[CMP Physiological Management of the Third Stage of Labour](#)
[KEMH Retained Placenta](#)
[CMP Postpartum Haemorrhage](#)

Other related documents –

[Midwifery care when a Client Makes a Decision that Is Incompatible with the CMP Midwifery Standard of Practice Transfer Home to Hospital](#)

RESPONSIBILITY

Policy Sponsor	Nursing & Midwifery Director OGCCU
Initial Endorsement	October 2008
Last Reviewed	May 2016
Last Amended	May 2016
Review date	May 2019

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