



CLINICAL GUIDELINES
OBSTETRICS AND MIDWIFERY

INTRAPARTUM CARE

THIRD STAGE OF LABOUR MANAGEMENT

RETAINED PLACENTA

Keywords: retained placenta, manual removal of placenta, third stage of labour, placenta not delivered

AIM

To guide the 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:

Active management of the third stage of labour: the placenta is not delivered within 30 minutes of 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

BACKGROUND INFORMATION

The incidence of retained placenta is approximately 2%. The risk for retained placenta may increase if the uterus contains a fibroid, is bicornuate, or has a septum. The placenta may also become retained if trapped in the cervix or lower uterine segment, and if the woman has a full bladder. Morbid adherence of the placenta includes placenta accreta, placenta increta and placenta percreta.² An adherent placenta is associated with absence of bleeding, and on examination the uterine fundus remains broad and high, the contractions may be weak or absent, and there is no lengthening of the umbilical cord.

KEY POINTS

1. In the presence of postpartum haemorrhage (PPH) the placenta must be delivered at once.
2. Avoid vigorous cord traction to prevent the cord snapping or causing uterine inversion.
3. A full bladder may inhibit delivery of the placenta.
4. There are currently no randomised controlled trials to evaluate the effectiveness of prophylactic antibiotics to prevent endometritis prior to manual removal of the placenta.³



PROCEDURE	ADDITIONAL INFORMATION
<p>1 Notify the Medical team of suspected retained placenta</p> <p>Notify the midwifery co-ordinator if:</p> <ul style="list-style-type: none">• The woman is bleeding or• If the placenta has not delivered within 30 minutes of the birth of the baby(active management)• Notify the medical team if the placenta is not delivered at 60 minutes(physiological third stage)	
<p>2 Bladder assessment</p> <p>Perform bladder catheterisation</p>	<p>A full bladder may interfere with the descent and delivery of the placenta.²</p>
<p>3 Assess for placental separation</p> <p>3.1 If the placenta is separated:</p> <ul style="list-style-type: none">• Encourage maternal position change• Encourage maternal effort to deliver placenta• A vaginal examination may determine if the placenta is trapped in the cervix or lower segment.• Rub up the uterus to induce a contraction• Encourage breastfeeding or nipple stimulation <p>When these methods are unsuccessful an experienced operator may apply fundal pressure on the contracted uterus to push the placenta from the lower segment or vagina.</p>	<p>Avoid vigorous cord traction as this may cause the cord to snap or uterine inversion.</p> <p>An upright position may assist maternal effort in placental delivery.</p>
<p>4 Management if placenta remains retained.</p>	

PROCEDURE	ADDITIONAL INFORMATION
<ul style="list-style-type: none"> Establish intravenous access with a 16 gauge cannula and commence an intravenous infusion of oxytocin 40IU in Hartmann's 500mL. Administer at a rate of 125mL/ hour Collect blood for full blood picture and cross-matching. Commence the woman fasting Perform 5 minutely observations of vital signs. Check the fundal height and uterine tone every 5 minutes 	<p>A retained placenta increases the risk for PPH.</p> <p>A significant amount of blood may be lost within an expanding uterus and / or in the vagina and not be seen externally.</p>
<p>4.1 Manual removal of the placenta in theatre</p> <p>Prepare the woman for manual removal of the placenta in theatre.</p> <p>Note the time of placenta delivery in theatre for documentation</p>	<p>Effective regional analgesia (or general analgesia) is required for manual removal of the placenta.</p>

REFERENCES (STANDARDS)

- National Institute for Clinical Excellence. **Intrapartum care. Care of healthy women and their babies during childbirth.** London; 2007.
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- Magann EF, Doherty DA, Briery CM, et al. Timing of placental delivery to prevent post-partum haemorrhage: Lessons learned from an abandoned randomised clinical trial. **Australian and New Zealand Journal of Obstetrics and Gynaecology.** 2006;46:459-551.

National Standards – 1 Clinical Care is Guided by Current Best Practice

Legislation - Nil

Related Policies - Nil

Other related documents – Nil

RESPONSIBILITY

Policy Sponsor	HoD Obstetrics
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