RETAINED PLACENTA MANAGEMENT

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Definition

Failure of placental delivery within 60 minutes after delivery of the fetus, complicates 2% of births.

Risk Factors

- Previous retained placenta
- Previous injury or surgery to the uterus
- Preterm delivery
- Induced labor
- Multiparity

Causes

- Constriction ring-reforming cervix
- Full bladder
- Uterine abnormality
- Morbid adherence of the placenta:
  - Placenta Accreta
  - Placenta Increta
  - Placenta Percreta

Management Details

If the placenta is undelivered after 30 minutes consider:

- Emptying bladder
- Breastfeeding or nipple stimulation
- Change of position – encourage an upright position

Continued on next page
Management Details, Continued

If bleeding: Immediately:
- Inform Obstetric Registrar/ Clinical Charge Midwife
- Insert large bore IV (16g)
- send group and hold urgently, ring and inform blood bank of urgency, request blood to be available for theatre within 30 minutes
- send Full blood count
- Commence /continue syntocinon infusion 20units in a litre rate 250 mls per hour
- Measure and accurately record blood loss
- Prepare and complete appropriate documentation for theatre
- Transfer patient to theatre for manual removal of placenta (acuity one if ongoing bleeding)
  - Complications of Manual Removal of a Retained Placenta:
    - Perforation of uterus
    - Retained products
    - Infection
- Antibiotics : Augmentin 1.2 g IV or Cefoxitin 1 g IV
- Vital signs, fundus, blood loss and fluid balance are observed and documented as clinically indicated.
- Women whose blood group is RH negative are recommended to have a Kleihauer test with appropriate Anti-D dose.

If not bleeding ensure the above steps are completed within 1 hour of diagnosis of retained placenta

See Postpartum Haemorrhage guideline

Complications of a Retained Placenta

- Uterine inversion
- Shock (hypovolemic)
- Postpartum hemorrhage
- Puerperal Sepsis
- Subinvolution
- Hysterectomy
Management of Retained Placenta Flowchart

Retained Placenta
Note: time of delivery

- Insert IV
- X Match blood
- FBE
- Insert Urinary Catheter

Monitor Blood loss

Summon Help
- Obstetric Registrar/
  Clinical Charge Midwife
- Anaesthetist

Transfer to Theatre

Anaesthetic
Epidural/ Spinal

Manual Removal of Placenta
Performed

- Oxytocic Infusion
- Antibiotics

Complications
- Perforation of uterus
- Retained parts
- Infection
- Hysterectomy

Insert IV
- X Match blood
- FBE
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Monitor Blood loss

Anaesthetic
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Manual Removal of Placenta
Performed

- Oxytocic Infusion
- Antibiotics

Complications
- Perforation of uterus
- Retained parts
- Infection
- Hysterectomy
References


- Silverman, F., (2006), Management of the third stage of labour – Up-To-Date Clinical information service – updated 1st March 2006


