University Hospitals Plymouth NHS Trust

MATERNITY GUIDELINES

Management of a Retained Placenta

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1. Introduction

The placenta is defined as retained when it has not been delivered within 30 minutes of birth with active management of the third stage of labour and within 1 hour of birth with physiological management of the third stage of labour.

Causes

- Full bladder obstructing placental expulsion
- Snapped cord and inability to grasp the placenta vaginally
- Abnormal placental adherence (e.g. placenta accreta)
- Idiopathic

2. Management

A retained placenta will require manual removal with appropriate analgesia in theatre. However before the diagnosis is made the following steps should be taken.

In the presence of active bleeding immediate medical assistance should be sought in order to expedite transfer to theatre.

- Ensure the bladder is empty.
- If the patient has a physiological third stage advise switching to active management at the hour or before (sooner if active bleeding or blood loss>500ml).
- Perform a vaginal examination to check for occult bleeding accumulating in the vagina and attempt removal by controlled cord traction.
- Obtain intravenous access with at least one large bore cannula.
- Send FBC and G&S.
- Commence IV infusion of Hartmann's solution.
- If bleeding excessively with a retained placenta an IV syntocinon infusion may be commenced but this should not delay transfer to theatre and should not be used routinely.
- Complete a SAPPHIRE form.
- Call the Senior Obstetrician on bleep 0311 first and escalate as clinical condition demands via escalation.

3. Manual removal of placenta

- Manual removal of the placenta (MROP) must be performed with appropriate analgesia in theatre.
- A single dose of prophylactic antibiotics should be given:

	Co-amoxiclav 1.2g IV
	Cefuroxime 1.5g IV and Metronidazole 500mg IV (mild penicillin allergy)
	Teicoplanin 400mg IV, Metronidazole 500mg IV and Gentamicin 240mg IV (severe penicillin allergy)

- Commence a syntocinon infusion on emptying the uterus.
- Insert a catheter.

4. Postnatal care

Routine postnatal care unless documented otherwise.

5. Record Keeping

It is expected that every episode of care be recorded clearly, in chronological order and as contemporaneously as possible by all healthcare professionals as per

Hospital Trust Policy. This is in keeping with standards set by professional colleges, i.e. NMC and RCOG.

All entries must have the **date and time** together with **signature and printed name.**

Training requirements

Audit of training needs compliance – please refer to TNA policy

Training needs analysis:
Please refer to 'Training Needs Analysis' guideline together with training attendance database for all staff

Cross references

Maternity Hand Held Notes, Hospital Records and Record Keeping:
http://staffnet.plymouth.nhs.uk/Portals/1/Documents/Clinical%20Guidelines/Maternity/Maternity%20hand%20held%20notes%20and%20hospital%20records.pdf?timestamp=1538732619468

Guideline Development within the Maternity Services:
http://staffnet.plymouth.nhs.uk/Portals/1/Documents/Clinical%20Guidelines/Maternity/Guideline%20development.pdf?timestamp=1538646507682

Management of Obstetric Haemorrhage

References

NICE. Intrapartum care for healthy women and babies. Clinical Guideline (CG 190). London. February 2017.

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