

Guideline for the Management of a Retained Placenta

Where an oxytocic drug has been given following delivery of a baby, retained placenta complicates approximately 3% of all deliveries.

The placenta may remain wholly/partially or completely separated but retained.

Until the third stage is complete the uterus is unable to contract fully and the woman remains at significant risk of postpartum haemorrhage, therefore the midwife should remain with the woman.

A history of retained placenta or PPH should prompt active management of the third stage.

Management

In an actively managed 3rd stage in the absence of bleeding and no evidence of separation after 30 minutes the midwife should inform medical staff and unit co-ordinator.

In a physiological 3rd stage if no evidence of bleeding and the placenta has failed to deliver after 60 minutes.

- Explain the situation to the woman
- Ensure bladder has been emptied
- Give oxytocin 10 international units IM with consent
- Inform medical staff and co-ordinator

If worrying bleeding occurs prior to delivery of placenta, Fast page medical staff via 2222 - Request Obstetric Registrar - inform co-ordinator

In the event of heavy bleeding, call 2222 stating Obstetric emergency. (Follow guideline for Management of Obstetric Haemorrhage also available on FirstPort)

Otherwise, if well and stable

- Insert Large bore cannula(size 16g-grey), (insert 2 if significant bleeding)
- Obtain bloods FBC, G+S send to lab (Phone lab in event of major bleed)
- Commence IV fluids (Hartmann's or sodium chloride 0.9%)
- Prepare the woman for theatre
- Contact anaesthetist and theatre team
- Consent by medical staff-complete pre – op checklist
- Sodium Citrate 30ml /Ranitidine as requested by anaesthetist
- Transfer to theatre
- Co-Amoxiclav 1.2g IV intra operatively or an alternative broad spectrum antibiotic if penicillin allergic

In the event of a significant delay prior to transfer to theatre, **commence an infusion of oxytocin 20 to 40 international units in 500ml 0.9% sodium Chloride @ 125ml /hour**

This infusion should also be considered once the placenta has been removed

DO NOT CARRY OUT UTERINE EXPLORATION OR MANUAL REMOVAL WITHOUT AN ANAESTHETIC

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