National Women's Health Clinical Guideline / Recommended Best Practice



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RETAINED PLACENTA MANAGEMENT

- Definition
- Risk Factors
- Causes
- Management Details

- Complications of a Retained Placenta
- Management of Retained Placenta Flowchart
- References

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

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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

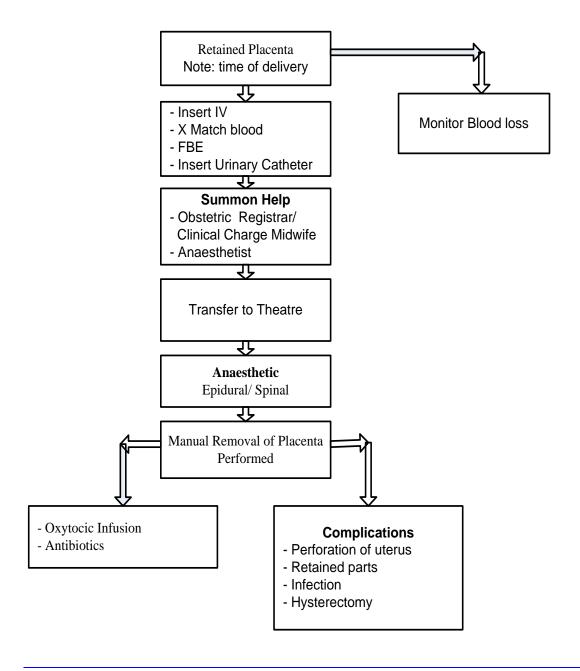
See Postpartum Haemorrhage guideline

Complications of a Retained Placenta

- Uterine inversion
- Shock (hypovolemic)
- Postpartum hemorrhage
- Puerperal Sepsis
- Subinvolution
- Hysterectomy

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Management of Retained Placenta Flowchart



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References

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