

Previous manual removal of placenta

Welcome to the Royal Berkshire NHS Foundation Trust and congratulations on your pregnancy.

We are aware that you required a manual removal of your placenta in theatre with a previous birth. This leaflet outlines the likelihood of this happening again and how the risk is managed.

In 97% of deliveries the placenta comes away easily from the inside of the uterus, once it contracts after the birth. The third stage of labour usually last between 5 and 60 minutes after the baby is born. If it is not delivered within that time it is said to be 'retained' and needs to be removed. Between 3 and 5% of births (one birth in every 20 to 30) will result in having a retained placenta.

Retained placenta is also identified as the cause of approximately 1 in 5 cases of severe haemorrhage.

We do not believe that women with a previous retained placenta and blood loss less than 1 litre need to be seen in the hospital antenatal clinic. We recommend routine antenatal care as documented in the care schedule with your GP and midwife.

Your risk of having a subsequent birth complicated by retained placenta and haemorrhage is 1:4. We recommend that you birth your baby in a hospital setting (Delivery Suite or co-located midwifery-led unit as at the RBH), and have the third stage of labour managed with an oxytocic drug. This injection helps the placenta to deliver and reduce blood loss. If the blood loss was over 1 litre or you required a blood transfusion, it is recommended for you to give birth to your baby on the Delivery Suite.

You will be able to move around and use the birthing equipment as for normal labour but we do advise against delivery in the birthing pool as it can be very difficult to monitor blood loss in a birthing pool.

NICE guidelines for all births recommend active management of the third stage of labour for mothers with a history of a previously retained placenta. The risk of haemorrhage of more than 1 litre increases from 13 in 1000 to 29 in 1000 without the routine use of oxytocic drugs.

In line with national guidance we support delayed cord clamping if your baby is well at birth.

References

1. (2014). Retained Placenta. RBH Guidelines
2. NICE Clinical Guideline. (2014). *Intrapartum care: care of healthy women and their babies during childbirth*; NICE Clinical Guideline Dec 2014
3. Nikolajsen S1, Løkkegaard EC, Bergholt T. (2013). Reoccurrence of retained placenta at vaginal delivery: an observational study. *Acta Obstet Gynecol Scand* 92(4):421-5

This document can be made available in other languages and formats upon request.

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