

Previous manual removal of placenta

This leaflet is for anyone who has experienced a retained placenta which needed an operation following birth and is now pregnant again. We will talk about the possibility of it happening again and your birth choices. If you have any questions, please ask your midwife or doctor.

What is a retained placenta?

In about 97% of deliveries, the placenta comes away from the inside of the uterus, once it contracts after the birth. The third stage of labour usually lasts between 5 and 60 minutes after the baby is born. As you know, if the placenta is not delivered within that time it is said to be 'retained' and needs to be removed. One birth in every 20 to 30 will result in having a retained placenta, like you experienced.

We know that retained placenta is also the cause of approximately 1 in 5 cases of severe haemorrhage (blood loss). If your blood loss was less than 1 litre then your care with this pregnancy will be routine and you will not need any additional appointments.

What are the chances of it happening again?

Your chance of having a retained placenta and severe blood loss again is 1 in 4 (25%). We would suggest that you manage the third stage of labour with an oxytocic 'drip' which is given through a vein into your arm, normally via a cannula. This is called 'active management' and encourages your uterus to contract and release the placenta.

NICE guidelines for all births recommend active management of the third stage of labour for anyone with a history of a previously retained placenta. This is because the risk of haemorrhage of more than 1 litre increases from 13 in 1000, to 29 in 1000 without the use of an oxytocin drip.

How does it affect my birth choices?

The choice of where to give birth is yours but because you have had a retained placenta before we recommend that you birth your baby in a hospital setting (Delivery Suite or Rushey – midwife-led unit).

If your 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 where we can be prepared should it happen again. You will be able to move around and use the birthing equipment as for any other labour but we do advise against using the birthing pool for delivery of your baby, this is because it can be hard to monitor blood loss in water. This does not mean you cannot use the pool and water during your labour, but if we need to monitor your bleeding you may be asked to get out.

In line with national guidance we support delayed cord clamping if your baby is well at birth, this isn't affected by your previous retained placenta. You can discuss your birth preference with your midwife at your appointments.

References

1. Retained Placenta. RBH Guidelines (GL904)
2. NICE Clinical Guideline CG190 updated Dec 2022. *Intrapartum care for healthy women and their babies*
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

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Please ask if you need this information in another language or format.

Consultant Obstetrician, November 2011

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Our Maternity Strategy and Vision

'Working together with women, birthing people and families to offer compassionate, supportive care and informed choice; striving for equity and excellence in our maternity service.'

You can read our maternity strategy here

