Royal Berkshire
NHS Foundation Trust

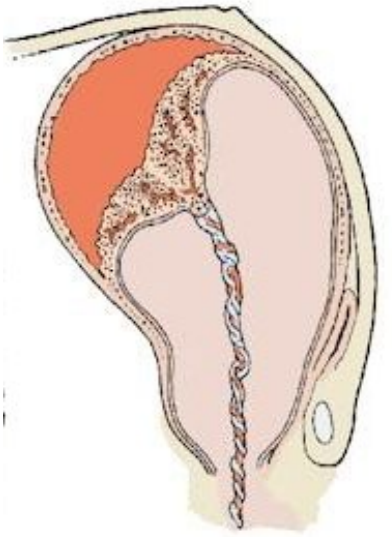
Manual removal of a retained placenta

This leaflet explains what is meant by a retained placenta, what it means for you, and how it affects your care after giving birth. If you have any questions or concerns, please speak to your midwife or doctor.

What is a retained placenta?

In 97% of vaginal births[1], the placenta (afterbirth) comes away easily from the inside of the uterus, once it contracts after the birth of the baby. This usually happens between 30 and 60 minutes after you have given birth. If the placenta has not come away within that hour it is said to be 'retained'.

What causes a retained placenta?



The placenta may be retained if the uterus does not contract. It may also occur if the baby's umbilical cord becomes detached from the placenta during birth. Very rarely, the placenta may be abnormally attached inside the uterus and this may prevent it from coming away.

What can be done to help the placenta separate?

There are a few things we can do to help the placenta to separate after birth

1. *Emptying your bladder (going for a wee):*
   Your midwife may suggest going for a wee as this can help your placenta separate as a full bladder can stop your uterus from contracting. Sometimes the midwife will recommend passing a catheter into your bladder to do this if you are unable to empty your bladder yourself.
2. *Breastfeeding:*
   The act of your baby latching onto your nipple releases a hormone called 'oxytocin', which makes the uterus contract.
3. *Massage:*
   Your midwife may also massage the top of the uterus through the abdominal wall (your tummy).

What happens if my placenta is retained?

If your placenta has not separated within an hour of your baby's birth, you will be seen by an obstetrician who will discuss transferring you to the operating theatre for a short procedure called a 'manual removal of placenta'.

What happens during a manual removal of placenta?

When you go to theatre, the anaesthetist will visit you and discuss what type of anaesthetic is recommended to keep your comfortable during the removal. If you have had an epidural, this can be 'topped-up' and used, or the anaesthetist may recommend a spinal anaesthetic - which is an injection into your lower back. With either of these, you will remain awake but should not feel any pain. Sometimes, a general anaesthetic is recommended. Providing you are well enough you will be given the choice for your birthing partner and baby to stay with you throughout the procedure. Once the anaesthetist is satisfied that the anaesthetic is working, the obstetrician will seek your permission to examine you vaginally in order to manually remove your placenta. The obstetrician will place their fingers inside the uterus, through your cervix to detach the placenta and remove it. Their other hand is placed firmly on your tummy to steady the top of the uterus. If you had any tears or had an episiotomy, these can be stitched at the same time.

You will be given medication in theatre that will help your uterus remain contracted (also called uterotonics) to prevent further bleeding. You will also be given a dose of antibiotics into your drip to help prevent infection.

Are there any risks to having a manual removal of placenta?

There is a small risk (7:1000 cases) of developing an infection of the lining of the womb. Antibiotics are given to reduce this risk. There is also a small risk that not all of the placenta is removed at the time of the procedure. This may result in heavy bleeding (a lot more than is normally expected) in the first few weeks following your delivery. If you have any concerns during your recovery, you should speak to your midwife, or contact the Maternity Assessment Unit (MAU) if urgent.

The endometrium (lining of the womb) is at particular risk of injury during pregnancy. Therefore, any procedures where this lining is touched, such as a manual removal of the placenta, may result in damage. Sometimes this damage can result in the development of scar tissue between the walls of the uterus. Very rarely scarring inside the uterus may prevent your periods from resuming and may contribute to subfertility. It's therefore important to seek advice from your GP if your periods do not resume as expected following pregnancy or if you have not conceived after 12 months of actively trying.

Having a manual removal of a retained placenta in pregnancy, gives you a higher chance (five-times more likely, 7 in 100 cases) of requiring this procedure again in any future pregnancies. Therefore you may decide in consultation with your obstetric team to give birth to any future babies in a hospital setting rather than at home.

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