

# STANDARD OPERATING PROCEDURE

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## Retained Placenta

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Special Region (1)

Union of Myanmar

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**Approved by:** Internal Medicine Unit

# Retained Placenta

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Retained placenta should be suspected if it is not delivered within 30min of the baby in an active 3rd stage and 1h in a physiological 3rd stage. Immediate Management

- Call for help
- Inform senior obstetrician
- Check vital signs of the mother.
- IV access, FBC, and crossmatch.
- If it was physiological management, revert to active management
- Give Syntometrine or oxytocin
- Try controlled cord traction
- If the oxytocin is not effective within 30 min, transfer to theatre for regional block and

manual removal of the placenta.

- Intraoperative prophylactic antibiotics should be given.

Manual removal of the placenta

- Explain the procedure and take risk consent.
- Empty the bladder with catheter.
- Procedure must be performed under adequate anesthesia and should be done as soon as

possible.

- One hand is placed on abdomen to steady uterus (decrease the risk of perforation).
- Other hand is gently inserted through cervix into uterus.
- Fingers are used to identify plane between placenta and uterine wall and gently separate it

by shearing movement of the hand.

- Placenta should be removed in one piece and inspected to ensure it is complete.
- Uterine cavity is then explored again to make sure it is completely empty.
- Oxytocin infusion is continued for 4h prophylactically.
- IV antibiotics are given.
- Mother is observed for bleeding or infection by observing vaginal bleeding, fundal

height, change in BP, temperature, urinary output and Hb.

- If the placenta does not separate from the uterine surface by gentle lateral movement of the fingertips at the line of cleavage, remove placental fragments. If the tissue is very adherent, suspect placenta accreta and proceed to laparotomy and possible subtotal hysterectomy. Complication

- Postpartum hemorrhage
- Endometritis
- Uterine perforation
- Shock
- Placenta accreta complications

#### Documentation

- Time of delivery of baby and placenta
- Estimated blood loss
- Drugs administered
- Details of manual removal
- Maternal condition
- Any complications

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#### References

1. Murphy DJ (2017). Labor: normal and abnormal. In: Obstetrics by Ten Teachers. Kenny LC and Myers JE (Ed). CRC Press, 20th edition, 213.
2. National Institute of Health and Care Excellence (2019). Intrapartum care for healthy women and babies, CG 190.