Document Title:	**MANAGEMENT OF RETAINED PLACENTA**		
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Document type: (Policy/ Guideline/ SOP)	Guideline	**To be followed by:** (Target Staff)	Midwives, Obstetricians, Paediatricians
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Developed in response to:	Intrapartum NICE Guidelines RCOG guideline		
Contributes to HSC Act 2008 (Regulated Activities) Regulations 2014(Part 3); and CQC Regulations 2009 (Part 4) **CQC Fundamental Standards of Quality and Safety:**			9,11

Issuing Division/Directorate:	Women's & Children's		
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Executive and Clinical Directors (Communication of minutes from Document Ratification Group	**Date:** December 2018	**Distribution Method:**	Intranet & Website

Consulted With:	Post/ Approval Committee/ Group:	Date:
Anita Rao/ Alison Cuthbertson	Clinical Director for Women's, Children's Division	16th November 2018
Vidya Thakur	Consultant for Obstetrics and Gynaecology	
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Amanda Dixon	Lead Midwife Acute Inpatient Services	
Chris Berner	Lead Midwife Clinical Governance	
Angela Woolfenden	Lead Midwife Community Services	
Claire Fitzgerald	Pharmacy	

Related Trust Policies (to be read in conjunction with)	04071 Standard Infection Prevention 04072 Hand Hygiene 06036 Guideline for Maternity Record Keeping including Documentation in Handheld Records 04234 Guideline for the management of postpartum haemorrhage 04245 Management of Retained Placenta 06045 Antibiotic policy for Adults and Children 09062 Mandatory training policy for Maternity Service 09095 Severely Ill Pregnant Patient

Document Review History:			
Version No:	**Authored/Reviewer:**	**Summary of amendments/ Record documents superseded by:**	**Issue Date:**
1.0	Julie Bishop		October 2005
2.0	Dr Gajjar		January 2009
3.0	Stacey Bryan		March 2012
4.0	Madhu Joshi		9 November 2015
4.1	Anita Dutta & Chris Berner	Clarification to point 5.10 & Appendix A	12th July 2018
5.0	Anita Dutta	Full review	13th December 2018

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1.0 Purpose

1.1 The purpose of the guideline is to facilitate the management of retained placenta.

1.2 Although a retained placenta puts the woman at risk of haemorrhage, fatalities from it are very rare in the UK (estimated at 1 in 30,000 retained placentas) so long as there are the appropriate facilities available to perform manual removal safely and effectively.

1.3 There may be some psychological trauma associated with this procedure so soon after childbirth in addition to the health risks of the procedure itself, namely haemorrhage, infection and genital tract trauma.

2.0 Equality and Diversity

2.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

3.0 Definition

3.1 The placenta is defined as “retained” when it has not been delivered within 30 minutes of birth, when the third stage is actively managed and longer than one hour when physiologically managed, without signs of postpartum haemorrhage (PPH) or maternal collapse.

4.0 Causes and Complications of Retained Placenta

4.1 These include “trapped” placenta, uterine atony, uterine abnormality, constriction ring-reforming cervix, full bladder, morbid adherence of the placenta: placenta acreta, placenta increta, placenta percreta.

4.2 Complications of manual removal of placenta (MROP) include perforation of uterus, retained parts, infection and anaesthetic risks

4.3 Complications of retained placenta include shock, postpartum haemorrhage, puerperal sepsis, sub-involution, hysterectomy and death if left untreated

5.0 Management of Retained Placenta

5.1 If the placenta is undelivered after 30 minutes consider:

- Emptying bladder
- Breastfeeding or nipple stimulation
- Change of position - encourage an upright position
  (Refer to appendix A)

5.2 An intravenous infusion of oxytocin **should not** be used to assist the delivery of the placenta unless there is bleeding.

5.3 Do not use umbilical vein agents if the placenta is retained (NICE 2014: CG190)

5.5 If the placenta is still retained 30 minutes or sooner if there is concern about the patient's condition, the patient should be informed of the need to remove the placenta.

5.6 Patients should be informed that this assessment can be painful and they should be advised to have analgesia or anaesthesia for this assessment.

5.7 If a patient reports inadequate pain relief during the assessment, the healthcare professional must immediately stop the examination and address this need.

5.8 If a manual removal of the placenta is required, this must be carried out under effective regional anaesthesia (or general anaesthesia when necessary).

5.9 The delivery midwife should document the third stage completion time and completeness of the placenta.

5.10 Regular observations of BP, pulse and respirations must be undertaken and documented using the MEOWS score to ensure that concealed bleeding is not occurring. If concealed bleeding is suspected the uterine fundus must be marked to show if an increased measurement is occurring. If concealed or evident bleeding occurs immediately:

- Inform the senior midwife, obstetric registrar and anaesthetic registrar
- Insert a large bore (16 gauge) intravenous (IV) cannula
- Insert a Foleys indwelling urinary catheter
- Commence an oxytocin infusion of 40 IU in Hartmanns 500 mls commenced at a rate of 125 mls/hour
- Measure and accurately record blood loss per vaginum
- Prepare and transfer the patient to the obstetric theatre for the manual removal of placenta (MROP)
- Refer to postpartum haemorrhage (PPH) guideline (Register number 04234)

5.11 Manual Removal of placenta:

- The on call consultant should be informed before the patient goes to the obstetric theatre, that the procedure is due to take place
- Consultant presence should be stipulated if there is any suspicion of placenta accreta or an anterior low placenta with previous history of a caesarean section
- Prophylactic antibiotics should be given in conjunction with the Trust's antibiotic guideline for Adults and Children; register number 06045.
- The surgeon should ensure the complete removal of the placenta

- If placenta is thought to be adherent, immediately seek the opinion of the senior obstetrician

- Beware of the risk of uterine perforation

- If there is a constriction ring preventing the insertion of the examining hand into the uterus, stopping the syntocinon infusion may allow the uterus to relax and make the procedure easier. Uterine relaxants (tocolysis) can be used

- Restart the syntocinon infusion regime as soon as possible after that and continue the post procedure to prevent PPH

5.12 Future pregnancy

- Patients are advised to deliver in an obstetric unit if there has been a history of a retained placenta requiring MROP in a previous pregnancy

- Retained placenta is also a risk factor for PPH in any future pregnancy

6.0 Staffing and Training

6.1 All midwifery and obstetric staff must attend yearly mandatory training which includes skills and drills training.

6.2 All midwifery and obstetric staff are to ensure that their knowledge and skills are up-to-date in order to complete their portfolio for appraisal.

7.0 Infection Prevention

7.1 All staff should follow Trust guidelines on infection prevention by ensuring that they effectively 'decontaminate their hands' before and after each procedure.

7.2 All staff should ensure that they follow Trust guidelines on infection control, using Aseptic Non-Touch Technique (ANTT) when carrying out procedures i.e. obtaining blood samples, insertion of an IDC (Indwelling Catheter), vaginal examinations and conducting deliveries.

8.0 Audit and Monitoring

8.1 Audit of compliance with this guideline will be considered on an annual audit basis in accordance with the Clinical Audit Strategy and Policy (register number 08076), the Corporate Clinical Audit and Quality Improvement Project Plan and the Maternity annual audit work plan; to encompass national and local audit and clinical governance identifying key harm themes. The Women's and Children's Clinical Audit Group will identify a lead for the audit.

8.2 The findings of the audit will be reported to and approved by the Multi-disciplinary Risk Management Group (MRMG) and an action plan with named leads and timescales will be

developed to address any identified deficiencies. Performance against the action plan will be monitored by this group at subsequent meetings.

8.3 The audit report will be reported to the monthly Directorate Governance Meeting (DGM) and significant concerns relating to compliance will be entered on the local Risk Assurance Framework.

8.4 Key findings and learning points from the audit will be submitted to the Patient Safety Group within the integrated learning report.

8.5 Key findings and learning points will be disseminated to relevant staff.

9.0 Guideline Management

9.1 As an integral part of the knowledge, skills framework, staff are appraised annually to ensure competency in computer skills and the ability to access the current approved guidelines via the Trust's intranet site.

9.2 Quarterly memos are sent to line managers to disseminate to their staff the most currently approved guidelines available via the intranet and clinical guideline folders, located in each designated clinical area.

9.3 Guideline monitors have been nominated to each clinical area to ensure a system whereby obsolete guidelines are archived and newly approved guidelines are now downloaded from the intranet and filed appropriately in the guideline folders. 'Spot checks' are performed on all clinical guidelines quarterly.

9.4 Quarterly Clinical Practices group meetings are held to discuss 'guidelines'. During this meeting the practice development midwife can highlight any areas for future training needs will be met using methods such as 'workshops' or to be included in future 'skills and drills' mandatory training sessions.

10.0 Communication

10.1 A quarterly 'maternity newsletter' is issued to all staff with embedded icons to highlight key changes in clinical practice to include a list of newly approved guidelines for staff to acknowledge and familiarise themselves with and practice accordingly. Midwives that are on maternity leave or 'bank' staff have letters sent to their home address to update them on current clinical changes.

10.2 Approved guidelines are published monthly in the Trust's Staff Focus that is sent via email to all staff.

10.3 Approved guidelines will be disseminated to appropriate staff quarterly via email.

10.4 Regular memos are posted on the guideline and audit notice boards in each clinical area to notify staff of the latest revised guidelines and how to access guidelines via the intranet or clinical guideline folders.

11.0 References

National Institute for Clinical Excellence (2014) Care of healthy women and their babies during childbirth. CG190: NICE

Appendix A: Preliminary Equality Analysis

This assessment relates to: 04245 Retained Placenta

A change in a service to patients		A change to an existing policy		A change to the way staff work	
A new policy		Something else (please give details)			

Questions	Answers
1. What are you proposing to change?	Review of 04245 Retained Placenta
2. Why are you making this change? **(What will the change achieve?)**	3 year review; policy process compliance
3. Who benefits from this change and how?	Patients and Clinicians
4. **Is anyone likely to suffer any negative impact as a result of this change?** If **no**, please record reasons here and sign and date this assessment. If **yes**, please complete a full EIA.	no
5. a) Will you be undertaking any consultation as part of this change? **b) If so, with whom?**	a) yes b) Clinicians

Preliminary analysis completed by:

Name	Anie Dutta	**Job Title**	Obstetric Consultant	**Date**	12/11/2018

Appendix B

Retained placenta Flow Chart