Manual Removal of the Placenta = TIA FATS R2O2

T **T**ry Syntocinon 20 units into the umbilical vein

I Get **I**V access

A **A**naesthesia or **A**nalgesia is required

F **F**ollow the cord to **F**ind the cervix

A **A**bdominal hand on the fundus to fix the uterus

T **T**ent the fingers to dilate the cervix and enter the uterus

S **S**eparate the placenta working between the two hands

R2 **R**emove the placenta and **R**echeck the cavity

O2 **O**xytocin by infusion to contract the uterus. Antibiotics **O**ptional.

When is a Placenta Retained?

Steps to remove the placenta and deal with any associated PPH should be taken if a placenta has not delivered within 30 minutes of delivery of the baby. In a low-risk mother (normal Hb etc.) who is not bleeding, it is permissible to wait for up to 60 minutes before proceeding to manual removal of the placenta.

During that time continuing attempts at placental delivery should occur with controlled cord traction and having the baby suckle at the breast. It is also recommended that you...

T is for **T**ry Syntocinon 20 units into an umbilical artery

Add 20 units of Syntocinon to 20 ml N saline and inject it into the placental side of the clamped umbilical vein coming out of the vagina.

I is for **I**V access

A retained placenta is possibly morbidly adherent i.e. attached directly to the myometrium of the uterus and without a normal plane of separation. Removal as such carries the potential for serious PPH. Indeed, a retained placenta always has the potential to be complicated by a PPH that can begin at any time so...

Insert an appropriately-sized IV cannula and take blood for Hb and Cross-match

A is for **A**naesthesia or **A**nalgesia

Manual removal requires that your whole hand is in the vagina and then the uterus. This can be very painful and your patient deserves appropriate analgesia.

M Brinsmead July 2011

A Spinal or GA in theatre is best. If unavailable use nitrous oxide by inhalation or IV Pethidine ± Diazepam

F is for **F**ollow the cord to **F**ind the cervix

If the cord has not been torn off the placenta follow it into the uterus. The whole hand is now in the vagina so some antiseptic lubricant is desirable. Be gentle!

A is for **A**bdominal hand on the fundus to fix the uterus

When your hand reaches the cervix the uterus will attempt to "escape" by moving higher into the patient's abdomen. To prevent this and to maintain further control, use your free hand over the fundus of the uterus to hold it down to your hand in the vagina.

T is for **T**ent the fingers to dilate the cervix and enter the uterus

This can be quite hard work if the cervix has closed down but you must get your whole hand into the uterus before you begin to remove a placenta that has not separated. If the placenta has separated and is part way through the cervix this step can be easy.

S is for **S**eparate the placenta working between your two hands

Find the plane of separation between the placenta and the uterine wall and use the border of your hand (not the tips of your fingers) to work it off and past the palm of your hand. This can also be hard work but, be gentle, and continue until the whole placenta has been separated before...

R2 **R**emove the placenta and **R**echeck the cavity

When placental separation is complete it can be removed from the uterus and vagina.

Then go back and recheck the cavity and make sure that all the placenta has been removed

O2 **O**xytocin by infusion to contract the uterus. Antibiotics **O**ptional

The uterus needs to be rubbed up to contract it. This can be done between one hand in the anterior fornix and the abdominal hand on the uterine fundus (this is bimanual compression).

Use whatever oxytocic agent is required to keep the uterus contracted. i.e. either or all of IV Ergometrine (half ampoule), Syntocinon by infusion or Rectal Misoprostol (3 tablets)

Antibiotics are optional but should be considered if your mother has been in labour for a long time, had prolonged rupture of membranes, is febrile or has had the placenta retained for many hours.