



## 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 most vaginal births, the placenta (also called the afterbirth) separates easily from the womb (uterus) as it starts contracting after the baby is born. This usually happens within 30 to 60 minutes after birth. However, if the placenta hasn't come out within an hour, it is called a 'retained placenta'.

Sometimes, the placenta doesn't come out on its own after birth. This can happen if:

- The uterus doesn't contract properly.
- The umbilical cord (the baby's connection to the placenta) detaches during birth.
- In rare cases, the placenta might be stuck to the inside of the womb, making it difficult to come away naturally.

### What can help the placenta come out?

There are a few things that can help the placenta separate after birth:

1. **Emptying your bladder:** Going for a wee might help the placenta come out because a full bladder can stop the womb from contracting. If you can't wee on your own, your midwife might use a thin tube (catheter) to empty your bladder for you.
2. **Breastfeeding:** When your baby latches onto your breast to feed, it triggers the release of a hormone called oxytocin, which helps your womb contract and may help the placenta come out.
3. **Massaging the womb:** Your midwife might gently massage the top of your womb through your tummy to encourage the placenta to separate.

### What happens if the placenta still doesn't come out?

If the placenta hasn't come out within an hour of your baby's birth, a doctor (obstetrician) will talk to you about moving to the operating theatre. There, they can perform a short procedure to remove the placenta manually.

### What to expect during the procedure to remove your placenta

When you go to the theatre, an anaesthetist will talk to you about the best type of pain relief to keep you comfortable during the procedure. If you've already had an epidural, they can adjust it to work for this procedure. Another option they might suggest is a spinal injection in your lower back, which will numb the area. This is known as having a regional anaesthetic. Both options mean you'll stay awake but won't feel pain. In some cases, they might recommend putting you to sleep with a general anaesthetic.

If you're feeling well enough, you can choose to have your birthing partner and baby stay with you during the procedure.

Once your anaesthetic is working, the doctor will ask your permission to check inside your birth canal (vagina). To remove the placenta, they will place their fingers into your womb through the cervix (the opening to your womb) and gently take it out. One hand will press on your tummy to keep the womb steady while they do this.

If you had any tears or needed a cut during birth (an episiotomy), these can be stitched during the same procedure. You'll also be given medicine to help your womb stay tightly contracted, which helps reduce bleeding. On top of that, you'll get antibiotics through a drip to help prevent any infection.

### **Are there any risks with a manual removal of the placenta?**

- There is a small chance (7 in 1,000 cases) of getting an infection in the lining of your womb after the procedure. You'll be given antibiotics to lower this risk.
- In rare cases, some pieces of the placenta might not be completely removed. This can cause heavy bleeding in the weeks after giving birth. If you're worried about anything during your recovery, speak to your midwife or contact your local maternity unit for urgent advice.
  - Heartlands and Good Hope Hospitals Maternity Urgent Assessment Unit (MUAU) Tel: 0121 424 1514
- The lining of the womb (called the endometrium) is more delicate during pregnancy. This means procedures like manual placenta removal could slightly damage the lining. In some cases, this can lead to scar tissue forming inside the womb.

### **What could happen if scar tissue develops?**

- Scar tissue inside the womb might stop your periods from coming back as normal after pregnancy. In very rare cases, it could also make it harder to get pregnant again.
- If your periods don't return as expected or if you're unable to get pregnant after 12 months of trying, it's important to see your GP for advice.

### **Will this affect future pregnancies?**

- If you've had a manual placenta removal in the past, there is a higher chance (about 7 in 100 cases) that you might need this procedure again in future pregnancies.

### **Department address and contact information:**

Maternity Triage for Heartlands and Good Hope Hospitals: 0121 424 1514

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