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Case Study

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# OBSTETRICAL EMERGENCY - RETAINED PLACENTA - CASE STUDY

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## ABSTRACT

The retained placenta is a significant cause of maternal mortality and morbidity throughout the developing world. It complicates 2% of all deliveries and as a case mortality rate of nearly 10% in rural areas. A retained placenta occurs when all or part of the placenta remains inside the uterus after child birth. Normally, placenta is delivered within 30 minutes. For some women, the placenta does not deliver naturally due to weak or uncoordinated uterine action. So the placenta will not able to come on its own. In this case study, soon after delivery, cervical os was closed and the placenta was retained inside the uterus. She had adherent placenta which has been removed manually under spinal anaesthesia. The mother and baby recovered by appropriate treatment and care.

**KEYWORDS:** Retained placenta, Myometrium, haemorrhage, manual removal, trapped placenta, placenta adherent, and blood transfusion.

## INTRODUCTION

A retained placenta is a potential life threatening situation. Normally if placenta is delivered, the contractibility of the uterus causes the blood vessels within it to constrict. If the placenta is retained, the uterus is unable to perform this function. If the blood vessels are not closed off, they continue to bleed. This may leads to haemorrhage which is one of the serious obstetrical emergency. Presently, the only effective treatment is manual removal of placenta (MROP) under anaesthesia. This needs to be carried out within few hours of delivery to avoid haemorrhage.

### Types of Retained Placenta

Retained placenta can be broken into three distinct classifications:

I. **Trapped placenta**: The placenta detaches from the uterus but become trapped due to the cervix closing.
II. **Placental Adherence**: Placental adherence occurs when the contraction of the uterus are not sufficient enough to completely expel the placenta. This result in the placenta remaining loosely attached to the walls of the uterus. This is the most common type of retained placenta.
III. **Placenta Accreta**: The placenta attaches to the myometrium (muscular walls) of the uterus, instead of the uterine wall. So delivery becomes harder and often results in severe bleeding. Blood transfusion and even a hysterectomy may be required for this type of retained placenta.

### Women at risk of retained placenta

- A Pregnant women over the age of 30 years.
- Having a premature delivery that takes place before 34weeks of gestation.
- Experiencing an extremely long first and second stage of labour.
- Delivering a stillborn baby.

## CASE STUDY OF MRS.X

Mrs.X, 23 years old postnatal mother delivered by normal vaginal delivery with episiotomy. She got admitted with Labour pain, syntocin 5 units in 5% dextrose was administered. Cervibrim gel (0.5mg) was applied. She delivered a male baby, cried immediately after birth. But the placenta was remain inside and there is no signs of placental separation. even after 45 mins of birth of the baby, the placenta is not come out and the cervical os is closed and the placenta get retained inside the uterus. Under spinal anaesthesia uterus is explored and the placenta seem to be adherent. They removed manually in to with entire membranes after carefully separating the edge of the placenta from the uterine wall. The episiotomy wound closed in layers. The uterus contracted well on vaginal bleeding. inj. Methergin 1 amp, inj. syntocin 10 units in normal saline was administered.

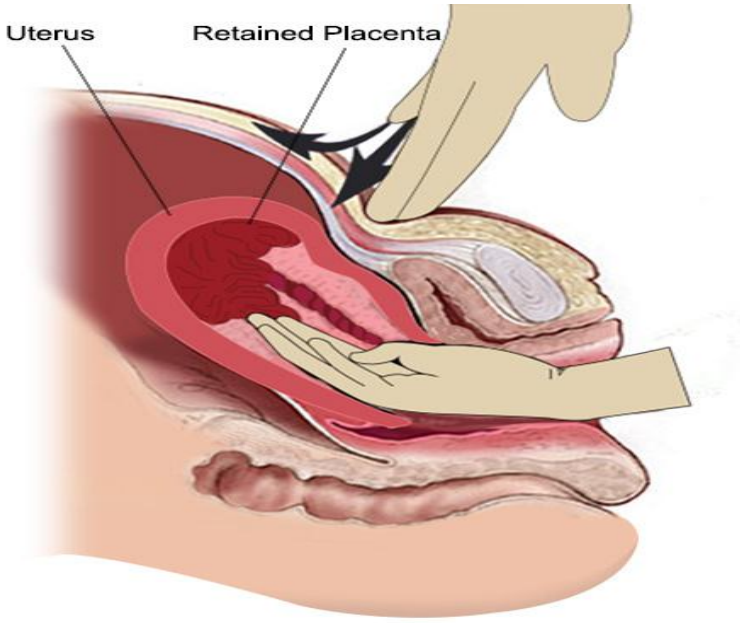


**Fig 1: Manual removal of Placenta (MROP).**

**Comparision of Signs and symptoms**

| Book picture | Patient picture |
|---|---|
| • Exhaustion and prolonged labour<br>• Atonic uterus<br>• Constriction ring (Hour- glass contraction)<br>• Pre mature attempts to deliver the placenta before it is separated.<br>• Morbid adhesion of the placenta | Presence of Morbid adhesion of the placenta |

**Signs and symptoms**

- In this case study, no signs of placental separation of morbid adherent placenta was observed.

**Diagnosis**

| Book picture | Patient picture |
|---|---|
| 1. The uterus is felt soft instead of hardness | Present |
| 2. No change in the height of the fundus | Present |
| 3. By pressure test the loop of cord at vulva becomes indrawn | Present |
| 4. on vaginal examination the placenta is not felt lying in the vagina or cervix | Present |

**Management for morbid adherent placenta**

**Partial type**: under General Anaesthesia, adherent part is gently separated by scraping away from uterine wall, while supporting abdominal wall. oxytocin and blood transfusion are given.

**Complete type**: placenta is separated and removed as much as possible, most adherent part is left. If bleeding is continuing under blood transfusion hysterectomy has to be performed.

In this study, the patient is shifted to operation theatre. Under general anaesthesia, the placenta has removed by scrapping from the uterine wall followed by blood transfusion done.

**Complications**

- Post-partum haemorrhage
- Shock
- Puerperal sepsis
- Thrombophlebitis in the pelvis and leg veins
- Embolism and risk of recurrence in the next pregnancy.

**Nursing interventions**

Potential for shock and collapse related to retained placenta.

Checked the condition, monitored the vital signs, BP 120/90 mmHg, normal vaginal bleeding, administered syntocin 10 units with normal saline solution. Inj methergin 0.2 mg was administered to stimulate uterine contraction and arrest the bleeding.

## CONCLUSION

Retained placenta is one of the reason for post partum haemorrhage, hence health care professionals take judicious judgement and appropriate intervention to prevent dangerous complications of retained placenta.

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