

Manual removal of the placenta: Evaluation of some risk factors and management outcome in a tertiary maternity unit. A case controlled study*

O. I. Akinola[†], A. O. Fabamwo, A. O. Tayo, Adegboyega Bande, K. A. Rabin, A. Y. Oshodi

Lagos State University Teaching Hospital, Ikeja, Nigeria
Email: [†]ictiaakinola@hotmail.com

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ABSTRACT

Objective: Lack of consensus on when to diagnose and manage retained placenta in the absence of hemorrhage in the 3rd stage of labor, has often subjected Manual removal of placenta (MIROP) to the discretion of the accoucher. This study aimed to appraise the practice of manual removal of placenta in a tertiary institution in Nigeria with a view to evaluating risk factors for the procedure and advance probable guidelines to enhance standardization of diagnosis of retained placenta. **Design:** Case controlled study. **Setting:** Tertiary maternity center in South west Nigeria. **Participants:** Data from the hospital records of 92 parturients who had MIROP from January to December 2009 were compared with 91 immediate next parturients without MIROP matched for age and parity. **Variables** such as the past obstetric and gynecological history, status of accoucher, gestational age at delivery, duration of 3rd stage, estimated blood loss, quantum of blood transfused and length of hospitalization were extracted and subjected to statistical analysis using the SPSS package. **Results:** There were 4613 deliveries of which 92 parturients had MIROP, an incidence of 1.99%. The mean duration of 3rd stage in the study group was 35.6 ± 18.8 minutes compared to 21.6 ± 6.28 minutes in the control. Doctors were the accoucher in 96.8% of cases while midwives took the deliveries in 84.4% in the control group. Previous scarring of the pregnant uterus such as dilatation and curettage and caesarean section predisposed to MIROP compared to the control group ($P < 0.032$) and ($P < 0.024$) respectively but there was no significant difference between the two groups with respect to previous myomectomy. **Conclusion:** There is a need to establish standard guidelines in the management of the 3rd stage of labor with definite criteria for diagno-

sis of retained placenta to reduce the probable risk of unnecessary MIROP.

Keywords: Accoucher; "Haemorrhage"; Parturients "MIROP"; Myomectomy

1. INTRODUCTION

Manual Removal of Placenta is a common obstetric procedure performed in the third stage of labor as treatment of the retained placenta when it is undelivered for more than 30 mins, according to the World Health Organization (WHO) [1]. Manual removal of placenta is advised at anything between 20 minutes and over 1 hour into the third stage [2,3]. The choice of timing is a balance between the post-partum hemorrhage risk of leaving the placenta in situ, the likelihood of spontaneous delivery within 60 minutes and the knowledge from caesarean section studies that the manual removal itself causes haemorrhage [4,5]. However spontaneous expulsion after 60 minutes is very rare [1,4].

Retained placenta is a potentially life-threatening condition and a common cause of maternal death from post-partum hemorrhage (PPH) [5,6]. It affects 0.5% - 3.3% of women following vaginal delivery [4,5,7,8]. Hemorrhage during pregnancy, birth or postpartum period is said to account for 25% of maternal deaths in Africa and South east Asia countries. About 15% - 20% of these maternal deaths from post partum hemorrhage are due to retained placenta which will require manual removal of placenta compared with normal delivery of placenta [6,8,9]. Retained placenta is the second major indication for blood transfusion in the third stage of labor [10]. A number of observational studies on vaginal deliveries have shown an association between the length of 3rd stage of labor and the incidence of post-partum hemorrhage [11-13], this association does not necessarily imply causality. Occurrence of maternal morbidity and mortality from retained placenta has been linked to the non availability of skilled birth attendants to perform manual

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