

Manual Removal of Placenta

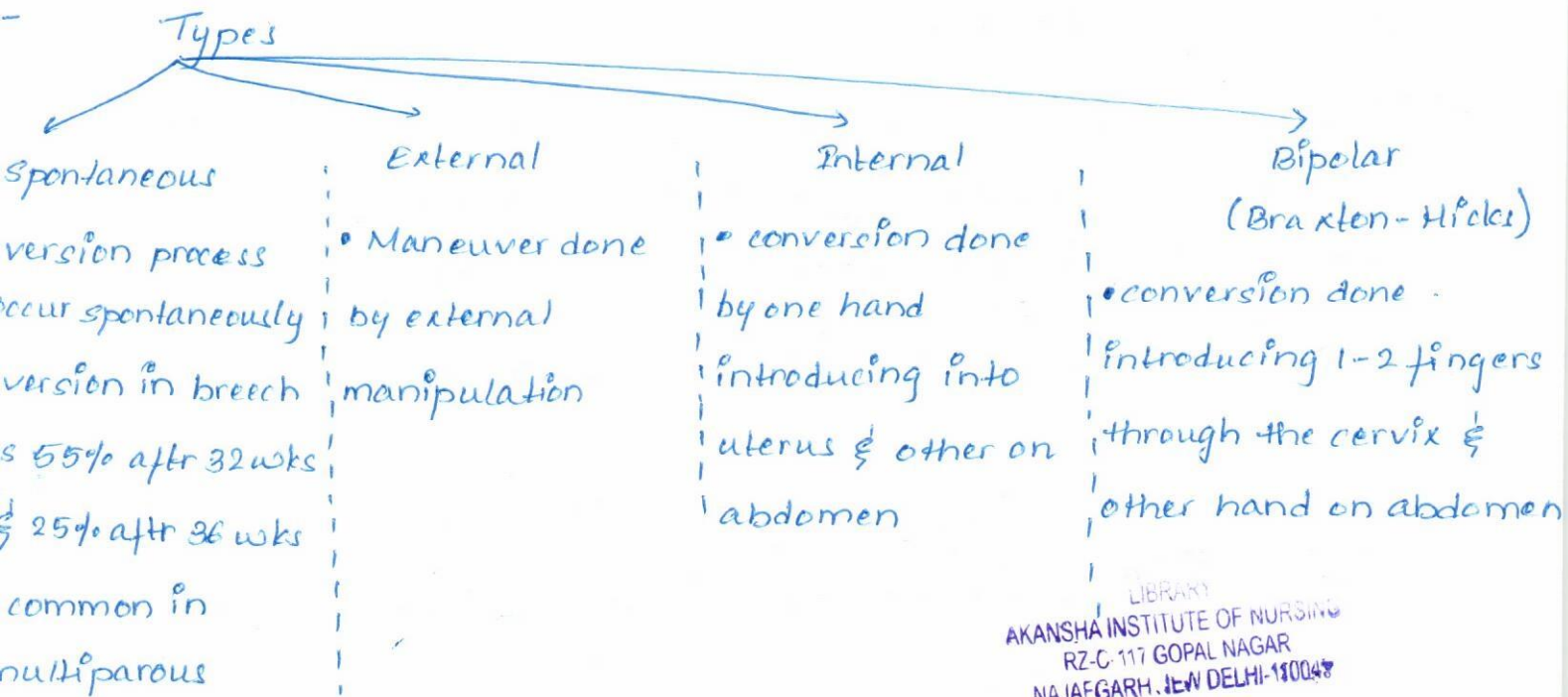
- Step I :- operation under general anaesthesia
 - Lithotomy position given
 - Bladder is catheterised.
- Step II :- One hand is introduced into the uterus in cone shaped manner following the cord, which is made taut by other hand.
 - Fingers of uterine hand should locate the margin of placenta.
- Step III :- counter pressure on uterine fundus is applied by other hand placed over the abdomen
 - Abdominal hand should steady the fundus & guide the movements of fingers inside the uterine cavity till the complete placenta is completely separated
- Step IV :- As soon as placental margin is reached, the fingers are insinuated between the placenta & uterine wall.
 - Placenta is separated with sideways slicing movements of fingers until whole placenta is separated.
- Step V :- Placenta extracted by traction of cord by other hand.
 - uterine hand is still inside uterus to make sure nothing is left.
- Step VI :- I/V methergin 0.2mg given
 - gradual removal while massing the uterus
 - After complete removal, inspection of cervico-vaginal canal for any injury.
- Step VII :- Placenta & membranes are inspected for completeness.
 - confirm uterus remains hard & contracted.

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Version

- Defⁿ: It is a manipulative procedure designed to change the lie or to bring the comparatively favourable pole to lower pole of uterus.



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- when cephalic pole is brought ~~down~~ down to lower pole of uterus, it is called cephalic version

- when podalic pole is brought down, it is called podalic version.

* External Cephalic Version : (ECV)

- External cephalic version is done to bring the cephalic pole in lower pole of uterus

→ Indication: - Breech presentation
- Transverse lie.

→ Benefits: - reduce the incidence of breech presentation
- Reduce no. of LSCS.

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- Reduces maternal morbidity due to LSCS or MVD
- Reduces fetal hazards of MVD.

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→ Procedures:

- In breech presentation: The maneuver is carried after 36 wks in labour
 - Any one tocolytic drug is given
 - Real time USG done to confirm diagnosis & adequacy of amniotic volume
 - Reactive NST should precede the maneuver.

i) "Forward roll" movement:

- Breech is mobilised using both hands to one on back of fetal lies.



podalic pole is grasped by right hand in manner like that of Pawlik's grip



Head is grasped by left hand.



pressure is now exerted to head & breech in opposite direction to keep the trunk well flexed which facilitates version.



The pressure should be intermittent to push the head down towards the pelvis & breech to fundus



Lie become transverse. (FHR checked)



Hand is now changed one after the other to hold the fetal poles to prevent crossing of head. ↓

The intermittent pressure is exerted till the head is brought to lower pole.

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- reactive NST should be obtained after completing the procedure.
- Patient is observed for about 30 mins.

→ Instructions:

- Advised for followup to check the corrected position.
- Report for per vaginal bleeding & escape of liquor
- Rh-ve non-immunised women must be protected by IM of 100ug anti-D.

* External Version in Transverse Lie:

- easier than breech
- Placenta Previa or congenital malformation of uterus should be excluded

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* External Podalic Version:

- It is done external cephalic version fails in transverse lie. In case of 2nd baby in twins.

* Internal Version:

- Internal version is always a podalic version & is always completed with the extraction of fetus.

→ Indications:

- Transverse lie in case of 2nd baby of twins.
- Transverse lie in cervix fully dilated
- cord prolapse

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→ Condition:

- cervix must be fully dilated
- liquor amnii be adequate
- fetus must be living.

→ Contra-indication:

- obstructed labour.

→ Procedures:

Patient is placed in dorsal lithotomy position



Introduction of hand: If podalic pole of uterus is on left side of mother the right is to be introduced & vice-versa.



The hand is to be introduced in a cone shaped manner



Hand is passed up to the breech & then along the thigh until a foot is grasped



Identification of foot by palpation of heel.



while the leg is brought down, delivery is completed by breech extraction



Routine exploration of utero-vaginal canal to exclude rupture any injury.

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* Bipolar Version:

- It is named after Braxton-Hicks is an obsolete manoeuvre
- Indication: - placenta previa
 - Dead fetus
- Bringing down of one leg facilitates compression over placenta & thereby stops the bleeding.
- Fundal pressure to assist the process of vaginal delivery should not be used.
- It results in pelvic hematoma formation,

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