

Midwifery Emergency Skills Program (MESP) Team Action Checklist

Retained Placenta

NOT Bleeding

→ Check each action performed by either 1st or 2nd attendant

Primary attendant: _____

2nd attendant: _____

Checked by: _____

- Assess for signs of separation: lengthening of cord, small gush of blood, uterine contraction
- Assess Timeline – AMTSL. RP @ 30 min /. PMTSL RP @ 60 min
- Attempt to deliver the placenta – if AMTSL – CCT w SP support + pushing effort + gravity
- Attempt to deliver the placenta – if PMTSL – NO CCT w gravity, nipple stim, pushing effort

- Communicate with client and team
- Assess vital signs, uterine tone and size, blood loss and LOC
- Ensure skin to skin / breast stimulation
- Follow cord to assess if placenta is at os
- Administer oxytocin 10 iu IM – or -
- Establish IV with 20 units of oxytocin and run at 125 ml/ hr.
- Arrange – EMS and Notify Hospital -**SBAR – Retained placenta not bleeding, stable.**
- Discuss Emergency Transport Plan**
- Drain cord & Instill 30 ml LR with 800 micrograms misoprostol through feeding tube UV, clamp, wait 15 mins
- Catheterize bladder indwelling foley
- Monitor VS, uterine tone and size, blood loss, LOC
- Consider second large bore IV line LR & Labs
- Arrange to transfer for manual removal while waiting for resolution. Be prepared to convert management in event of PPH with placenta not delivered.

Retained Placenta

Bleeding

→ Check each action performed by either 1st or 2nd attendant

Primary attendant: _____

2nd attendant: _____

Checked by: _____

- Communicate with client and team
- At home: Delegates if possible - call 911 / hospital if at home;
- In hospital; Emergency call bell / RN / paging system.
- Quantify blood loss. – Discuss taking all products to hospital vs. weigh at home
- Bleeding ++ → Manual Removal w pain relief where available
 - have someone ensure complete
- Bimanual Compression + remove clots
- Resuscitation: ABCs. / CABs / Obstetrical Shock Index (OSI) high alert if ≥ 1
 - Oxygen by face mask- even when O2 sats normal – they are bleeding.
 - IV w 16 / 18 G, 1 L LR or NS bolus – LR PREFERRED
 - Delegate: Q 5 min Vital signs, uterine tone Quantify blood loss, LOC.
- AFTER placenta OUT – can do
 - NO IV in place:
 - Oxytocin: 10 IU IM
 - Establish large bore IV w 20 U oxytocin in 1 L RL or NS wide open
 - If IV in place
 - Oxytocin 3IU IV push
 - 20 u oxytocin in 1 L RL or NS wide open.
- Administer TXA 1 gm in 10mL IV over 30-60 secs – as soon as practical
 - Compatible with Oxytocin IV line.
- Consider aortic compression
- Prep for OR
- Move forward with PPH management after placental delivered as below.
- Consult for antimicrobial therapy if manual removal required.