



**START:**  
ACTIVE MANAGEMENT OF THE THIRD STAGE  
IN LATE SECOND TRIMESTER LOSS & TERMINATION  
TO PREVENT RETAINED PLACENTA AND HAEMORRHAGE

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## Background

- Retained placenta is relatively increased in second trimester loss, and can lead to serious consequences such as haemorrhage.
- There is a widely held belief that administration of uterotonic medications in this setting may *increase* the risk of retained placenta, or that active management is unnecessary as the fetus and placenta are often delivered together.
- Institutional protocols for second-trimester third stage management vary widely, with little evidence to guide how, when, and what medications to use to prevent harm to the woman.
- There is only one robust randomised controlled trial of differing regimens for third stage management in the second trimester<sup>[1]</sup>

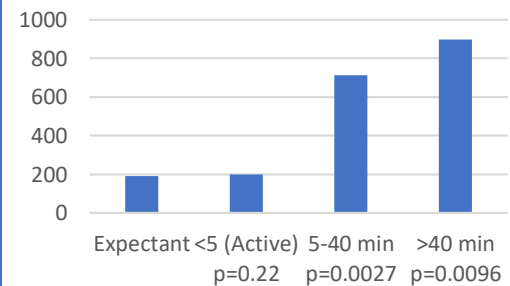
## Methods

- A retrospective review of 104 pregnancies
- Resulting in the delivery of a fetus between 20+0 and 26+0 weeks gestation (termination, intra-uterine demise, live birth)
- At a secondary obstetric unit
- Between 1 Jan 2015 and 1 Jun 2018.
- The primary outcome was **Incidence of retained placenta at 60 minutes by mode of third stage management.**
- Third stage management, total duration of third stage, uterotonic medications given, total blood loss, need for theatre, and need for blood transfusion were reviewed.
- Chi-squared, Fisher exact, Mann Whitney, analysis was performed using vassarstats.net,  $p < 0.05$  was considered significant.

## Results

- There was no difference in the incidence of retained placenta when the third stage was actively managed.**
- However, when the third stage was not actively managed:
- Time delay to first uterotonic was associated with significantly higher blood loss**

Blood loss by time to first uterotonic



## Objectives

- To determine whether active management of the third stage altered the rate of retained placenta
- To determine whether adverse outcomes such as PPH were dependent upon choice of third stage management

	Placenta ok	Placenta Retained	P value
Duration (min)	5 (0,15)	139 (78, 180)	
Active management	8%	6%	1
Blood loss (mean)	246mL	730mL	0.0001
PPH > 500mL	14%	50%	0.0017
Need for theatre	1%	50%	0.003
Transfusion	1%	11%	0.0077

## References

- Dickinson J, et al. *Optimization of third stage management after second-trimester medical pregnancy termination.* AJOG 2009, Sept; 201(3):e1-7

## Conclusion

Active management of the third stage does not increase the incidence of retained placenta

And may reduce the risk of post partum haemorrhage (as in the third trimester).