

Irregularities III. birth period

Irregularities of the III stage of labor are divided into a total of three other categories that follow after the birth of the fetus. These are **placental separation disorders** , **placental expulsion disorders**, and **placental retraction disorder after delivery** .

Disorders of the mechanism of separation of the placenta

After childbirth , there is a process called **uterine retraction**. It runs throughout the uterus except for the place where the placenta is located. After a certain time, a contraction occurs that separates the placenta and the placenta is completely expelled from the birth canal. This mechanism must not be disturbed by anything, i.e. no massage of the uterus, pulling on the umbilical cord, etc. **Medical intervention** in the separation of the placenta only **shortens the delay between the retraction of the uterus and the contraction of the uterus** and thus **reduces blood loss**.

Placental separation disorders are contractions that are vigorous but cannot completely separate the placenta. These phenomena occur after: **difficult and long childbirth**, as a result in **uterine hypotonia** or the presence of uterine **fibrinoids**, etc.

In addition to these phenomena , a **placental insertion disorder** may also occur. This means that the placenta adheres in places where decidualization was insufficient, e.g. in the lower uterine segment. These situations can occur more often after previous operations on the uterus. **The placenta** subsequently **grows into the uterine wall**. We divide its growth according to the following situations:

1. **Placenta adhaerens** - uteroplacental septa grow from the decidua and their rupture binds
2. **Placenta accreta** - fixation placental villi grow into the muscle
3. **Placenta increta** - fixation placental villi grow deep into the muscle
4. **Placenta percreta** - fixation placental villi grow through the entire uterine wall and can also extend into adjacent organs

Management III. the delivery time is very adequate, if the woman is not bleeding and we have not given **any medication**, we can **wait up to an hour** for the delivery of the placenta . With medication, this time should not exceed **30 minutes** . If there is no separation even after this time, we proceed to the manual lysis procedure. We do not perform manual lysis for placenta accreta, increta and percreta. In their case, we are forced to perform a hysterectomy.

Placental expulsion disorder

After each birth, it is necessary to carefully check whether the placenta was delivered in its entirety, including all the birth envelopes. If **part of the placenta were to remain in the uterus** , uterine retraction would be impaired and the mother would be at risk of **extensive bleeding** , which is why it is necessary to carefully control bleeding after childbirth and intervene in time.

Disorders of uterine contraction, uterine hypotonia and atony

After childbirth the mother is most **at risk of heavy bleeding** due to insufficient retraction of the uterus and excessive bleeding. **Uterine atony** is a serious condition that, if not caught in time, can lead **to the development of hypovolemic shock** and **disseminated intravascular coagulation**. The first aid in this situation is **gentle uterine massage**, which induces a contraction or **grasping the uterus in the palm of the hand and tipping it towards the clasp**. Thanks to the inversion, the blood vessels leading to the uterus will be pressed, and the bleeding will be reduced with this maneuver. Then we administer intravenous uterotonic infusion (e.g. oxytocin). Of course, we must check the complete exclusion of the placenta most often by using ultrasound examination. If even now **the bleeding does not stop** , **we have to look for another source of bleeding, which can be the rupture of the uterus** itself or **coagulation disorders**.

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References

- HÁJEK, Zdeněk – ČECH, Evžen – MARŠÁL, Karel, a kolektiv.. *Obstetrics*. 3. revised and supplemented edition of the edition edition. 2014. 576 pp. ISBN 978-80-247-4529-9.