
The effect of umbilical vein Administration of oxytocin on retained placenta

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Proper management of the third stage of labour is an important item in obstetric practice. Retained placenta is an important complication of the third stage of labour. Intraumbilical vein oxytocin injection has been alleged as an effective method to shorten third stage, reduce blood loss, and enhance placenta separation. Retention of the placenta is most often attributed to previous uterine surgery. Modern gynaecological practice has witnessed its wide spread use of hysteroscopic surgical manoeuvres. In view of these observations the present work is carried out to verify its previous findings and find out which is more effective to treat retention of placenta: Intraumbilical injection of oxytocin or saline, and to avoid manual removal of placenta. The study included 34 women in whom placenta failed to separate within 30 minutes after delivery of the foetus. They all delivered vaginally either spontaneously or by vacuum extraction. The subjects were randomly classified into two groups: study group in which intraumbilical injection of 10 units oxytocin was used and control group in which 20 ml of normal saline was injected. A haemostat was placed on the umbilical cord just distal to the site of injection so that the solution flows toward the placenta. After injection, a haemostat was placed just proximal to the site of injection to prevent leakage. The study solution was freshly prepared according to a table of random numbers and was administered in a double blind manner. The injection, placental separation time was recorded in each group and cases which did not respond to injection within 30 minutes after injection underwent manual separation and exploration under general anaesthesia. In the study group the mean placental separation time was 7.3 (minutes \pm 2.69) and 4 cases needed manual separation & exploration under general anaesthesia. In the control group the mean placental separation interval was 7.09 minutes \pm 2.5 and 6 cases needed manual separation & exploration under general anaesthesia. This study showed that there is no statistically significant difference between intra-umbilical injection of oxytocin and intra-umbilical injection of saline regarding the injection, placenta separation time, and the percentage of cases needed manual removal.