

Risk factors for partial placental retention after Caesarean delivery: a preliminary report

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Fig 1: Echogenic retained placental tissue

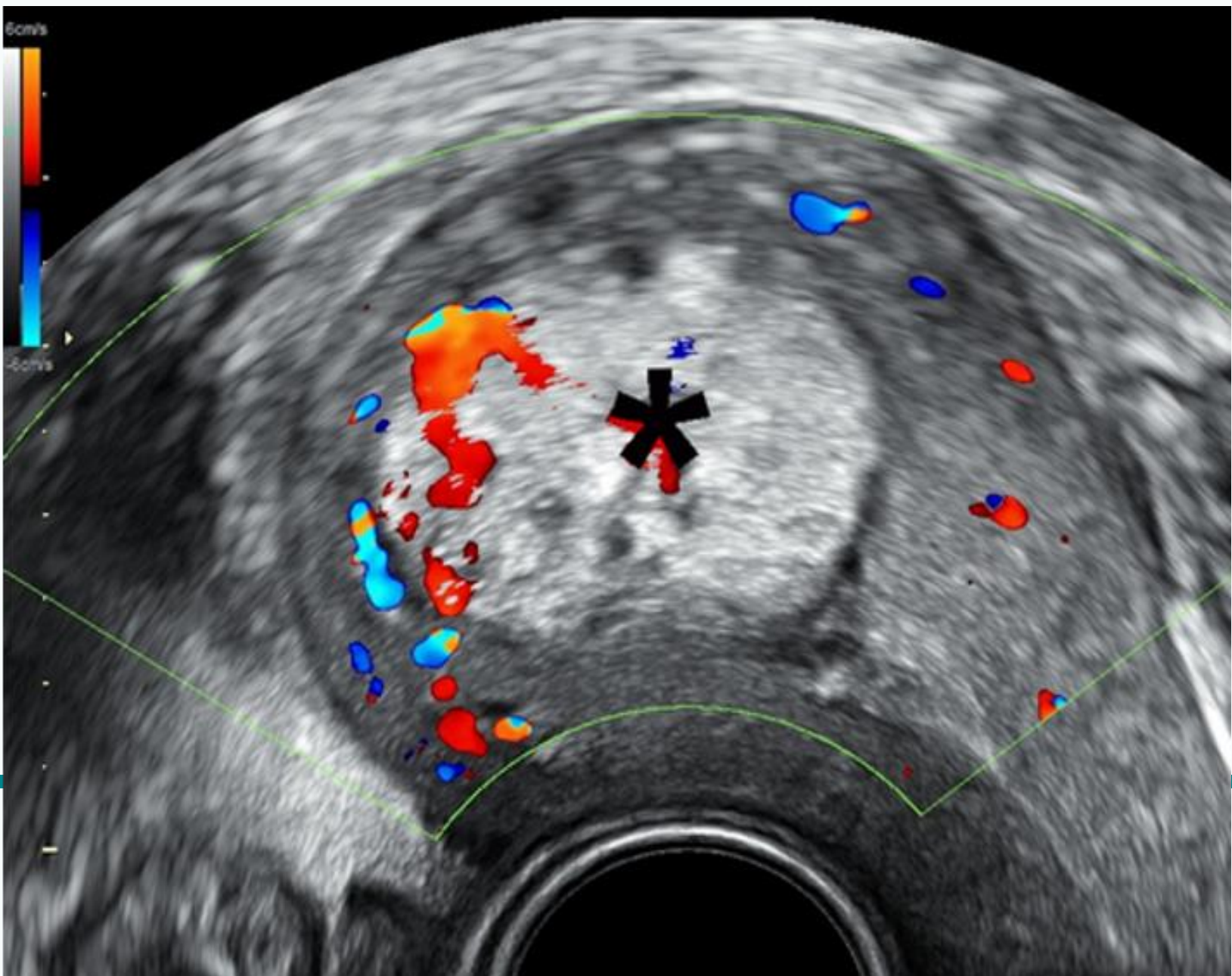


Fig 2: Vascularity on Colour Doppler examination

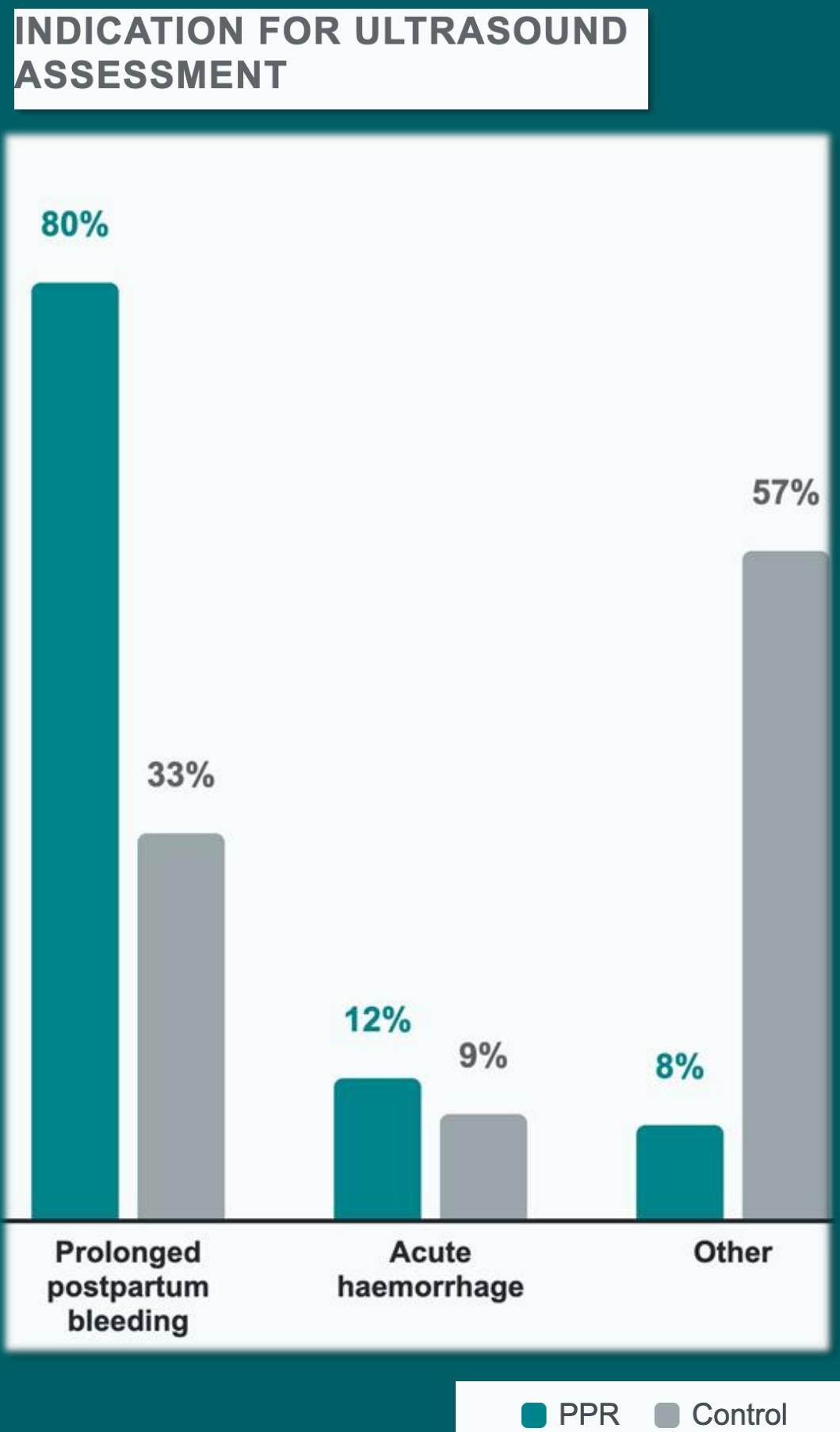
AIM

RESULTS

To identify risk factors for partial placental retention (PPR) after Caesarean delivery (CD)

METHODS

- Retrospective case-control study of patients with suspected complications after CD
- 25 cases of PPR vs 75 controls
- Diagnosis of PPR made on ultrasound and confirmed histologically in all cases
- Demographic and clinical data between cases and controls compared to identify potential risk factors for PPR



PROLONGED POSTPARTUM BLEEDING (INDICATION)

80% PPR vs 33% Control

OR Reference $P = <0.001$ aOR Reference $P = 0.002$

	OR Reference	aOR Reference
• Prolonged bleeding		
• Acute bleeding	OR 0.54 (0.12–2.34)	aOR 0.61 (0.14–2.69)
• Other	OR 0.06 (0.01–0.27)	aOR 0.06 (0.01–0.28)

CONGENITAL UTERINE ANOMALY

12% PPR vs 1% Control

OR 10.1 (1.00–101.9) $P = 0.05$ aOR 11.9 (0.68–207.2) $P = 0.09$

- Median diameter of retained tissue = 22 mm (IQR 16–28)
- 14/25 (56%) — uteroplacental vascularity seen on Colour Doppler examination
- Placenta located in upper uterine cavity antenatally = 19/20 (95%)
- Retained tissue removed entirely under ultrasound guidance 25/25 (100%)

CONCLUSIONS

- Patients with a known congenital uterine are at higher risk of PPR, and the obstetric team should take measures to minimize this risk
 - Prolonged postpartum bleeding is predictive of PPR after CD and is an indication for urgent ultrasound assessment
- PPR after CD is not diagnostic of placenta accreta spectrum and surgical evacuation of the uterus is unlikely to be complicated