Practice Tips

Placental separation

Cough technique to aid placental recovery

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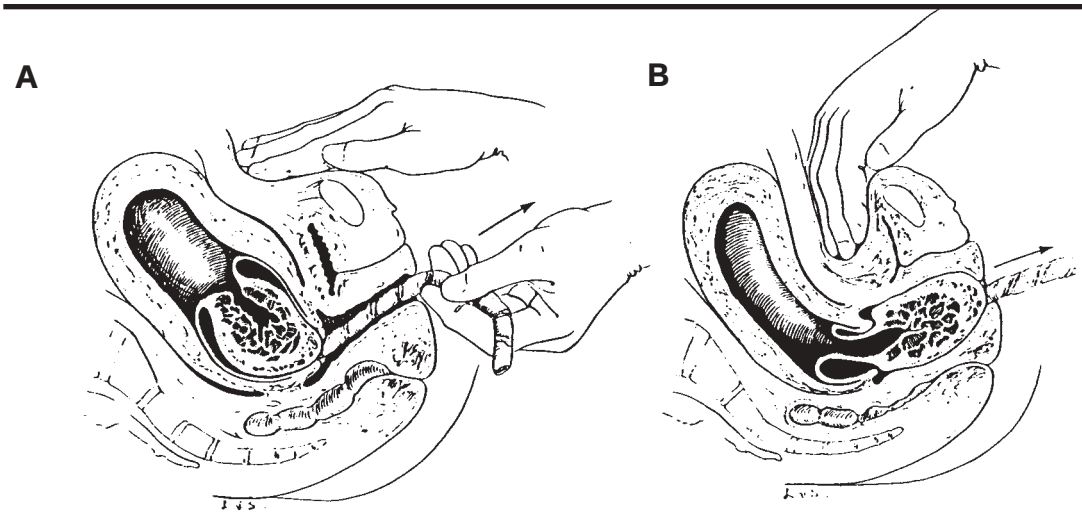
Delivery of the placenta and membranes (third stage of labour) is perhaps the most hazardous part of childbirth for the mother, mainly because of the risk of primary postpartum hemorrhage (PPH) and its subsequent morbidity.[1-8] Primary postpartum hemorrhage is defined as estimated maternal blood loss of 500 mL or more within 24 h of delivery.[9]

Postpartum hemorrhage and uterine inversion are both acute obstetric emergencies, and any method or technique that reduces these catastrophes will improve maternal morbidity and mortality. Since the cough technique to be described relies solely on maternal effort, there are no contraindications to its applications. It is applicable to all vaginal deliveries, simple and complicated.

Technique

Sometimes, immediately after delivery and after the cord has been cut, the placenta does not deliver spontaneously. There is always an urge to pull the cord gently to help the placenta separate and fall out. To avoid unnecessary traction on the cord, I ask the mother to give a big cough or coughs during uterine contractions at stage 2 of the Brandt-Andrews method (**Figure 1**). The added abdominal pressure induced by the coughing pushes the

Figure 1. Brandt-Andrews method of placental recovery: *A) Traction is exerted on the cord as the uterus is gently elevated; B) Pressure is exerted between the symphysis and the uterine fundus, forcing the uterus upward and the placenta outward, as traction to the cord is continued.*



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uterus slightly downward, and this downward force leads to easy separation of the placenta and traction-free placental recovery.

At our hospital, we advocate active management of the third stage of labour. Oxytocin is given either as 10 U by intramuscular injection, 5 U by intravenous (IV) push, or 10 to 20 U/L at 100 to 150 mL/h in an existing IV line after delivery of the anterior shoulder.

I use the cough technique in conjunction with active management of the third stage of labour. My experience with the technique has been rewarding: placental separation does not lead to panic. The technique also seems to be original. I searched MEDLINE from 1966 to 2000 for any occurrence of the MeSH term or word "cough" and its possible variant endings with the MeSH term "labour stage, third." No relevant studies were found. I also searched EMBASE (*Excerpta Medica*) from 1980 to 2000 for any occurrence of the word "cough" and its possible variant endings with any occurrence of the word "placenta" and its possible variant endings and found no relevant studies.

Conclusion

This is an effective technique with no side effects. It is easily performed and has no cost (either monetary or administrative) to patients or physicians. When doctors become comfortable with the technique, it becomes part of routine obstetric care.

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We encourage readers to share some of their practice experience: the neat little tricks that solve difficult clinical situations. *Canadian Family Physician* pays $50 to authors upon publication of their Practice Tips. Tips can be sent by mail to Dr Tony Reid, Scientific Editor, *Canadian Family Physician*, 2630 Skymark Ave, Mississauga, ON L4W 5A4; by fax (905) 629-0893; or by e-mail tony@cfpc.ca.