



The use of Bierer forceps to treat retained placenta after vaginal delivery



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Background

- Ultrasound-guided instrumental removal of the placenta with Bierer forceps is performed during second-trimester D&E but has not been widely incorporated after vaginal birth as an alternative to manual extraction of placental tissue

Objective

- To compare clinical outcomes of instrumental placental removal vs manual placental removal

Study Design

- Retrospective, observational, cohort study
- Inclusion criteria
 - Vaginal delivery
 - Retained placenta requiring
 - Manual removal, or
 - Instrumental removal with Bierer forceps
- Primary outcome: successful placental removal
- Secondary outcomes: blood loss, length of third stage, and complications

Results

- Of 156 patients who met inclusion criteria,
 - 131 (84%) underwent manual removal
 - 25 (16%) underwent instrumental removal
- No differences in
 - Successful placental removal (86% instrumental vs 85% manual, $p = 0.85$)
 - Blood loss (556 mL instrumental vs 716 mL manual, $p = 0.90$)
 - Length of third stage (59 min, IQR 45-67, instrumental vs 49 min, IQR 15-45.5, manual)
 - Need for uterotonics (54.2% instrumental vs 68.5% manual, $p=0.173$), blood transfusion (12% vs 10.2%, $p=0.783$), sharp curettage 52.2% vs 36.7%, $p=0.162$), aspiration (13% vs 9.4%, $p=0.59$), postpartum readmission (5% vs 4%, $p=0.831$), or endometritis (0% vs 6.2%, $p=0.21$)

Conclusion

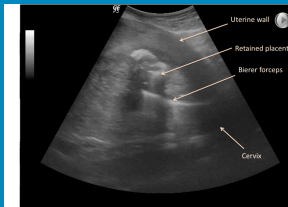
- Use of Bierer forceps to remove a retained placenta after vaginal delivery is as effective as manual removal with similarly low complication rates.

The use of Bierer forceps is safe, well-tolerated, and effective for removal of retained placenta at the time of vaginal delivery.

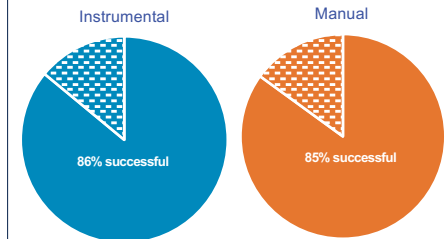


Questions?

Take a picture of this QR code to access to the poster or email Dr. Siegel at Molly.Siegel@UCSF.edu



Likelihood of successful placental removal, by mode of removal



Reasons for unsuccessful placental removal, by mode of removal

