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Letter to the Editor

Manual removal versus spontaneous delivery of the placenta at caesarean section: a randomized controlled trial by Abdelfattah et al: a letter to the editor

Sir,

I highly admire the article "Abdelfattah LE, Bastawy AMA, Fahmy MSED. Manual removal versus spontaneous delivery of the placenta at caesarean section: a randomized controlled trial in International journal of reproduction, contraception, obstetrics and gynecology".[1] Really there is dearth of randomized control trials (RCTs) on this issue of managing third stage of labour during caesarean section, and this is making obstetricians to continue practicing MRP (manual removal of placenta) during caesarean section.[2] The general reason for MRP at caesarean section is to save time of surgical procedure of caesarean section. The authors of this article have rightly pointed out by RCT that this does not save time and in fact add many other complications to the outcome of caesarean section surgery.

As regards blood loss in any surgery it is said- "a drop saved is a drop earned", allowing spontaneous separation of placenta has saved blood (as reflected into post-operative haemoglobin, haematocrit, and need of blood transfusions). Same holds true for "time is money"- saving hospital stay reflects on hospital bill and also makes the bed available for another patient. It was a standard teaching in managing third stage of labour "do not meddle with third stage till one sees the signs of placental separation".

I wish to illustrate this article by submitting few photographs related to this issue which would further highlight the authors' intentions to popularize the correct technique of managing placental removal at caesarean section. It is my observation that MRP at caesarean section leaves uterus atonic which adds to excess blood loss and need of extra uterotonics (ecbolic agents), (Figure 1) is the photograph of the uterus after MRP, it shows hollow uterine cavity with its walls not in opposition with each other because of resulting uterine atonia.

The spontaneous separation of placenta is depicted in (Figure 2-3). By allowing time for contraction and retraction of uterus, the spontaneously separated placenta has protruded into the open LUS (lower uterine segment) without extra blood loss (Figure 2), which is then simply lifted out without the need of strong pull. The firmly contracted and retracted uterus which has its walls well opposed to each other further limiting the blood loss is depicted in (Figure 3).

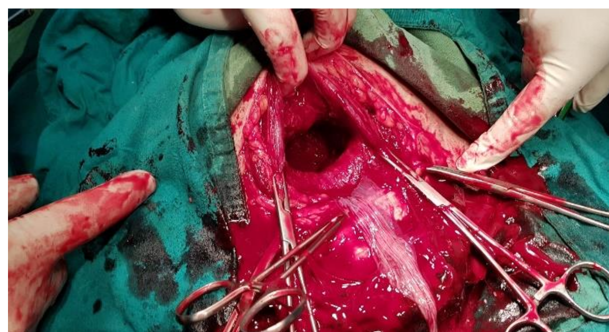

Figure 1: Hollow atonic uterus following MRP at caesarean section.

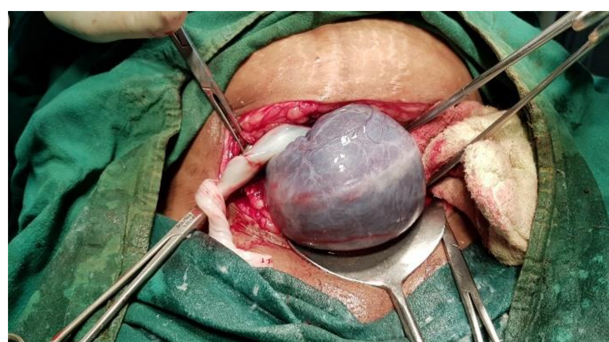

Figure 2: Spontaneously separated placenta protruding into the lower uterine segment incision of caesarean section.

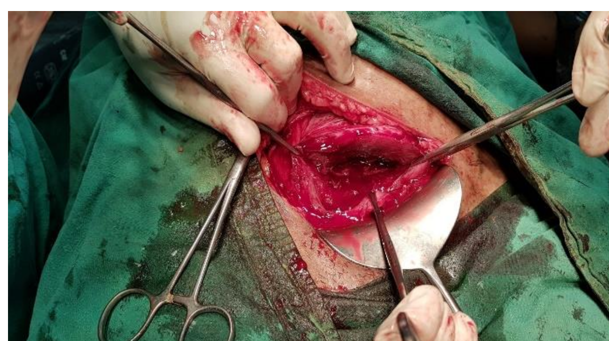

Figure 3: Well contracted and retracted uterus following spontaneous delivery of placenta at caesarean section.

I am a strong advocate of allowing spontaneous separation of placenta and therefore congratulate the authors for their successful completion of this RCT and sharing it with the readers.

Arun Ramkrishnarao Mahale*

Consultant Obstetetrics and Gynecology, Mahale Hospital, Borban factory area, Vazirabad, Nanded, Maharashtra, India

***Correspondence to**
Dr. Arun Ramkrishnarao Mahale,
E-mail: mahales@hotmail.com

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