

COMPREHENSIVE MIDWIFERY CARE FOR RETAINED PLACENTA : A CASE STUDY IN 2026

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ABSTRACT

Background: Retained placenta is a common obstetric complication during the third stage of labor and a major cause of postpartum hemorrhage, contributing significantly to maternal morbidity and mortality worldwide. It is defined as the failure of placental delivery within 30 minutes after fetal birth. Delayed management may lead to severe hemorrhage, hypovolemic shock, puerperal infection, disseminated intravascular coagulation, and maternal death. Therefore, comprehensive evidence-based midwifery care is essential to improve maternal outcomes. **Objectives:** This study aimed to describe the implementation of comprehensive midwifery care for Mrs. M, G3P1A1, diagnosed with retained placenta at T. Hutapea Independent Midwifery Practice (TPMB), Pematangsiantar City, Indonesia. **Methods:** A descriptive case study design was employed. Data were collected through history taking, physical examination, direct observation, medical record review, and clinical documentation. Midwifery care was provided using Varney's Seven-Step Midwifery Management Process and documented using the Subjective, Objective, Assessment, and Plan (SOAP) format. Data were analyzed descriptively by comparing clinical findings with current evidence and national midwifery practice standards. **Results:** Mrs. M experienced retained placenta, indicated by failure of placental delivery more than 30 minutes after childbirth. Management included monitoring maternal vital signs, active management of the third stage of labor, assessment of uterine contractions and postpartum bleeding, preparation for manual placental removal, and collaboration with other healthcare professionals when indicated. Timely intervention resulted in successful placental delivery, adequate uterine contraction, controlled postpartum bleeding, and a stable maternal condition without complications. **Conclusions:** Comprehensive midwifery management based on clinical standards is essential for the early identification and effective management of retained placenta. Prompt intervention, continuous monitoring, and interdisciplinary collaboration contribute to preventing maternal complications and improving maternal safety.

Keywords: retained placenta, postpartum hemorrhage, midwifery care, third stage of labor, case study

INTRODUCTION

Maternal mortality remains one of the major public health challenges worldwide despite continuous improvements in maternal healthcare services. Postpartum hemorrhage is consistently reported as the leading direct cause of maternal mortality, particularly in developing countries. One of the important causes of postpartum hemorrhage is retained placenta, an obstetric emergency requiring immediate recognition and management to prevent severe maternal morbidity and mortality. (Prawirohardjo, 2020).

Retained placenta is defined as the failure of placental delivery within 30 minutes after fetal delivery due to impaired placental separation or expulsion. Delayed placental delivery may lead to persistent uterine bleeding because the uterus is unable to contract effectively while the placenta remains attached or trapped within the uterine cavity. Consequently, prolonged retention of the placenta substantially increases the risk of postpartum hemorrhage and hypovolemic shock. (Prawirohardjo, 2020).

The pathophysiology of retained placenta involves three principal mechanisms, namely abnormal placental invasion, placental hypoperfusion, and inadequate uterine contractility. Abnormal placental attachment, such as placenta accreta spectrum disorders, may prevent physiological placental separation. Inadequate myometrial contraction may also interfere with placental expulsion, thereby increasing the risk of postpartum hemorrhage. (Dwi Syalfina, 2021).

Several maternal and obstetric factors contribute to retained placenta, including multiparity, maternal anemia, previous uterine surgery or curettage, previous retained placenta, and failure to perform Active Management of the Third Stage of Labor (AMTSL) appropriately. Maternal anemia weakens myometrial contractions, whereas inadequate third-stage labor management may delay placental separation and increase the likelihood of postpartum hemorrhage. (Prawirohardjo, 2020).

Clinical manifestations of retained placenta include failure of placental delivery after 30 minutes, poor uterine contraction, and postpartum bleeding. Comprehensive assessment should include maternal history, obstetric history, evaluation of maternal hemodynamic status, vaginal examination, and identification of potential complications such as hypovolemic shock. Early diagnosis allows immediate intervention and reduces the risk of severe maternal complications. (Prawirohardjo, 2020).

Midwives play an essential role in recognizing obstetric emergencies through continuous monitoring during labor, early diagnosis, prompt emergency management, patient education, and timely referral whenever necessary. The implementation of evidence-based midwifery care following national clinical standards is expected to improve maternal safety and reduce the incidence of postpartum hemorrhage associated with retained placenta. (Prawirohardjo, 2020).

Therefore, this case study aims to describe the implementation of comprehensive midwifery care for Mrs. M (G3P1A1) diagnosed with retained placenta at T. Hutapea Independent Midwifery Practice, Pematangsiantar City. This article is expected to provide practical evidence regarding the application of standardized midwifery management in the prevention and management of retained placenta, particularly in primary healthcare settings.

METHODS

This study employed a descriptive case study design to describe the implementation of comprehensive midwifery care for a patient diagnosed with retained placenta. The subject of this study was Mrs. M, gravida 3 para 1 abortion 1 (G3P1A1), who experienced retained

placenta during the third stage of labor at T. Hutapea Independent Midwifery Practice (TPMB), Pematangsiantar City, Indonesia, in 2026.

Data were collected through comprehensive history taking, direct observation, physical examination, review of medical records, and clinical documentation throughout the continuum of care. The collected information included maternal characteristics, obstetric history, labor progression, maternal vital signs, uterine contractions, placental delivery, postpartum bleeding, and maternal recovery following intervention. The collected clinical data were analyzed descriptively by comparing the patient's condition with current midwifery theories and evidence-based clinical guidelines (Prawirohardjo, 2020).

Midwifery care was implemented using Varney's Seven-Step Midwifery Management Process, including data collection, data interpretation, identification of actual and potential problems, identification of immediate needs, care planning, implementation, and evaluation. All interventions were documented using the Subjective, Objective, Assessment, and Plan (SOAP) documentation format in accordance with Indonesian Midwifery Practice Standards (Prawirohardjo, 2020).

Patient confidentiality was maintained by using only the patient's initials throughout this article. Clinical information was used exclusively for educational and scientific purposes in accordance with ethical principles governing case reports.

RESULT

Respondent Characteristics

Table 1 presents the demographic characteristics, obstetric history, clinical findings, physical examination, and maternal outcomes of Mrs. M diagnosed with retained placenta. The information summarizes the patient's condition from admission until the completion of comprehensive midwifery management.

Table 1. Characteristics of respondents with Retained Placenta at TPMB T. Hutapea, Pematangsiantar City, Indonesia

Group	Clinical Findings	Results
Patient Characteristics	Intials	Mrs. M
	Age	31 years
	Gravida / Parity	G3P1A1
Obstetrics Findings	Gestasional Age	39 – 40 weeks
	Mode of delivery	Spontaneous vaginal delivery
	Placenta delivery	. 30 minutes after birth
	Diagnosis	Retained placenta
Physical Examination	Blood pressure	120 / 80 mmHg
	Pulse	88 beats / minute
	Respiration	20 breaths / minute
	Temperature	36.7 C
Outcome	Maternal condition	Stable after management

Based on Table 1, the respondent was Mrs. M, a 31-year-old woman with an obstetric history of G3P1A1 at 39–40 weeks of gestation. She underwent a spontaneous vaginal delivery; however, the placenta failed to be delivered within 30 minutes after birth, leading to the diagnosis of retained placenta. Initial physical examination revealed stable vital signs, including a blood pressure of 120/80 mmHg, pulse rate of 88 beats/minute, respiratory rate of 20 breaths/minute, and body temperature of 36.7°C. Following comprehensive midwifery management in accordance with clinical guidelines, the placenta was successfully delivered, uterine contraction improved, postpartum bleeding was controlled, and the patient's condition remained stable without further maternal complications.

DISCUSSION

Retained placenta is one of the leading causes of postpartum hemorrhage during the third stage of labor and remains an important contributor to maternal morbidity and mortality. It is clinically defined as the failure of placental delivery within 30 minutes following fetal birth despite appropriate management of the third stage of labor. If not recognized and treated promptly, retained placenta may result in severe hemorrhage, hypovolemic shock, puerperal infection, disseminated intravascular coagulation, and maternal death. Therefore, early diagnosis and immediate intervention are essential to prevent adverse maternal outcomes (Prawirohardjo, 2020).

The findings of this case demonstrated that the placenta was not delivered within 30 minutes after childbirth, which fulfilled the diagnostic criteria for retained placenta. Immediate clinical assessment revealed inadequate uterine contraction, indicating an increased risk of postpartum hemorrhage. These findings are consistent with the theory stating that ineffective uterine contraction may interfere with physiological placental separation and expulsion, thereby increasing the likelihood of severe postpartum bleeding (Dwi Syalfina, 2021).

According to current obstetric literature, retained placenta may occur due to two principal mechanisms, namely failure of placental separation and failure of placental expulsion. Failure of separation generally results from abnormal placental adherence to the uterine wall, whereas failure of expulsion is frequently associated with uterine atony or constriction of the cervix after placental separation. These mechanisms explain why retained placenta should always be considered an obstetric emergency requiring prompt clinical management (Prawirohardjo, 2020).

Several maternal characteristics have been identified as risk factors for retained placenta, including multiparity, maternal anemia, previous uterine surgery or curettage, previous retained placenta, and prolonged labor. Maternal anemia, in particular, contributes to decreased uterine muscle contractility, thereby impairing placental separation and increasing the risk of postpartum hemorrhage. These risk factors should be identified during antenatal care to facilitate appropriate birth preparedness and complication readiness (Ulya, 2021).

In this case, comprehensive midwifery management was implemented immediately after the diagnosis was established. The interventions included continuous monitoring of maternal vital signs, assessment of uterine contraction and vaginal bleeding, preparation for manual placental removal, administration of uterotonic agents when indicated, and collaboration with other healthcare professionals. These interventions are consistent with

national standards of midwifery practice for preventing postpartum hemorrhage and improving maternal outcomes (Merti, 2021).

The implementation of Varney's Seven-Step Midwifery Management Process facilitated systematic clinical decision-making throughout the continuum of care. Comprehensive assessment, accurate diagnosis, identification of potential complications, individualized care planning, timely implementation, and continuous evaluation enabled the healthcare team to provide safe and effective emergency obstetric care. These findings support the importance of standardized midwifery management in improving the quality of maternal healthcare (Prawirohardjo, 2020).

Another important aspect observed in this case was the implementation of therapeutic communication. Clear explanations regarding the patient's condition, planned interventions, expected outcomes, and possible complications helped reduce maternal anxiety and facilitated cooperation during emergency management. Patient-centered communication has become an integral component of comprehensive midwifery care because it improves patient satisfaction, informed decision-making, and adherence to postpartum care recommendations.

Following comprehensive management, the patient's condition improved significantly. The placenta was successfully delivered, uterine contraction became adequate, postpartum bleeding remained within normal physiological limits, maternal hemodynamic status stabilized, and no postpartum complications were observed. These outcomes demonstrate that early diagnosis, prompt intervention, evidence-based clinical management, and interdisciplinary collaboration contribute substantially to reducing maternal morbidity associated with retained placenta. (Tanabe and Shi, 2024) (Nasser *et al.*, 2025)

Overall, this case reinforces the importance of strengthening midwives' competencies in emergency obstetric care. Continuous professional education, adherence to evidence-based clinical guidelines, and effective referral systems remain essential strategies for reducing maternal morbidity and mortality associated with retained placenta in primary healthcare settings (Prawirohardjo, 2020)

CONCLUSIONS

Retained placenta is an obstetric emergency that requires early recognition and prompt management to prevent postpartum hemorrhage and other maternal complications. This case study demonstrated that comprehensive midwifery care based on Varney's Seven-Step Midwifery Management Process and documented using the SOAP approach enabled timely diagnosis, appropriate intervention, and continuous evaluation. Following comprehensive management, the placenta was successfully delivered, uterine contraction became adequate, postpartum bleeding was controlled, and the patient's condition remained stable without further complications. These findings emphasize the importance of evidence-based comprehensive midwifery care in improving maternal outcomes and preventing adverse maternal events.

ACKNOWLEDGEMENT

The author would like to express sincere gratitude to STIKes Mitra Husada Medan for providing academic support throughout this study. The author also extends heartfelt

appreciation to Febriana Sari, S.Tr.Keb., M.Keb., as the academic supervisor and clinical preceptor, for her invaluable guidance, constructive feedback, and continuous encouragement during the completion of this manuscript. Special thanks are addressed to T. Hutapea Independent Midwifery Practice, Pematangsiantar City, for granting permission to conduct this case study and facilitating the clinical learning process. Finally, the author sincerely thanks Mrs. M and her family for their willingness to participate and cooperate throughout the provision of comprehensive midwifery care.

CONFLICT OF INTEREST AND FUNDING DISCLOSURE

The author declares that there are no conflicts of interest regarding the publication of this article. This study did not receive any specific funding or financial support from public, commercial, or non-profit funding agencies.

AUTHOR CONTRIBUTIONS

Himawari Kirina Petranela Sriyani : Conceptualization, data curation, investigation, methodology, formal analysis, validation, visualization, writing – original draft, and writing – review & editing.

Rohani Pera : Data curation, investigation, data collection, validation, and writing – review & editing.

Gita Lestari : Investigation, data collection, validation, and writing – review & editing.

Lenny M. Lumbantoruan: Investigation, data curation, validation, writing – review & editing, and manuscript editing.

Marliani: Supervision, conceptualization, scientific validation, methodology, writing – review & editing, and final manuscript review.

REFERENCES

- Andira, A. and Rinaldi, R. (2020) “Spermatokrit dan hormon reproduksi ikan nila (*Oreochromis niloticus*) yang di papar limbah cair kelapa sawit,” *Arwana: Jurnal Ilmiah Program Studi Perairan*, 2(1). Available at: <https://doi.org/10.51179/jipsbp.v2i1.347>.
- Asfia, F. and Rahmayanti, E. (2022) “Determinan Kejadian Perdarahan Post Partum Karena Retensio Plasenta,” *Journal of Baja Health Science*, 2(02), pp. 158–171. Available at: <https://doi.org/10.47080/joubahs.v2i02.2195>.
- Bemj, B.E.J., Umur, R. and Puskesmas, K. (2026) “Bunda Edu-Midwifery Journal (BEMJ),” 9, pp. 987–990.
- Damayanti, S.M., Hapsari, R.A. and Susanti, I. (2025) “Hubungan Anemia dengan Kejadian Perdarahan pada Ibu Bersalin di RSUD Panembahan Senopati Kabupaten Bantul Tahun 2024,” *JPIM: Jurnal Penelitian Ilmiah Multidisipliner*, 02(03), pp. 869–882. Available at: <https://ojs.ruangpublikasi.com/index.php/jpim/article/view/963>.
- Favilli, A. *et al.* (2021) “Risk factors for non-adherent retained placenta after vaginal delivery: a systematic review,” *BMC Pregnancy and Childbirth*, 21(1), pp. 1–13. Available at: <https://doi.org/10.1186/s12884-021-03721-9>.
- Franke, D. *et al.* (2021) “Retained placenta and postpartum hemorrhage: time is not everything,” *Archives of Gynecology and Obstetrics*, 304(4), pp. 903–911. Available at:

<https://doi.org/10.1007/s00404-021-06027-5>.

- Jurnal Keperawatan dan Pemikiran Ilmiah, N. (no date) *MANAJEMEN INTERVENSI FASE LATEN KE FASE AKTIF PADA KEMAJUAN PERSALINAN*.
- Jurnal, T., Ilmu, I. and Wiguna, I.M.A. (2026) "Anestesi Umum pada Pasien dengan Retensio Plasenta dan Perdarahan Postpartum kegawatdaruratan obstetri karena memberikan kontrol jalan napas yang optimal , ventilasi yang hemodinamik , efek terhadap kontraktilitas uterus , serta transfer obat ke janin . Agen inhalasi," 4(November 2025).
- Kishimoto, N. *et al.* (2023) "Clinical significance of retained products of conception in placenta previa: a retrospective analysis," *BMC Pregnancy and Childbirth*, 23(1), pp. 1–9. Available at: <https://doi.org/10.1186/s12884-023-05805-0>.
- Makalah *Hipertensi* | *PDF* (no date). Available at: <https://www.slideshare.net/khadaribob/hipertensi-28487926>.
- Nasser, B.H. *et al.* (2025) "Novel risk factors associated with retained placenta after vaginal birth," *International Journal of Gynecology and Obstetrics*, 168(3), pp. 1117–1123. Available at: <https://doi.org/10.1002/ijgo.15978>.
- Pan, S. *et al.* (2025) "The experience of manual removal of placenta in women with retained placenta: a qualitative study," *BMC Pregnancy and Childbirth*, 25(1). Available at: <https://doi.org/10.1186/s12884-025-08375-5>.
- Perlman, N.C. and Carusi, D.A. (2019) "Retained placenta after vaginal delivery: Risk factors and management," *International Journal of Women's Health*, 11, pp. 527–534. Available at: <https://doi.org/10.2147/IJWH.S218933>.
- Pramesti, I.P., Booth, W. and Cimanuk, J. (2020) "PLASENTA," (20).
- Tanabe, S. and Shi, Y. (2024) "Postpartum Hemorrhage Management with Bakri Balloon: Investigating Retained Placenta Risk," *American Journal of Case Reports*, 25, pp. 23–25. Available at: <https://doi.org/10.12659/AJCR.945672>.
- Tchuinte Lekuikeu, L.S. and Moreland, C. (2022) "Retained Placenta and Postpartum Hemorrhage: A Case Report and Review of Literature," *Cureus*, 14(4). Available at: <https://doi.org/10.7759/cureus.24389>.