



Guidance document for processing PM-JAY packages

Manual Removal of Placenta

Procedure Count / Procedures covered: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Manual Removal of Placenta	Manual Removal of Placenta	S400043	SO055A	8,500

ALOS: 2 days

Minimum qualification of the treating doctor:

Essential: MBBS with relevant experience

Desirable: MS/ DNB/ DGO or equivalent (Obstetrics & Gynaecology) or possessing a recognized Emergency obstetrics care certification from a government recognized institution.

Special empanelment criteria/linkage to empanelment module:

Facilities with well-equipped operation theatre / labour room

Disclaimer:

For monitoring and administering the claim management process of **Manual Removal of Placenta** NHA shall be following these guidelines. This document has been prepared for guidance of PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of procedures mentioned above. The hospitals can also refer to this document so that they have the insight on how the claims will be processed. However, this document doesn't provide any guidance on clinical and therapeutic management of patient. In that respect the hospitals and physicians may refer to any other relevant material as per the extant professional norms.

PART I: GUIDELINES FOR CLINICIANS AND HEALTHCARE PROVIDERS

1.1 Objective:

The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection of corresponding Health Benefit Package.

It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

1.2 Clinical key pointers:

Manual removal of placenta is performed when the placenta is not expelled even 30 minutes after the delivery of the baby. With active management, the placenta is commonly delivered within 5—10 minutes

Indications for Manual Removal of Placenta

- Placenta not expelled even after 30 minutes of the delivery of baby
- Postpartum haemorrhage with retained placenta
- Shock (mostly hypovolemic following haemorrhage)

Contraindications/Special Precautions

- Malformation of the uterus
- Placenta accreta
- Uterine fibroid

Suggestive History – Examination – Investigations for Manual Removal of Placenta

History (preferably)	Examination	Investigations
<ul style="list-style-type: none"> • Place of delivery • Ask contributing factors as: <ul style="list-style-type: none"> ○ Grand multipara ○ Multiple pregnancy ○ Number of hours in labour ○ Injection or tablets administered during or after delivery ○ Any earlier attempt to remove placenta ○ If bleeding excessively, since when 	<ul style="list-style-type: none"> • Check vitals: Pulse, Blood pressure, Temperature, Respiratory rate • Assess for shock • Abdominal examination: mostly reveals a relaxed/atonic uterus • Per vaginum examination: Profuse bleeding, cord will be hanging down through the vagina 	<ul style="list-style-type: none"> • Predelivery investigations (the last report available may be referred): Haemoglobin, Urine albumin, sugar, ABO-Rh • Post delivery: Haemoglobin

1.3 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorization and claims submission:

Mandatory document	Manual Removal of Placenta
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i. At the time of Pre-authorization (Its an emergency procedure pre-auth is not mandatory)	
Detailed clinical notes including Delivery notes (if available) with history, symptoms, signs, examination findings, indications and advice for admission	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Investigation reports (last Pre-delivery reports incl. Haemoglobin, Urine albumin, sugar, ABO-Rh & post-delivery: Haemoglobin)	Yes
Detailed operative / procedure notes	Yes
Documentation of General anaesthesia (preferable) or Intravenous sedation	Yes
Detailed discharge summary including follow up advice	Yes
Blood transfusion notes (if blood transfusion was given)	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)

3.1 **Objective:** To enable setting up of cross check mechanisms/rule engines within the IT platform (TMS) to ensure compliance with STGs and to prevent fraud / abuse of the Health Benefit Package.

3.2 Below mentioned are the scenarios where a provision would be built in TMS for pop-ups:

- Is there evidence of uterine malformations on Ultrasound/examination? No

PART IV: GUIDELINES FOR AUDITORS

- Ratio of Manual Removal of Placenta to the Number of Vaginal deliveries being carried out in a hospital to be monitored

Till the time the functionality is being developed, the processing doctors shall check the above manually.

References:



1. Dutta (2015). Complications of the Third Stage of Labour. Text Book of Obstetrics including Perinatology & Contraception, (475 – 484)
2. Baskett, T., Calder, A., Arulkumaran, S., (2014). Retained Placenta. Munro Kerr's Operative Obstetrics, (208 – 210)
3. WHO (2017). Procedures. Managing complications in pregnancy and childbirth: a guide for midwives and doctors (P-91).