What happens to placenta after birth

The placenta is delivered after the baby

Birth is not physiologically complete when the baby emerges. The placenta remains attached to the inner surface of the uterus and must separate before it can be expelled. The uterus normally contracts and becomes smaller, causing the placental attachment site to shear away. Blood vessels that supplied the placenta are compressed as the uterine muscle contracts, which is an important mechanism for limiting postpartum blood loss.

Some people experience contractions and a further urge to push, while others notice only mild pressure or a sense that something is passing. The placenta may come away spontaneously, or a clinician may use controlled cord traction when appropriate. The approach depends on the circumstances of the birth, the care setting, the clinician’s assessment and the individual’s preferences where physiological management is suitable.

During this stage, the care team continues to assess vital signs, uterine tone and the amount of vaginal bleeding. Breastfeeding or nipple stimulation may encourage endogenous oxytocin release, which supports uterine contraction. In active management, medication such as a uterotonic may be offered or administered to help the uterus contract and reduce the risk of significant

bleeding. These decisions should be explained by the maternity team, especially if there are risk factors for postpartum haemorrhage.

The placenta and membranes are checked

Once delivered, the placenta is usually inspected by a midwife, obstetrician or other trained clinician. The examination is intended to establish whether the placenta appears complete and whether the membranes and umbilical cord look as expected. The clinician may examine the maternal surface, where the cotyledons form the functional lobules of the placenta, as well as the fetal surface and the edges of the membranes.

This check matters because a missing fragment can indicate that placental tissue remains inside the uterus. A retained fragment may interfere with effective uterine contraction and may cause continued or increasing bleeding. It can also be associated with pain, fever or infection later in the postpartum period. A placenta that appears incomplete, has an unusual appearance or is associated with an unexpected clinical event may be sent to pathology for more detailed examination.

Not every placenta requires laboratory testing. Many are managed according to local maternity-unit policy after the clinical examination. If you want to see the placenta, have it photographed, take it home or request testing, ask the healthcare team before it is disposed of. Policies differ, and the placenta may need to be labelled, packaged and released under specific infection-control and consent procedures.

What retained placental tissue can mean

Sometimes the placenta does not separate fully, or a small piece of placenta or membrane remains in the uterus. This is commonly described as a retained placenta or retained placental tissue. The situation may be identified immediately if the placenta has not delivered within the expected period, if bleeding is excessive, or if examination suggests that part of the placenta is missing.

Management is guided by bleeding, maternal stability, the suspected amount and location of retained tissue, and whether the uterus is contracting effectively.

Clinicians may encourage breastfeeding, change the person’s position, use medication to promote uterine contraction or perform an examination. If the placenta remains undelivered or bleeding is significant, manual removal may be required, usually with appropriate analgesia or anaesthesia and monitoring. A procedure to remove a small retained fragment may also be considered when clinically indicated.

Retained tissue can present after the initial birth period rather than being obvious immediately. Ongoing or unexpectedly heavy bleeding, passage of large clots, persistent pelvic pain, fever, unpleasant-smelling vaginal discharge, dizziness or faintness should not be dismissed as ordinary postpartum recovery. Contact your maternity service, doctor or emergency service according to the severity of the symptoms. In an emergency, especially with heavy bleeding or collapse, seek immediate help.

What usually happens to the placenta afterwards

After the clinical examination, the placenta generally follows one of several routes. If there is no indication for further testing and the family has not requested its release, the hospital or birth centre usually disposes of it through its regulated clinical-waste process. This is a routine part of maternity care and does not imply that anything was wrong with the placenta.

Pathology examination may be recommended when there has been preterm birth, fetal growth restriction, suspected infection, placental abruption, unexplained stillbirth, unusual bleeding, maternal or neonatal illness, or an abnormal placental appearance. The exact indications vary between healthcare systems. A pathology report can sometimes provide information about inflammation, vascular problems, infarction, haemorrhage or other findings that may help explain the pregnancy or birth. It does not always identify a clear cause, and results may take time.

Some families request to take the placenta home for cultural, spiritual or personal reasons, such as burial or ceremonial use. Whether this is permitted depends on local regulations and the facility’s policy. The placenta may be treated as potentially infectious material, so staff may require written consent, suitable sealed packaging and instructions for transport and storage. Ask in advance if this is important to you, because arrangements may be

difficult after birth.

Placenta consumption and the evidence

Some people choose to consume the placenta after birth, in a practice known as placentophagy. It may be eaten raw, cooked, dehydrated and encapsulated, or prepared in another way. Supporters have claimed that it improves mood, energy, iron status, lactation or postpartum recovery. However, a review of the available evidence found no reliable proof that placenta consumption provides these benefits.

Processing does not necessarily remove all hazards. The placenta can contain bacteria or viruses, and preparation methods may not reach temperatures or durations sufficient to eliminate infectious organisms. There are also concerns about exposure to environmental contaminants and hormones or other biological substances. The review identified potential risks, including infection and exposure to environmental toxins. Contamination could affect the person who consumes the placenta and, depending on feeding and handling practices, may have implications for a breastfeeding infant.

If you are considering consuming your placenta, discuss the plan with your obstetric clinician, midwife or another qualified healthcare professional before making a decision. A healthcare professional can explain local public-health guidance, individual risks and safer alternatives for addressing concerns such as fatigue, low mood, anaemia or milk-supply difficulties. Placenta consumption should not replace assessment or treatment for postpartum complications.

Recovery after placental delivery

After the placenta has been delivered, the care team usually reassesses the uterus, vaginal bleeding, perineum, pain and vital signs. The uterus should feel firm as it contracts. Some bleeding is expected after birth, and the amount generally changes over time, but the pattern and volume matter. A small retained piece of placenta can sometimes be responsible for continued bleeding after a vaginal delivery, so persistent bleeding deserves professional review.

Postpartum care is also an opportunity to ask what was seen during the

placental examination, whether the placenta was sent to pathology and how you will receive any results. If a report identifies a placental abnormality, your clinician can explain whether it has implications for the newborn, future pregnancies or neither. Many findings are nonspecific and do not predict a future problem on their own.

Seek urgent medical help for bleeding that is heavy or rapidly increasing, faintness, shortness of breath, chest pain, severe or worsening abdominal pain, fever, confusion or a feeling that something is seriously wrong. Contact your maternity team promptly for persistent bleeding, large clots, increasing pain, fever or foul-smelling discharge. Your postpartum observations are clinically meaningful, and you deserve clear explanations and timely care.