



# Ragged membranes following the birth of your baby

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## Information for women, birthing people, and their families

This leaflet has been created to support discussions with your midwife or doctor. Its aim is to answer the questions you may have about ragged membranes.

### What are ragged membranes?

After the birth of your baby, your midwife will examine your placenta and membranes. Sometimes it can be difficult to tell if the membranes are complete. The membranes are the sac that surrounded your baby whilst it was in your womb. It should have smooth edges that fit together when it is examined. If the edges are rough or do not appear to fit together, you may be told that you have ragged membranes.

### What does this mean?

This means you are at a slightly higher risk of small pieces of the membranes being left inside your womb. This happens in 5 to 10 births in every 100 (5-10%). It does not normally cause any problems.

There is a small risk of infection or secondary bleeding. It is normal to bleed from your vagina after you have had a baby. This bleeding is called lochia, and it is usually at its heaviest just after birth. The bleeding following birth gradually reduces over the first few days. For most it will usually have stopped by 6 to 8 weeks after the birth of your baby. You will be advised to monitor your lochia.

### Tell your midwife if:

- you pass any blood clots that are larger than 3cm or a 50 pence piece; or
- your bleeding becomes heavy. If you are having to change a full bloodstained maternity pad every 1 to 2 hours, this is too much.

If you are at home call Maternity Triage for advice. Their contact details are at the bottom of this leaflet.

### Will I need further observation?

Following the birth of your baby you will have basic observations taken. These will include your temperature, pulse, blood pressure, respiratory rate, and oxygen saturation. You will not need extra observations, unless your individual circumstance needs this.

### What are the risks?

You may be at risk of complications. The risks include the following.

- Parts of the membranes being left inside your womb.
- Developing an infection.
- Heavy vaginal bleeding (post-partum haemorrhage / PPH).

### Do I have to stay in hospital longer than planned?

You will be able to go home as normal. Ragged membranes will not usually mean you have to stay in hospital longer than expected.

Approximately 1 in 100 (1%) of those who have had ragged membranes will develop an infection. We do not recommend that you take routine antibiotics, if you are otherwise well. Management of the infection involves you monitoring your blood loss and symptoms (see below).

Contact Maternity Triage if you have any worries or concerns. Their contact details are at the bottom of this leaflet.

### Symptoms to be aware of

It is important to know the early signs of infection. Speak to your midwife or GP if you think you are developing any symptoms. The symptoms include the following.

- Passing blood clots through your vagina.
- Severe abdominal (tummy) pain.
- Feeling unwell, with flu-type symptoms;
  - fever
  - feeling hot and cold
  - shivering
  - extreme tiredness
  - reduced appetite (not feeling hungry).
- Smelly blood loss (blood loss / lochia with an offensive smell).
- Bleeding (lochia) that is much heavier than expected following birth (post-partum haemorrhage / PPH).  
If you are having to change a full bloodstained maternity pad every 1 to 2 hours, this is too much.

- Difficulties passing urine or pain when you pass urine.
- Chest pain and / or breathing very fast.

Your body may pass pieces of retained membrane from your vagina. The membrane may look greyish, shiny and tough. It may be small and only noticed on the toilet tissue when wiping yourself. Or it may be a much longer piece of membrane which could be up to 10+cm in length.

Call Maternity Triage for advice or reassurance. Their contact details are at the bottom of this leaflet.

### What should I do if I have these symptoms?

Speak with your midwife or call Maternity Triage if you have any concerns or if any of the above symptoms are mild.

If you are more than 42 days after the birth of your baby, please call 111 or see your GP. Go to your nearest Emergency Department if:

- your bleeding (lochia) is excessive; or
- you feel very unwell.

Call 999 if someone you are caring for is unconscious or bleeding very heavily, and not well enough to take themselves to hospital.

### How will I be treated if this happens?

If you have been discharged home, call Maternity Triage if you have any signs of infection. They will assess you over the phone and ask you to go to Maternity Triage at Ashford or Margate, if needed.

- When you arrive at the hospital, you will have basic observations performed. These will include your temperature, pulse, blood pressure, respiratory rate, and oxygen saturation.
- Blood tests are usually taken to screen for infection.
- A vaginal swab is sometimes taken with your consent. The doctor may wish to perform a gentle vaginal examination.
- Your doctor may need to gently press on your tummy, to see if any clots come out of your vagina.
- A pelvic ultrasound scan may also be performed to help your doctor make a diagnosis.
- You may be treated with antibiotics if an infection is suspected. These may be given orally (by mouth) or through a cannula (a small plastic tube in your vein) if the infection is severe.

Depending on your individual situation you may be able to go home, or you may be admitted to the Maternity ward. Your baby will be able to stay with you.

### Who can I contact if I have any concerns?

- Contact our **Maternity Triage service on 01227 206737** for help and advice.

- If you are more than 42 days after the birth of your baby, call 111 for advice or see your GP.
- **If you are very unwell or have very heavy bleeding, call 999.**
- Contact the Birth Afterthoughts service if you have any unanswered question about the birth of your baby. You can call and ask to arrange an appointment with 'Birth Afterthoughts' or email (ekh-tr.birthafterthoughts@nhs.net).

### Further information

- East Kent Hospitals. **Postpartum haemorrhage (PPH)**. Patient information leaflet. (<https://leaflets.ekhuft.nhs.uk/life-after-postpartum-haemorrhage-pph/html/>)

### References

- Royal College of Obstetricians and Gynaecologists (RCOG). Heavy bleeding after birth (postpartum haemorrhage). Published December 2016. (<https://www.rcog.org.uk/for-the-public/browse-our-patient-information/heavy-bleeding-after-birth-postpartum-haemorrhage/>)
- Royal College of Obstetricians and Gynaecologists (RCOG). Green-top Guideline No 52. Prevention and Management of Postpartum Haemorrhage. December 2016. (<https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/1471-0528.14178>)
- Perinatal Institute. Postnatal notes (2021). ([https://www.preg.info/PostnatalNotes/PDF/pn\\_mother\\_bookmarked.pdf](https://www.preg.info/PostnatalNotes/PDF/pn_mother_bookmarked.pdf))
- National Institute of Health and Care Excellence (NICE). Intrapartum care for healthy women and babies: Clinical Guideline CG190.



**This leaflet has been produced with and for patients.**

**Please let us know:**

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

**You can let us know this by:**

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

**Any complaints, comments, concerns or compliments**, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email ([ekh-tr.pals@nhs.net](mailto:ekh-tr.pals@nhs.net)).

**Patients should not bring large sums of money or valuables into hospital.** Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

**Further patient information leaflets** are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

Reference number: Web 149

First published:  
April 2025

Last reviewed:  
April 2025

Next review date:  
August 2028

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