

Third Stage of Labour: Delivering Your Placenta

The third stage of labour is defined as the time immediately after the birth of your baby until the time that your placenta (afterbirth) has been delivered. After the birth of your baby, the placenta separates from the wall of your uterus and comes out through the birth canal. It is normal for some blood loss to occur at that time. However, the amount of blood loss that each client experiences depends upon how quickly the placenta separates and how effectively the uterine muscle contracts around the area where the placenta was attached. There are two ways to manage your care during the third stage of labour. These two options are described below.

1. Physiologic third stage

This involves, after routine care that includes immediate skin-to-skin contact:

- Awaiting signs that the placenta has separated
- An upright position and maternal effort (i.e. pushing) to deliver the placenta

This method can take 30+ minutes to complete, and is associated with greater incidence of postpartum hemorrhage¹.

2. Active management

This involves, after routine care that includes immediate skin-to-skin contact:

- The administration of a drug (oxytocin), usually injected into your thigh, within 1 minute after the birth of your baby. This drug makes your uterus contract firmly.
- Awaiting signs that the placenta has separated
- Gentle traction (i.e. pulling) on the cord to deliver the placenta, and encouraging you to push.
- Massage of your uterus after the placenta has delivered to ensure it is well contracted
- This method generally takes less than 15 minutes to complete, and is associated with decreased incidence of postpartum hemorrhage.

Important note: With our clients' consent, care providers at Inlet Birth typically perform delayed cord clamping (that is, clamping the baby's umbilical cord after approximately 3-5 minutes, or until it has stopped pulsing) in the presence of a normal birth and a well newborn.

What we know from research

Active management of the third stage of labour is associated with:

- Less bleeding after your baby's birth
- Less likelihood of you having a postpartum hemorrhage
- Quicker delivery of the placenta
- Less chance of you requiring a blood transfusion
- There are no known adverse effects of active management of the third stage of labour.

¹ Postpartum hemorrhage is defined as a blood loss after the birth of more than 500 mL (2 cups). Risks include anemia, blood transfusion, emergency hysterectomy, and in rare cases, death.

Who should have active management?

The World Health Organization, the Society of Obstetricians and Gynecologists of Canada, and the Association of Ontario Midwives recommend that every client have an actively managed third stage of labour.

We support each client's right to make an informed choice about care. Although postpartum hemorrhage cannot be accurately predicted, there are instances where active management of the third stage is strongly recommended. Examples include clients who:

- Have had a postpartum hemorrhage or retained placenta in a previous pregnancy
- Have given birth to more than four babies in the past
- Have an abnormally large amount of fluid around their baby
- Have had either a long or rapid birth
- Have twins or triplets
- Have been diagnosed with anemia during pregnancy
- Have had their labour induced
- Have an underlying medical condition: for example, pre-eclampsia or a clotting disorder
- Have babies born by forceps, vacuum extraction, or cesarean section
- Were actively pushing for more than 2 hours
- Have a low-lying placenta

Also, should your blood loss become heavy or another complication arise, we would strongly recommend the administration of medications to control bleeding.

INFORMED CONSENT

I have read and understand this document, and had the opportunity to have my questions answered.

- I choose to have active management of the third stage of labour.
- I choose to have physiologic management of the third stage of labour. I understand that I am refusing recommended care, and that in the case of excessive blood loss, my care provider will recommend necessary steps to ensure my health and safety.

Client's signature: _____ Date: _____

Care provider's signature: _____ Date: _____

References

Leduc, D., Senikas, V., Lalonde, A. (2009). *Active Management of the Third Stage of Labour: Prevention and Treatment of Postpartum Hemorrhage*. SOGC Clinical Practice Guideline #235.

McDonald, S., Prendiville, W., Elbourne, D. (2001). *Prophylactic syntometrine versus oxytocin for delivery of the placenta*. (Cochrane review). In The Cochrane Library, Issue 1, 2002. Oxford: Update software.

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