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· Midwives ·

Management of the Third Stage of Labour

The third stage of labour is a phrase used to describe the birth of the placenta. This can occur normally anytime after the baby is born until up to 30-45 minutes after the birth. The third stage of labour involves the uterus contracting enough to shear the placenta off of the uterine wall; it is then expelled by the maternal effort or with gentle traction from the midwife. Finally, blood loss is estimated and controlled. There are two ways of managing the third stage of labour: expectantly or actively.

Expectant Management

Expectant, or physiologic management of the third stage of labour involves doing things that support the body's natural production of oxytocin, and waiting for the placenta to be born without intervening in the body's physiologic process. It's sometimes called the wait-and-see approach. Things that support production of oxytocin are: keeping the mother and baby skin to skin together, keeping them warm, making the mother feel safe, loved and supported, lowering lights and talking softly so as not to interrupt the natural bonding and hormone release that happens between mother and child after birth. If the placenta hasn't been born within 20 minutes a midwife can encourage upright positions, nipple stimulation or breastfeeding the baby, emptying the bladder or squatting to facilitate the third stage. Choosing expectant management doesn't mean interventions and or medications will not be used if medically indicated.

Active Management

Active management of the third stage of labour involves interventions to assist in the birth of the placenta with the intention to prevent or decrease blood loss. Interventions include the use of medications, clamping the umbilical cord, and controlled traction of the cord. The routine medication used is an injection of oxytocin in a mother's thigh once the baby's shoulders are born. The umbilical cord clamping can be delayed for 1-3 minutes with active management. Controlled traction describes gentle pulling or tugging on the umbilical cord to guide the placenta out of the uterus and vagina.

Post Partum Hemorrhage

Post partum hemorrhage (PPH) is the excessive loss of maternal blood after a baby is born. PPH occurs in 5% of all deliveries and is responsible for a major part of maternal deaths worldwide. Some risk factors increase the chance of PPH: anemia, grand-multiparity (6 or more births), very fast labour, very slow labour, induction of labour, complications in labour, high-risk pregnancy and blood clotting diseases among others. However, PPH can happen in the absence of risk factors.

Nonfatal PPH can result in further interventions because of resulting anemia, poor lactation, exposure to blood products, clotting problems, organ damage and possible hysterectomy.

Informed Choice

Active management of the third stage of labour has been shown to reduce overall instances of hemorrhage worldwide. Because of this, the current standard of practice for all women in Canada is to receive active management. Choosing active management does not guarantee that PPH will not happen. Additional medications and further intervention can be required to stop blood loss.

The healthy, low risk population appropriate for midwifery care in Alberta does not fit the general health profile of the majority of women worldwide. There are studies out of the Netherlands, specifically about midwifery clients, that have shown opposite results: that routine active management of the third stage actually causes more postpartum hemorrhage for midwifery clients.

This handout is not meant to replace discussion with your midwife, rather, it is to act as a tool to facilitate informed choice. Talk to you midwife about your options and your thoughts.

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