ACTIVE VS PHYSIOLOGICAL MANAGEMENT OF THE THIRD STAGE OF LABOUR

A simple guide to help you understand your choices

What is the third stage of labour?
After your baby is born, your body still has one more job to do — birth the placenta. This is called the third stage of labour. There are two ways this can happen:

- Physiological (natural) management
- Active management

Both approaches are safe, and your midwife will talk through your options during pregnancy and again in early labour.

Understanding the placenta

The placenta, membranes and umbilical cord develop early in pregnancy. They are part of your baby and help them grow by supplying oxygen and nutrients. After birth, the placenta is no longer needed and is released from the wall of the uterus.

Physiological (Natural) Third Stage

This is when the placenta is born without medication or intervention.
How it works

- After birth, your baby still has some blood in the placenta. As they begin breathing, this blood naturally transfers to them through the cord.
- Waiting for the cord to stop pulsing — often around five minutes — is called optimal cord clamping.
- Skin-to-skin contact, breastfeeding, and simply being close to your baby help your body release oxytocin, which encourages the placenta to detach.
- You may feel a small urge to push, or your midwife may suggest changing position or coughing gently to help the placenta move down.

Advantages

- Your baby receives all their placental blood and stem cells.
- No medication is used.
- No evidence shows that waiting to clamp the cord increases jaundice.

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Things to consider

- It can take longer — sometimes up to an hour.
- Occasionally the placenta doesn't come away on its own, and active management becomes necessary to prevent heavy bleeding.

Active Management

Active management uses medication and gentle assistance to help the placenta come away more quickly.

What happens

- You are given an injection (usually oxytocin) in your thigh or via a cannula. This helps the uterus contract.
- The cord is clamped and cut between one and five minutes after birth.
- Once the placenta has detached, the midwife gently guides it out using the cord.

Advantages

- May reduce the risk of heavy bleeding, especially for people at higher risk.
- Usually quicker than a physiological third stage.

Possible side effects

- Nausea or vomiting.
- Raised blood pressure.
- Stronger afterpains.
- Slightly increased chance of retained placenta.
- A small reduction in baby's birthweight (because they receive less placental blood).

How do I choose?

Your choice may depend on:

- Your birth plan
- Whether labour is spontaneous or induced
- Whether instruments (forceps or ventouse) are used
- Your personal preferences
- Your clinical circumstances at the time

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A physiological third stage is usually only possible after a straightforward vaginal birth. In all settings, your midwife can switch to active management quickly if needed.

Risks to be aware of:

Blood transfusion

- Active management: around 13 in 1000 people
- Physiological: around 35 in 1000 people

Side effects (nausea, vomiting, headache, high blood pressure, readmission for bleeding)

- Active management: around 186 in 1000
- Physiological: around 90 in 1000

Retained placenta

A retained placenta means some or all of the placenta or membranes remain inside the uterus. This can happen with either approach.
If this occurs:

- A vaginal examination will be offered, with pain relief.
- If you are not in an obstetric unit, transfer is recommended.
- The placenta may need to be removed in theatre with anaesthetic support.
- Heavy bleeding will be treated promptly.

It can feel emotionally difficult, especially if you are separated from your baby for a short time. Having a second birth partner can be helpful for support.

In summary

Both physiological and active management are safe options. Your midwife will support your preferences while keeping you and your baby safe. Birth is unpredictable, and plans may need to change — but your choices matter, and your care team will always discuss what's happening and why.