Abeille Airdrie Midwives
110 – 400 Main Street N.
Airdrie, Alberta, T4B-2N1

in Bump, Birth & Beyond Inc.
Office Tel: 587-360-5503
Fax: 403-775-4432
Web: bumpbirthandbeyond.ca

Management of the Third stage of Labour

Background: The Stages of Labour

As you may recall, the **first stage** of labour occurs when a person is in **active labour** (changing their cervix, and usually approximately 5-6 cm dilated). The **second stage** of labour is when a person is "fully" dilated and is often known as the "**pushing stage**." After the baby is born, a person enters the "**third stage of labour**" which is the time at which a person **births the placenta**.

The third stage of labour can take anywhere from moments after the baby is born and up to approximately 45-minutes after the birth of the baby. People tend to notice that their uterus becomes crampy after the baby is born. This is a physiological and natural response to childbirth where your uterus contracts to encourage the detachment of the placenta from the wall of the uterus. Then, with some pushing efforts, the person can help expel the placenta along with support from the care provider. Once the placenta is born, the care provider will offer to massage and press the uterus (externally) to ensure that the uterus is firm and to ensure the blood loss is minimized.

For people who are considered low risk for bleeding after the birth (postpartum hemorrhage), there are two ways of managing the third stage of labour: expectant management, and active management.

The standard of care is for Active Management of the Third Stage of Labour:

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 medication first immediately after the baby is born, followed by controlled traction of the cord and maternal effort. The routine medication used is synthetic oxytocin which is delivered into the thigh (or arm if the person has a baby in a bath or a birth pool). Following delayed cord clamping, the care provider uses gentle traction on the cord, similar to how you would tug on a rope with a buoy attached, while the person bears down. The placenta is then born and inspected by the care provider.

For those who have not had a precipitous (fast), nor a prolonged labour and birth, and who are not at increased risk of a post-partum hemorrhage, expectant management of the third stage of labour is the other option for the birth of the placenta:

Expectant Management: Expectant, or physiologic management of the third stage of labour involves doing things that support the body's natural production of oxytocin, while the care provider waits for the placenta. To support the birth of the placenta and the natural production of oxytocin in the birthing person, your care provider may:

- keep the birthing person and baby skin to skin together and encourage the parent to smell and focus on the baby
- keeping them both warm and avoid loud noises/bright lights
- help to make the parent and baby feel safe, loved, and supported
- assist the parent in breastfeeding (if that is the plan) because nipple stimulation can aid in oxytocin production
- encourage the person to try upright positions, emptying the bladder and/or squatting to facilitate the third stage.
- If the placenta has not been born in more than 20 minutes, then your care provider may recommend proceeding to active management (and administering an oxytocin injection to encourage the birth of the placenta)

*Choosing expectant management doesn't mean interventions and or medications will not be used if medically indicated.

Reducing the risk of 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 (low iron), 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. PPH can occur in the absence of risk factors. PPH can result in further interventions because of resulting, anemia, poor lactation, exposure to blood products, clotting problems, organ damage and possible hysterectomy.

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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.

It is important to note that the healthy and 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 that expectant management is considered safe for people who do not have risk factors for post-partum hemorrhage.

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

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