

Third stage of labour – choices about delivery of your placenta

This information sheet is intended to stimulate discussion between you and your Lead Maternity Carer (LMC).

The third stage of labour is defined as the time immediately after the birth of your baby until the time that your placenta (afterbirth or whenua) has been delivered. After the birth of your baby and once the umbilical cord has stopped pulsating, the placenta separates from the wall of your uterus and comes out through the birth canal. It is natural for some blood loss to occur at that time.

However, the amount of blood loss each woman 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. It can be actively managed or allowed to birth physiologically (naturally).

These two options are described below.

Natural third stage

This involves:

- Immediate skin to skin contact
- Encouraging the baby to suckle at the breast to stimulate a contraction
- Delayed clamping of the umbilical cord until it has stopped pulsating
- Awaiting signs that the placenta has separated
- An upright position and maternal effort (i.e. pushing) to deliver the placenta.

Active management

This involves:

- The administration of a drug (Oxytocin) into your thigh or intravenous drip, if you have one, after the birth of your baby. This drug is used because it makes your uterus contract tightly.
- Clamping and cutting of the baby's umbilical cord
- Awaiting signs that the placenta has separated
- Gentle traction (i.e. pulling) on the cord to deliver the placenta.

What we know from research

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

- Less bleeding after your baby's birth
- Less chance of you having a postpartum haemorrhage
- Quicker delivery of the placenta and
- Less chance of you requiring a blood transfusion.

Who should have active management?

The Women's Health Service recommend that every woman should have an actively managed third stage of labour but, we also support each woman's right to make an informed choice.

There are some instances however when active management is necessary for your safety. These instances include women who:

- Have had a postpartum haemorrhage in a previous pregnancy

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- Have a low haemoglobin at the time of birth (anaemia)
- Have given birth to more than four babies in the past
- Have an excessive amount of fluid around their baby
- Have had a rapid birth
- Have twins or triplets
- Have been in the active phase of labour (>4cm dilated) for more than 12 hours
- Have had their labour induced
- Have an underlying medical condition - e.g. Pre-eclampsia or a blood clotting disorder
- Have a baby born by forceps, vacuum extraction or caesarean section
- Were in the latent phase of labour (<4 cm dilated) for a long time
- Were actively pushing for more than 2 hours
- Receive an Oxytocin drip to stimulate contractions during labour.

It may also be necessary to change from physiological to active management if there is a clinical need based on the judgement of your carer at the time.

There is a need to make a choice

Right 7 in the Health and Disability Code gives you the right to make an informed choice between physiological and active management of the third stage. Your decision will be clearly documented in your maternity care plan.

There has been a lot of research into the different ways of managing the third stage of labour. The Women's Health Service promotes practices based on evidence together with consideration for your particular wishes and clinical situation.

Whatever your choice, should your blood loss become heavy or another complication arise you

will be provided with the necessary emergency care.

If you have any questions please talk to your LMC.

Keeping your placenta

You have the option of taking your placenta home with you for burial. The hospital does not have any storage facilities for placentas. Your birthing support person /whanau should take your placenta home as soon as possible after the birth of your baby. The hospital does provide cardboard boxes for this purpose however you are also welcome to bring in a container of your own.