



Management of the Third Stage of Labour

The Third Stage of Labour and why is it important

The third stage of labour is the time period from the birth of the baby until the placenta and membranes are delivered.

The third (and fourth stages) of labor are usually uneventful, although significant complications can occur in this period. The most common is postpartum hemorrhage (PPH). While maternal mortality rates have declined dramatically in the developed world such as North America, PPH remains a leading cause of death for women of childbearing age.

Ways to manage the third stage of labour

Management of the third stage of labour varies significantly between different facilities, practitioners and countries. The two main methods used are expectant (aka physiological) management and active management.

Expectant / Physiological Management

If you have no pre-existing risk factors and have had a straightforward labour of average time with no drugs or interventions, Expectant or physiological Management is an option you can choose. Expectant or physiological management is a hands-off approach to delivering the placenta. It involves watchful waiting for signs of the placenta separating from the uterine wall (cramping, small gush of blood, cord lengthening) and then allowing the placenta to be expelled with maternal effort - which may be aided by gravity and/or nipple stimulation.

Research shows that for low-risk mothers and care providers with appropriate training and experience, the thoughtful use of this approach can be the most effective option to minimize bleeding. Having skin-to-skin contact with you and baby is also an integral component of this stage of labour. Such an environment facilitates the release of endogenous oxytocin and decreases the risk of postpartum hemorrhage. This also respects the emotional and hormonal processes of both

Most placentas are delivered within 10-15 minutes, and almost all by 30 minutes. However, if your placenta is not out after 30 minutes, or bleeding occurs, it would then be recommended to switch to an Active approach, starting with giving you an injection of oxytocin.

****Despite the true expectant management of the third stage, uterine or fundal massage at the top of the uterus will be performed once the placenta is delivered, to encourage uterine contraction and expel blood clots (which may prevent the uterus from contracting well).*

Pros and Cons of Physiological Management

- Does not interfere with normal labour
- Less likely to experience the most common side effect of oxytocin which is uterine cramping.

Not all women experience this, but sometimes it can be severe and require pharmaceutical pain meds to cope.

- Less risk of jaundice in the newborn
- Less risk of delayed PPH (2 or more hours after the birth), which can potentially happen after the synthetic oxytocin wears off
- Not recommended if you have twin births
- The longer the placenta is in the uterus, the chance of bleeding increases.

Active Management

If you have any risk factors (pre-existing or arising during labor), then it would be recommended to use an Active Management of third stage approach. There are two commonly used methods to actively manage the third stage of labour.

- 1) The administration of an oxytocic after birth of the anterior shoulder, prompt clamping and cutting the cord and controlled cord traction with guarding of the uterus and fundal massage.
- 2) Administration of an oxytocic within one minute of birth, clamping and cutting the cord with delaying for 1 to 3 minutes to help prevent anemia of the newborn, and use of controlled cord traction to deliver placenta, followed by fundal massage**.

***Most if not all midwives would do method 2, however we would wait until the cord stopped pulsating before we would clamp and cutting the cord and use controlled cord traction to deliver placenta, followed by fundal massage*

The International Confederation of Midwives and the International Confederation of Gynaecologists and Obstetricians joint policy recommends that active management of the third stage of labour should be offered to all women because it to reduce average blood loss, the length of the third stage, and the incidence of hemorrhage. This policy was adopted by the Society of Obstetricians and Gynaecologists of Canada and recommends that it should be given to all mom.

Pros and Cons of Active Management

- Decrease the length of third stage
- Decreases the risk of PPH
- Less pain from the oxytocin injection when given at the moment of birth, however given after delivery, you are more likely to feel the injection.
- Causes the uterus to contract within 2.5 min when given it Intramuscularly (IM). This may cause stronger contractions
- Active Management to prevent PPH has become the default standard of care in many places including most hospitals.

Please discuss these options with your midwives to facilitate an informed decision. People at increased risk for excessive blood loss or retained placenta (e.g., history of previous postpartum hemorrhage, significant anemia, history of previous retained placenta, or known vementous cord insertion) will be advised that active management is their most appropriate option.

References

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 2. Odent Michel, Don't manage the third stage of labour. Practicing Midwife
 3. Society of Obstetricians and Gynaecologists of Canada. International Joint Policy Statement. Management of the third stage of labour to prevent postpartum haemorrhage. Nov. 2003
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JOGC – Dec 2004, FIGO / ICM GLOBAL INITIATIVE TO PREVENT POST-PARTUM HEMORRHAGE [https://www.jogc.com/article/S1701-2163\(16\)30440-6/pdf](https://www.jogc.com/article/S1701-2163(16)30440-6/pdf)