



The Third Stage of Labour

When the placenta/afterbirth comes out

There are 2 ways for the placenta to detach from the womb and come out after the baby is born

- **Physiologically** (or naturally)
- **Actively** (or medically)

Both methods are used in the midwifery led unit (MLU) and we will discuss which one you would prefer during your pregnancy. Below is an outline of both methods to help you decide.

Physiological Third Stage

When the baby is born he/she is held skin to skin by you. Breastfeeding can be commenced if wished as this helps the placenta to separate from the wall of the womb.

When you start to feel pressure the midwife will check to see if there are signs that the placenta has separated, and if it is ready you be encouraged to get into the upright position. The placenta usually comes out with a few gentle pushes from you.

The cord is then clamped and cut after the placenta has delivered, or sooner if the baby is ill.

If there is any concern that your bleeding is heavier than normal, or that the placenta isn't separating, the midwife will ask you to consent to having an injection of oxytocin which should help.

Active Third Stage

When the baby is born the cord is clamped and cut almost immediately and baby is placed skin to skin by mum.

An injection of oxytocin is given to mum in her thigh. This injection causes the womb to contract which helps the placenta to separate from the wall.

Usually after 10 -15 minutes the midwife will check for signs of separation and if it is ready she will put some downward pressure on the cord in order to pull out the placenta

Reasons to have a Physiological Third Stage

- Uninterrupted time with baby immediately after the birth.
- Time to breastfeed which will help you with separation of the afterbirth.
- Baby receives the extra blood that remains in the afterbirth. A study found that baby's lung function can be better following this method (Mercer and Skovgaard, 2002)
- No injection required
- Continuation of a natural pregnancy and labour

Reasons for an active Third Stage

- If your iron level is low at the time of birth we will recommend an active third stage, which will help prevent worsening of your anaemia.
- If you have had a very long labour we might recommend it in case your womb does not contract effectively enough to allow for separation of the afterbirth.
- If you have other medical interventions such as an oxytocin drip, epidural or assisted birth, it would be recommended as these can affect the natural processes of your body.
- Some studies show less bleeding with an active third stage (Prendeville et al, 2006).

Recommendations from Denis Walsh, the author of Evidence Based Care for Normal Labour and Birth (2007)

- Women should be encouraged to consider a physiological approach antenatally.
- A physiological approach is the appropriate care when labour is normal.

In recent years, with the medicalization of childbirth in many countries, the practice has become normal to recommend active 3rd stage to all women, regardless of which risk category they are in. However there are many benefits to a physiological approach and since the MLU opened we have offered a choice to women. We have experienced many natural 3rd stages where the afterbirth came out with little difficulty and very little bleeding. Women's bodies can birth a placenta just as well as they can birth their babies.