

THIRD STAGE OF LABOUR MANAGEMENT



This information sheet will provide information on the management options available for the third stage of labour.

What is the third stage of labour?

The third stage of labour is the period between the birth of your baby and the birth of the placenta.

What management options do I have?

There are two ways to manage third stage:

- Active management, or
- Physiological or expectant management

At Mercy Health we recommend all women have active management of the third stage. Physiological management of third stage doubles the risk of having a postpartum haemorrhage. It also increases the need for a blood transfusion.

What is active management?

Active management of the third stage is:

- Having a hormone called oxytocin either in an intravenous drip or into your thigh muscle. The oxytocin makes your uterus contract. It also helps the placenta to separate from the uterus.
- It is routine to wait until the umbilical cord has stopped pulsating. Then, it is clamped and cut. If your baby requires help with breathing or resuscitation then it may be clamped and cut sooner.
- Gentle pulling on the cord by your midwife or doctor to assist the placenta to be born.

The placenta is usually delivered after about 5 to 15 minutes.

What is physiological or expectant management?

Physiological management of the third stage is the birth of the placenta by the mother's effort without using oxytocic medications or gently pulling on the cord. It can take up to 60 minutes for the placenta to separate and be born.

If you start to bleed heavily, your midwife or doctor will recommend active management. This is to reduce the amount of blood loss.

Why is it important?

Some women will bleed more than normal after the baby is born. A normal range for blood loss after birth is between 50 to 500mLs (2 tablespoons to 2 cups). About 1 in 3 women will lose more blood and this is called a 'postpartum haemorrhage' or 'PPH'.

Women who have a PPH may have no problems or may have: a low iron or a low blood count. They may feel extra tired, low mood and have more postnatal depressive symptoms. Sometimes breastfeeding may take longer to work well. They may also need an iron or blood transfusion. Some women may need to go to the operating theatre to find the cause of bleeding. They may go to the Intensive Care Unit or need a hysterectomy (removing the uterus).

Making your choice

We would like you to be fully informed in making your decision on third stage management.

Some factors increase your risk of a postpartum haemorrhage, but, most women who have a severe postpartum haemorrhage after a vaginal birth have no risk factors.

Some things that can increase your risk include:

- a multiple pregnancy (e.g. twins)
- high blood pressure or preeclampsia
- if you had a PPH with your last baby
- a very quick or a very long labour
- medications to induce or augment your labour
- a very long second stage of labour
- help birthing your baby by either forceps or a vacuum
- an episiotomy
- a baby weighing over 4kg
- a long third stage of labour, abnormal placenta or a retained placenta that won't separate



For more information

If you have any questions or need further advice, please call Maternity Services:

Mercy Hospital for Women

Ph: (03) 8458 4151

Werribee Mercy Hospital

Ph: (03) 8754 3390

In the event of an emergency, please dial **000** for an ambulance or go to your nearest Mercy Health or other hospital emergency department.