DELIVERING THE PLACENTA

MANAGEMENT OF THIRD STAGE OF LABOUR

The third stage of labour is the period from the birth of the baby until delivery of the placenta. After the baby is born, contractions generally resume after a few minutes, but at a much lesser intensity. These contractions cause the placenta to peel away from the wall of the uterus and drop down into the bottom of your uterus. The placenta, with the membranes (of the empty bag of waters) attached, will pass down and out of your vagina, assisted by maternal effort. You may just feel the contraction rather than an urge to push. There is generally no discomfort felt while delivering the placenta. The uterine muscles then continue to contract to stop maternal blood loss once the placenta has delivered.

Your midwife will carefully examine the placenta and membranes to make sure that nothing has been left behind. She, or your nurse, will feel your tummy to check that your uterus is contracting hard in order to stop the bleeding from the site where the placenta was attached. You may like to have a look at this organ that has supported your baby throughout the pregnancy

Delivering the placenta usually takes from five to 15 minutes, but it can take up to an hour. It depends on whether you have a managed or expectant third stage.

Active or Physiological Management

There are two approaches to delivering the placenta and completing the third stage. These are active management and physiological or expectant management.

Active management of the third stage of labour consists of interventions designed to facilitate the delivery of the placenta. This means you will have an injection of oxytocin in your thigh within one minute of your baby being born. This causes the uterus to contract strongly and separate the placenta off the uterine wall within about three minutes. The umbilical cord can be clamped at any time, often after it has stopped pulsating. Once the uterus is contracted and the placenta is separated the midwife will instruct the mother to push and she will assist the delivery of the placenta by gentle traction. This procedure involves placing one hand against the lower abdomen and applying gentle, controlled traction to the umbilical cord with the other hand to guide the placenta out as the mother pushes. This process allows the placenta to be delivered fairly quickly although sometimes it may take a few contractions.

Physiological or Expectant management involves allowing the placenta to separate and deliver spontaneously. In essence it means waiting for oxytocin to be released through your body's own physiological processes and the placenta to be delivered naturally. The process occurs in the same way in that contractions squeeze the placenta off the wall of the uterus and expel it out through the vagina. This may take from a few minutes to up to an hour to happen. Skin-to-skin contact and breastfeeding your baby will often help the uterus to start

contracting. You need to actively help the delivery of the placenta by pushing and perhaps by changing position into a more upright or squatting position.

Discussion

The main concern if the process of the third stage does not work efficiently is haemorrhage (PPH). This may impact on the mother's health and well-being in the postpartum period. Several studies over the last ten years have shown that active management of the third stage of labour reduces blood loss after birth. There is some controversy regarding the studies comparing having a natural third stage with having active management, largely because there are several different inter-dependent components of these practices, and different women have different levels of risk. There are several trials currently in progress to try to produce more evidence about how the third stage of labour should be managed.

Despite any disagreement regarding the research, the current thinking in obstetrical care is that active management with informed consent should be routine practice. The implication for both obstetric and midwifery practice is that active management of third stage of labour has positive outcomes for women in terms of a reduction in the amount of blood loss in PPH, the need for blood transfusions and postpartum anemia. For the woman, postpartum well-being may be improved.

Advantages of choosing a managed (active) third stage

- Research shows that women having an actively managed third stage have a smaller amount of blood loss (6.8% chance of a significant blood loss compared with 16.5% if you do it physiologically).
- Labour is completed more quickly.
- If you are at risk of PPH because of your medical history or because of events during labour, research shows that it is safer for you to have an actively managed third stage.
- Some women like to have the placenta delivered so they can then focus on the baby, concentrate on breastfeeding and relaxing with their new baby.
- If suturing is required it is good to have the placenta delivered so this can be completed and the mother settled with the baby.

Considerations of choosing a managed third stage

- Some women have noted there may be a feeling of being rushed, focusing on the placental delivery soon after the birth.
- With some oxytocic medications there may be a higher risk of having a retained placenta, which may then need to be removed under anaesthetic.
- There can be a risk if there is an undiagnosed twin (although this is rare due to the extensive use of ultrasound scans in pregnancy).

- If the cord is clamped **early** the baby does not continue to receive blood through the cord. However, it is possible to delay cord clamping with a managed third stage, which significantly increases the amount of the baby's blood volume and allows for some extra oxygen.
- There may be some risks with controlled cord traction such as snapping of the cord making it more difficult to deliver the placenta quickly, the risk of pulling out an incompletely separated placenta, and the very small risk of causing the uterus to invert, which may require surgery to reverse. However your midwives are very skilled and patient in delivering the placenta this way and do not pull excessively on the cord.

Advantages of choosing a physiological third stage

- Physiological management can be seen as the logical ending to a normal physiological labour (RCM 1997).
- There are no immediate time constraints to deliver the placenta so you can relax after your baby is born, being calm and quiet.
- Your baby will stay attached to you for longer, giving you some time to get to know each other without anyone taking your baby away from you for routine procedures.
- Your baby continues to receive extra blood volume and some oxygen through the pulsating cord for a while.

Considerations if you choose a physiological third stage

- Physiological management is only appropriate for women with low risk of post-partum hemorrhage and who have had a normal physiological labour.
- Understand that the natural process may not happen properly if your labour has involved medical interventions such as augmentation with oxytocin, induction, several doses of narcotics, an epidural, or a forceps or vacuum assisted delivery. In these circumstances it is generally safer to have a managed third stage.
- Be particularly aware if you are at risk of PPH, because of your medical history. It is recommended to have a managed third stage. Your midwife will act quickly if she thinks there is a risk of PPH after your baby has been born.
- If after some time (usually one hour) your placenta fails to separate or you are bleeding significantly you will need to be given drugs (uterotonics) to contract the uterus and deliver the placenta. In rare instances women need to have the placenta manually removed.

Whether you have your baby at home or in hospital, you can choose the way the placenta and membranes are delivered. Discuss the options with your midwife, and make your wishes known.