

Active or Physiological Management of the Third Stage (Delivering the placenta)

The third stage of labour is the period from the birth of the baby until delivery of the placenta. After the baby is born, cramping sensations or contractions generally resume after a few minutes, but at a much lesser intensity. These contractions cause the placenta to separate from the wall of the uterus and deliver with assisted maternal effort. The uterus then continues to contract which closes the blood vessels that fed the placenta and controls bleeding. Your nurse will feel your abdomen to check that your uterus is well contracted. Your midwife will carefully examine the placenta and membranes to make sure that nothing has been left behind. The midwives are happy to show you the placenta if you wish. Delivering the placenta usually takes from five to 15 minutes, but it can take up to 30-45 minutes. It depends on whether you choose a managed or expectant third stage.

Active management consists of interventions designed to reduce bleeding. This includes:

- Administering oxytocin in the mother's thigh at the time of delivery causing the uterus to contract strongly and separate the placenta off the uterine wall. Because your baby is already being born, the oxytocin does not affect your baby.
- The medication takes 3-5 minutes to take effect, so delayed cord clamping is not impacted
- Once signs of separation are present, gentle cord traction is applied to deliver the placenta
- Active management has been shown to reduce bleeding as well as reduce the likelihood of postpartum hemorrhage PPH (bleeding greater than 500mL)
- Active management results in a quicker placental delivery

Physiological management involves waiting for the body's own oxytocin to contract the uterus and expel the placenta.

- No medication is given, the midwife is 'hands-off'
- The mother may be asked to change positions, stand, or squat to deliver the placenta
- Waiting for the placenta to deliver spontaneously typically takes longer

Which Option is Right for Me?

While the World Health Organization and Society of Obstetricians and Gynecologists of Canada recommend active management for all birthers, those that are high risk of bleeding are especially encouraged to consider active management. Factors that increase risk of bleeding include: fast labour, slow labour, previous PPH, low iron in the pregnancy etc. Your midwife is happy to discuss which option is best for you.