



3rd Stage of Labour

The placenta is about the size of a dinner plate and the bigger the baby the bigger the placenta.

Parents have additional decisions to make for this stage. There are 2 difference types of 3rd stages – managed and natural.

In a **managed** 3rd stage the women receives an injection or an IV dose to make the uterus contract, reduce bleeding and the cord is clamped immediately however if you can leave the cord to finish pulsating (delayed cord clamping) before it is cut then the baby receives 30% more blood.

A **managed** 3rd stage may also include your care provider to palpate/rub your uterus and pull the cord to help expel the placenta – this can be very sore and uncomfortable. Palpating and rubbing the uterus should be avoided as it can interfere with the uterus clamping down and can be very uncomfortable and cause more bleeding.

A **natural** 3rd stage allows the body to expel the placenta without any interference. When the baby is born the cord continues to pulsate for several minutes as the placenta transfers blood to the baby. The placenta separates and is pushed out by mum when **SHE** feels that urge to push.

Signs that you are ready to expel the placenta:

- You can get more uncomfortable.
- You can feel more contractions or that you need to change position
- You may feel more pressure and a bearing down sensation

A **natural** 3rd stage can last anywhere between 5 minutes and 1 hour. You should not feel rushed or pressurised by your caregiver. During this time as long as there is no bleeding there isn't a problem. If baby is being held skin-to-skin at the breast or better still latched on this releases more oxytocin which help the uterus contract even more to reduce bleeding.

A **natural** 3rd stage is usually only appropriate following an undisturbed birth where there have been no medical or pharmaceutical interventions. The uterus can only be expected to function physiologically if there has been no interference with the mum's body during the earlier stages of the birth process and she's had a healthy pregnancy.

Guidelines for a **natural** 3rd stage:

- Mum & baby are skin to skin
- Mum & baby are kept warm, dry & covered
- Mum is in a comfortable position so staff can observe blood loss with the aid of gravity to help expel the placenta
- Staff can quietly observe as mum & baby bond
- Keep the lights dim & encourage breastfeeding



There are 2 main risks for mum during the 3rd stage:

- Excessive bleeding
- Retaining all or part of the placenta

With good medical support and the minimal use of drugs/invasive interventions during the process of labour these risks can usually be kept to a minimum.

The majority of all post-partum haemorrhages are caused by uterus atony. Atony is failure of the uterus muscles to contract normally after the baby has been born and the placenta has been delivered.