

The Third Stage of Labour & Birth of Your Placenta

What is the third stage of labour?

The third stage is the time right after your baby is born until your placenta has delivered.

After a normal delivery, you will have your baby snuggled to your chest and it is time for your placenta to be born.

How is the placenta born?

After your baby has been born, your uterus has a big empty space and needs to contract down to start to become the size it was before pregnancy. A hormone called oxytocin (the same one that was stimulating your uterus to contract in labour) helps make this happen. Your uterus will contract and clamp down on the blood vessels that had been going to your placenta.

Birth of the placenta happens in a similar way to when your baby came out, only this time it is soft and squishy - no bones!

Why does the third stage matter?

This is the part of your labour where you are at the highest risk of having bleeding. It is normal to bleed up to 500mL (half a litre) once the baby has been born. Any more bleeding than this is called a postpartum haemorrhage (PPH).

How is the third stage managed?

There are two different ways of managing the birth of your placenta, through *active management* and *physiological management*. We will ask your preference on how you would like your third stage to be managed.

Active Management

- The standard is to give a shot of Oxytocin as your baby is born. Either the nurse or another midwife gives this injection, and most people don't even notice it happening. We will then wait for your uterus to contract and gently pull on the cord to guide your placenta out as you push.

- PROS:** Decreases the chance of having too much bleeding
- Quicker delivery of your placenta

CONS: Shot of oxytocin (poke in your thigh)

Physiological Management

- This is a more hands off approach and is appropriate for people who have had a normal, uncomplicated vaginal delivery. Here, we wait for your uterus to contract and have you birth the placenta on your own.

PROS: Supports the normal birthing process

- No shot of oxytocin

CONS: Harder to achieve in a hospital setting

- Longer time for the placenta to be born
- May have to squat or get up to toilet to help placenta to be born

How do I choose between Active or Physiological management?

Many people choose to get the shot of oxytocin because it is the standard and there are no risks to having it. For people planning a physiologic, unmedicated birth, physiological management is a reasonable option. If you develop risk factors during your labour, your midwife will recommend switching to active management and giving you the shot of oxytocin.

What happens if I am bleeding too much?

Whichever option you choose, your midwife is able to manage a PPH. If we are concerned about your bleeding, it is likely that we will start an IV in order to give you some more oxytocin and we might even place a catheter to empty your bladder. If we are ever concerned about you bleeding too much, we will call an obstetrician to come help us care for you. If we are at home, this is a reason we would transfer to the hospital.

What if I have a C-section?

In a C-section, oxytocin or a similar medication will be used to help your uterus contract. Your placenta will be born with assistance from the obstetrician performing the surgery.