

NZCOM Practice Guidelines
The Third Stage of Labour
Ratified at National Committee Meeting May 2006

The third stage of labour is defined as the period from the birth of the baby until the complete birth of the placenta/whenua and membranes.

The third stage is a time of adjustment. The woman is becoming a mother and adjusting to the hormonal, physical and emotional changes that follow birth. Her baby is adjusting to extra-uterine life (Buckley, 2005).

The New Zealand College of Midwives (Inc) recognises that women can expect a physiological third stage of labour when it has been preceded by a physiological labour and birth (Gyte 1994). Women should receive information that informs them about their options in relation to the management of their third stage.

Midwives must be competent in both supporting physiological third stage, and implementing its active management. Midwives must also recognise the need to change from physiological to active management when appropriate.

When there has been an identified intervention in labour or birth or when the woman has an increased risk of post partum haemorrhage (PPH), active management of the third stage must be considered as the first option.

The woman is continuously assessed for blood loss and any physiological impact of this loss during both physiological and active management of the third stage.

Midwives must always have uterotonic drugs and the necessary emergency equipment immediately at hand when attending a birth. Midwives must ensure that all uterotonic drugs are stored according to the manufacturer's recommendation.

Women and their whanau are the decision makers in the disposal of the whenua/placenta following birth.

Physiological Expulsion of the Placenta in the Third Stage of Labour- Expectant or watchful waiting (Enkin, M., 2000)

- No prophylactic uterotonic drug is administered.
- Controlled cord traction is **not** used.
- There is no physiological need to clamp or cut the cord. Delay clamping and cutting the cord for several minutes or until the placenta is birthed. The decision to cut the cord should be on a case by case basis and in accordance with the women's wishes.
- If the cord is clamped and cut prior to expulsion of the placenta/whenua, the placental end is to be drained.
- The woman is kept warm and encouraged to put the baby to the breast if she is planning to breast feed.

- The midwife maintains a watchful attendance to the women's general condition, observing for signs of placental separation;
 - lengthening of the cord
 - slight blood loss
 - strong uterine contractions,
 - uterus smaller, rounder and firmer
 - fundus rises to the abdomen becoming harder and more mobile
 - woman may feel pressure to bear down
- Once there are signs of placental separation:
 - The mother's position may be changed to increase the force of gravity (ie squatting position)
 - Encourage maternal effort to expel the placenta
 - Gentle traction on the cord may be used to guide the placenta out

Once the placenta is birthed (assessments)

- The uterus is assessed regularly to ensure that it is well contracted and bleeding is minimal
- If there is bleeding present the uterus is massaged firmly until the bleeding stops. Assessment continues to ensure there are no adverse effects for the woman.
- Uterotonics may need to be considered to control bleeding.

Active management of the Third Stage of Labour- oxytocic, early clamping of the cord, controlled cord traction (Joint Statement, ICM and FIGO, 2005)

- The uterotonic drug of choice is administered as soon as possible after birth of the baby's anterior shoulder.
- Cord is clamped and cut as soon as possible after birth of the baby.
- The placenta is born by maternal effort or controlled cord traction.
- Signs of placental separation are the same as in physiological third stage:
 - Strong uterine contractions
 - Trickle of blood
 - Uterus becomes smaller, rounder and firmer
 - Fundus rises in the abdomen and is harder and more mobile
 - Cord lengthens
- ◇ Once the placenta is birthed assessments are the same as physiological

Whatever the method of management, once the placenta is born the midwife must continue to regularly assess the women's blood loss, ensure the uterus remains well contracted and that there are no other adverse effects for the woman or her baby.

**Controlled cord traction must NOT BE USED
unless an uterotonic drug has been administered**

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