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Active Management of the Third Stage of Labour

Partly adapted from Pomegranate Midwives

What is the third stage of labour?

The third stage of labour is the time between when the baby is born and when the pregnant person has stabilized after the placenta is delivered. The delivery of the placenta happens with contractions of the uterus, which shear the placenta off the wall of the uterus. Then the placenta is delivered by the pregnant person's pushing efforts aided by guidance from the care provider.

The third stage, and shortly after, is when the potential for bleeding is the highest. In many areas of the world, postpartum hemorrhage (PPH) is still the leading cause of death for women of childbearing age. Of course, in Canada where we are better nourished (i.e. better tolerate blood loss), and have access to emergency medications/surgery, this is not something we see. But even in the Canadian context, PPH can still have serious consequences, including the need for further medical intervention.

Short term consequences of PPH

- Administration of emergency drugs
- IV fluids
- Separating you from your baby during emergency intervention
- Manual removal of the placenta
- Blood transfusion
- Increased hospital stay, possible ICU admission
- In extreme cases, hysterectomy
- PTSD for pregnant people and their support team

Longer term consequences of PPH

The longer-term side-effect of PPH is anemia. The complications of being anemic postpartum include:

- Extreme exhaustion, beyond normal postpartum expectations
- Slow milk production as the body's resources go into producing blood cells
- Interference with bonding due to extreme exhaustion
- Increased susceptibility to infection
- Constipation from taking iron supplements
- Increased chance of postpartum depression

Are there risk factors that increase the chance of PPH?

Pre-existing medical factors:

- Bleeding disorder, uterine fibroids >5cms, hypertension

Previous pregnancy history:

- Previous PPH, previous retained placenta

Pregnancy complications:

- High blood pressure

Anything that especially stretches the uterus:

- Large baby (>4kgs or 9lbs), polyhydramnios (extreme amount of amniotic fluid), twins

Labour factors:

- Prolonged labor
- Prolonged pushing stage
- Prolonged third stage (>30 minutes)
- Full bladder
- Uterine infection
- Induction/Augmentation
- Shoulder dystocia

Mode of delivery:

- Forceps, vacuum, cesarean section

Are there any ways to minimize the chance of PPH?

Delivering the placenta as quickly as possible has also been shown to decrease the chance of PPH. This can often be done by the pregnant person pushing during uterine contractions (by this point they feel more like cramps than like labor contractions). In combination with the pregnant person's efforts, the care provider may choose to use careful traction on the umbilical cord to ease the placenta out. If you have any risk factors (pre-existing or arising during labor), then it would be recommended to use an active management of third stage approach.

What is Active Management of the Third Stage?

Active Management consists of giving the pregnant person a shot of oxytocin in the thigh while the baby is being born. Oxytocin is the same hormone that the body produces to contract the uterus and reduce blood loss. Along with the contraction that follows the administration of oxytocin, the care provider guides the delivery of the placenta, usually aided by the pregnant person's pushing effort. The cord may be cut by a family member or the care provider after the cord has stopped pulsating or after the delivery

of the placenta.

What are the Benefits of Active Management of the Third Stage?

Excessive bleeding and haemorrhage are among the most common complications of childbirth. Research consistently shows that active management reduces blood loss by approximately one third and reduces the number of haemorrhages by up to 70%. It is estimated that for every 12 pregnant people who receive Active Management, one serious postpartum haemorrhage is prevented.

Active Management is especially important if there are risk factors for having a haemorrhage including previous postpartum haemorrhage or retained placenta, a long exhausting labour, a very fast (precipitous) labour, large baby, or contractions spacing or weakening. Active Management is also important if the consequences from a haemorrhage might be increased because the pregnant person has low haemoglobin or low platelets or is giving birth at a distance from emergency services.

Are There Risks to Active Management of the Third Stage?

Some pregnant people are concerned about the pain of the needle in the thigh. The feedback we receive is that most pregnant people do not feel the shot since it is given as the baby is emerging. Others worry that the synthetic oxytocin might impact the pregnant person's own production of oxytocin. This is unlikely since oxytocin is very fast acting and goes through the system quickly. We also know that the synthetic oxytocin does not cross the blood brain barrier and would not be able to affect brain signals for natural oxytocin production

Are there alternatives to Active Management of the Third Stage?

Declining active management is an option for those who feel strongly about supporting the natural process and having as few interventions as possible. It is reasonable to decline if there are no risk factors for excessive bleeding and the delivery is planned for the hospital or close to emergency services. Oxytocin can be given as a treatment for bleeding. However it is less effective in preventing blood loss once a haemmorhage has begun.

Herbal remedies to prevent postpartum haemorrhage can be useful in pregnancy to nourish the blood and tone the uterus. Remedies such as motherwort, alfalfa, raspberry leaf, some chinese herbs, homeopathics and flower essences are often used. However heavy bleeding in the immediate postpartum is a time critical emergency that requires instant and fast acting drugs and the action of herbal remedies is too slow to be sufficient.

Having the baby near or at the breast does encourage the pregnant person's body to release oxytocin. However, well controlled studies have shown that positioning the baby at the breast does not reduce the incidence of postpartum haemorrhage.

Are there special circumstances to be aware of?

Postpartum haemorrhage can occur without warning and in the absence of any obvious risk factors. It can be life threatening for the pregnant person and disturbs the bonding time between them and their baby after the birth. A significant haemorrhage will certainly lead to transport to hospital by ambulance

from a home birth.

We support the informed choices made by our clients and are aware that they make these choices carefully. However, regardless of the client's preferences, circumstances may change the risk profile in the course of the labour. We hope that if the care provider is concerned that a person is at increased risk of postpartum haemorrhage and recommends active management that their advice will be taken.

Certainly, if a haemorrhage is occurring, we will need to use oxytocin and possibly other medications to help stop the bleeding. This may need to be done immediately without taking the time to discuss the pros and cons in the midst of a critical emergency. Our goal is a safe outcome for the pregnant person and their baby.