Labour does not end with the birth of your baby, but with the birth or delivery of the placenta, or afterbirth – the organ that joins the mother and fetus. The delivery of the placenta is called the third stage of labour.

The management of this stage of labour is important. Before labour starts it is a good idea to consider whether to have an actively managed or natural (physiological) third stage. The information in this leaflet will help you to make a decision. Your choice will be documented in your notes, together with recommendations made by your midwife/doctor.

Evidence from clinical studies demonstrates that active management of the third stage is more effective than natural management in reducing the risk of heavy bleeding immediately after birth. For this reason, active management is considered the best and safest practice.

**Why might I be at increased risk of bleeding during the third stage?**

Some factors that can be associated with an increased risk of heavy bleeding after birth include:

- anaemia (low iron levels) during this pregnancy
- vaginal bleeding during pregnancy (antepartum haemorrhage) or labour (intrapartum haemorrhage)
- grand multiparity (more than four births)
- BMI (Body Mass Index) greater than 35
- history of previous heavy bleeding after birth or retained placenta
- large baby – over four kilograms
- prolonged first stage of labour – more than 12 hours in active labour
- prolonged second stage – two hours or more
- prolonged natural third stage – more than 60 minutes.

**What happens if I choose an actively managed third stage?**

Following the birth of your baby:

- An injection of oxytocin (which helps your uterus contract) is given into your thigh.
- You and your baby may be close and cuddling (skin to skin) and he/she may be nuzzling at the breast.
- The cord is clamped and cut (you may have delayed cord clamping if you wish).
- The midwife will check for evidence that the placenta has separated.
The midwife will then apply counter pressure above your pubic bone and deliver the placenta with gentle but firm traction on the cord.

This process usually takes 5 to 10 minutes.

If you have a waterbirth and choose to have active management, or your midwife recommends it, you will need to exit the pool for this stage of labour.

What happens if I choose a natural third stage?

Following the birth of your baby:

- The cord is not clamped or cut and is left pulsating (providing all is well with your baby).
- You and your baby may be close and cuddling (skin to skin) and he/she may be nuzzling at the breast.
- You will continue to feel mild to strong contractions at regular intervals. The uterus pushes down with each contraction, leading to a gradual decrease in size. This helps the placenta separate from the wall of the uterus.
- You may feel a trickle of blood as the placenta separates from the wall of the uterus (this is normal).
- Being in an upright position and allowing the benefit of gravity will help you birth your placenta. Some women find it useful to position themselves on the toilet lined with a bowl to catch the placenta and any blood loss.
- If you have given birth to your baby in water and choose to birth your placenta naturally, you may remain in the pool, unless the midwife is concerned about your blood loss.
- As you feel a strong contraction and pressure in your bowel, you may feel an urge to push.
- Once the placenta has birthed the cord can be clamped and cut.
- This process can take from 10-60 minutes.

Frequently asked questions about placenta delivery

What does the birth of my placenta feel like?

The placenta is approximately one sixth of the size of your baby. It is very soft and spongy and as it comes through the birth canal ready to be born, the pressure increases and you may feel an urge to push similar to emptying your bowels.

What if I want to delay the cord being clamped?

Delayed cord clamping for two or three minutes after the birth in the third stage does not appear to increase the risk of heavy bleeding. It can therefore be considered for both active and natural management of the third stage of labour.

Delayed clamping has also shown to be of benefit to your baby in the prevention of anaemia in the first six months of life. However, it has also been linked to the possible additional risk of newborn jaundice.

How much blood may I lose, and what’s normal?

It is normal to lose some blood after birth. The amount of bleeding will depend on various circumstances. The normal increase of blood volume during pregnancy allows for
some blood loss at birth without ill effect. Any bleeding more than 500ml is classed as a postpartum haemorrhage and will be acted on accordingly, including transfer to hospital if you are having a home birth. Intravenous drugs and other treatments will be administered in hospital to stop the bleeding and safeguard your wellbeing.

What is my midwife’s role during the third stage?
Your midwife has an important role during the third stage of labour to closely monitor your well being and treat your symptoms accordingly. They will check your blood pressure and pulse, observe your blood loss, look for signs of placental separation and take immediate action if concerned about heavy bleeding.

Can I change my mind about active vs. natural management?
You can change your mind about how you would like to birth your placenta at any time during your pregnancy or birth. You should research your options and discuss these with your midwife or doctor so that you can make a fully informed choice.

Can I keep my placenta?
You can keep your placenta but you will be required to sign a disclaimer form to confirm you are aware of the correct disposal and the potential risks of infection. Please make your wishes clear to your midwife, obstetrician and operating room staff prior to birth.

Use of Oxytocics for Delivery of the Placenta

What are oxytocics?
Oxytocics are drugs which:

- cause the uterus to contract (tighten)
- are routinely used in maternity hospitals for the delivery of the placenta.

Why are they used?
Research studies dating back to the 1960s:

- Shows that oxytocics reduce the risk of maternal haemorrhage (excessive bleeding) following birth and reduce the need for a postpartum blood transfusion.
- Recommends that all maternity hospitals offer women an oxytocic injection for the delivery of the placenta.

Which form of oxytocin will I receive?
This decision depends upon your risk of a postpartum haemorrhage.

- Syntocinon – contains the drug oxytocin and is given if you are in the low risk group for a haemorrhage, have high blood pressure or cardiac disease.
- Syntometrine – contains both oxytocin and ergometrine maleate and is given if you are considered to be at high risk for a haemorrhage and your blood pressure is not elevated. The effect of Syntometrine on the uterus lasts longer than Syntocinon.

Who can I talk to about this?
- If you have any further queries, please speak with your doctor or midwife.
Further information

Management of labour

Pregnancy – stages of labour January 2010

When your baby is born – the second and third stage 2010
http://www.healthdirect.org.au/health-information-services/pregnancy-birth-and-baby-website/birthing-topics/when-your-baby-is-born#The%20third%20stage%20of%20labour