



### Third Stage Management

The third stage of labour is defined as the time from the delivery of your baby to the delivery of your placenta and membranes. The management of this time varies a great deal between practitioners, facilities, and countries. Management can be categorized as *expectant* or *active*.

The reason this stage is “managed” is to prevent postpartum hemorrhage (PPH), which for a vaginal birth is defined as greater than 500 ml or 2 cups of blood. The incidence of PPH ranges from 2%-6%.

#### Expectant (Physiologic) Management

This type of management involves watchful waiting and patience for the mother to deliver the placenta spontaneously. This is often most effective when gravity, nipple stimulation, and direct undisturbed contact between mother and baby are employed. This process involves the release of the mother’s natural oxytocin to cause uterine contractions, thereby reducing the risk of postpartum hemorrhage. It is important that the environment between mother and baby remain as undisturbed as possible.

#### Active Management

This form of management involves giving the mother medication to cause the uterus to contract within about a minute after the birth, clamping the cord as soon as it is finished pulsing, and using gentle traction (pulling) of the cord to deliver the placenta. Two international confederations support and recommend active management of the third stage; the International Confederation of Midwives and the International Confederation of Obstetricians and Gynecologists. This policy has also been adopted by the Society of Obstetricians and Gynecologists of Canada, which states that active management should be offered to all women. Some research has shown it to decrease the length of the third stage, decrease the amount of blood loss, thereby decreasing the incidence of hemorrhage. In general, medications that cause the uterus to contract can cause these side effects: increase in afterpains, nausea and vomiting and decreased or increased blood pressure depending on the medication. In Canada, oxytocin is the most common medication used for active management and is associated with fewer side effects. There are no side effects to the baby with either form of management. Research suggests that women with risk factors benefit most from active management. The research for prevention of PPH for low risk women is uncertain.

Your midwife will review risk factors for PPH with you. Some of these risks may not be known until you are in labour and/or delivery your baby. Women who are at an increased risk for postpartum hemorrhage will be advised that active management of the third stage is their best and safest option.

Please give these choices careful consideration and don’t hesitate to ask questions.