



The Third Stage of Labour

What is the Third Stage of Labour?

The third stage of labour starts when the baby is born and ends with the delivery of the placenta. On average, this stage lasts between 5-30 minutes.

The Placenta & Oxytocin

The placenta is attached to the wall of the uterus throughout pregnancy, and delivers a continuous supply of nutrients and oxygen to the baby from the maternal blood. The placenta is expelled shortly after the birth of the baby because it is no longer needed.

Oxytocin is the natural hormone that causes the uterus to contract throughout labour, including the third stage. After the baby is born, your body naturally releases a surge of oxytocin, which produces a strong uterine contraction that separates the placenta off of the wall of the uterus. Since there is continuous blood flow to the placental site even after the placenta is gone, another surge of oxytocin encourages the uterus to contract again to clamp down on this area to prevent hemorrhage. Although most women experience adequate contractions in the third stage, there are some instances where the uterus is incapable of creating forceful contractions, increasing the risk of post-partum hemorrhage, and/or preventing the placenta to be expelled.

Risk Factors for Hemorrhage

- A very long labour
- A very short, intense labour
- Operative delivery (i.e. forceps, vacuum, caesarian section)
- A labour that was induced or augmented with oxytocin
- A distended uterus (i.e. twin or multiples birth)
- Uterine fibroids
- Uterine infection

Methods of Management of the Third Stage

Active management involves receiving an injection of oxytocin in the thigh at the same time as the birth of the baby and, along with maternal pushing effort, the placenta is gently guided out via controlled cord traction once the placenta has separated from the uterine wall. This method is shown to decrease the risk of a postpartum hemorrhage by 60%, as well as decrease the time for the placenta to be delivered to 5-10 minutes. Adverse effects are uncommon but include headache, hypertension, nausea, and retained placenta. Active management is the standard of care in BC.

Physiological or expectant management is the “wait and see” approach. Often the third stage of labour will be uncomplicated, allowing for the body to naturally expel the placenta within 5-30 minutes. Breastfeeding also releases natural surges of oxytocin, which helps this management. However, in cases where blood loss is worrisome or the placenta has not separated in an adequate amount of time, oxytocin administration often helps the process. In both methods of management, the cord is not clamped until pulsing has stopped.

Management Choice

We will enquire about your preference for management of the third stage at one of your prenatal visits. If your bleeding is within normal limits and you don't have any risk factors for hemorrhage, we will honour your preference about management of the third stage. Otherwise, we will recommend active management to prevent hemorrhage.