

Fact Sheet

The birth of your placenta- Third Stage management

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During pregnancy the placenta plays an important role in transferring (carrying across) food and oxygen from mother to baby.

The birth of the placenta is also called the Third Stage of labour. Your body makes a hormone called oxytocin during, and after, labour which helps the placenta come away from the womb (uterus). Oxytocin also helps you begin breastfeeding.

There are two ways to manage the Third Stage of labour.

- Active management – which is recommended
- Expectant (wait and see) management

What is Active Management?

With active management you will be given the hormone oxytocin as an injection at the time of your baby's birth. This helps the placenta separate (come away) from the womb (uterus). Once the placenta has separated its birth is assisted by gentle traction (pull) on the umbilical cord.

What is Expectant Management?

- No oxytocin is given at baby's birth so the placenta comes away helped by your naturally produced hormone oxytocin.
- The placenta is pushed out by the mother. This is not more painful than active management.
- To help the placenta come away you should be encouraged to breastfeed and to sit as upright as possible.
- Expectant management takes twice as long as active management and you are twice as likely to have heavy bleeding after the birth.
- If the placenta does not come away within 30 minutes, or you bleed more heavily than expected, we strongly recommend an injection of oxytocin to protect you from heavy bleeding.

Why does the hospital advise Active Management?

We recommend active management because there is clear research and evidence that this is safer for you. Active management lessens by 50% the chance that you bleed heavily (called post-partum haemorrhage or PPH) after baby's birth. PPH can be serious and may result in the need for blood transfusion, severe damage to internal organs like the kidneys and, rarely, death.

Women may prefer to have an expectant third stage because they feel it to be more natural.

If there is any concern with the amount of blood loss at birth your midwife or doctor will discuss this with you and you may need to be given further medicines to decrease the bleeding. It is important to understand that giving oxytocin to stop bleeding is not as effective (does not work as well) as giving it to prevent bleeding.

The choice of active versus expectant third stage is yours and we recommend that you discuss this with your health carers during your pregnancy before labour.

Some pregnancies have a higher than average risk of PPH, including (but not only):

- twin pregnancy
- having had a heavy bleed after a previous birth
- long labour

In these cases we would strongly advise active management of the third stage.

It is also important to note that induction (starting) of labour with oxytocin, or the use of oxytocin to shorten labour, means that artificial hormones have already been started, and in this instance, active management would continue for the birth of your placenta.

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I have read that delayed cord clamping is important. What does this mean?

Delayed umbilical cord clamping means not clamping and cutting the umbilical cord straight after the baby is born but waiting until the cord stops pulsing.

There is no evidence that delayed cord clamping increases or reduces PPH.

Delayed cord clamping means your baby gets a little more blood from the placenta (usually 75% of the blood that will go to the baby by waiting will have done so within the first minute after birth).

The effects of delayed cord clamping for babies are:

- Term babies (babies born between 38-41 weeks of pregnancy) will have higher iron levels for the first 3-6 months of life. This may be good for baby if mum was anaemic (meaning she has low red cells in her blood) while pregnant.
- Term babies have slightly higher risk (chance) of developing jaundice (a yellow colour of the skin caused by breaking down of red blood cells) after birth and may need photo-therapy to treat this. Phototherapy is special blue light treatment. Your baby may need to be in the nursery for a day or two for this treatment.
- Very preterm (born before 35 weeks of pregnancy) babies benefit more from delayed cord clamping as this results in:
 - less blood transfusions
 - less Intraventricular haemorrhage (bleeding into spaces in the brain)
 - less necrotising enterocolitis (infection of baby's gut)

For these reasons we try to delay cord clamping for preterm infants if possible.

At term, if you wish delayed cord clamping please discuss this with your pregnancy carer.

Delayed cord clamping may not be possible if:

- baby is born by caesarean, because operating theatres are cold and new-borns easily lose heat.
- baby unexpectedly needs extra oxygen or help with breathing straight after birth

Can I take my placenta home?

Women may wish to keep their placenta and take it home. Following the birth of your placenta, we will check that it is complete by examining it carefully.

Should you wish to keep your placenta, let your midwives and doctors know, and it will be placed in a bag and container for you and your partner to take home from hospital. You will also be given a form to sign which lets you know your responsibilities for the disposal (getting rid) of your placenta.

If you wish to discuss the management of the third stage of labour we welcome your questions during your pregnancy.

The placenta is often referred to as the 'Tree of Life'. When looking at a placenta after birth, it is easy to see why. The blood vessels branching like a tree can be seen. We know that these vessels nourish (feed) your baby by transporting oxygen and nutrients (food) to your baby throughout your pregnancy. The placenta is an amazing, life giving organ.

We welcome further feedback on this brochure as a way of continually improving our service.

Please send your feedback to:

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