The birth of your placenta – Third stage management

- the birth of your placenta is called the third stage of labour. During pregnancy the placenta is a vital organ which provides your baby nourishment 24 hours a day. Once your baby is born, your baby will continue to gain nutrients from the umbilical cord while it is still pulsating and your baby transitions to life outside your womb.

- the birth of your placenta normally occurs within 30 minutes and up to one hour following the birth of your baby. It is important that this time is as uninterrupted as possible in order to allow your body to continue to produce hormones to assist the birth of your placenta. Interruptions in the birthing space are thought to delay the third stage by interfering with your body’s production of hormones.

The hormones following the birth of your baby are important for a number of reasons. These are;

- to minimise bleeding

- encourage your placenta to separate from your uterus and be expelled (birthed)

Immediately following the birth of your baby, we recommend you maintain a quiet and relaxed environment to encourage your body to produce a healthy amount of post birth hormone.

Your body is both amazing and capable and quickly undertakes the task of producing oxytocin. Skin to skin contact at birth encourages oxytocin as well as initiating breastfeeding.

Some women prefer to have a natural third stage which is sometimes called a physiological third stage. Physiological third stage means you allow your body to naturally produce enough hormone for your body to birth the placenta. Birthing the placenta through maternal effort is not painful and many women describe the warmth of the placenta as a healing process.

At Westmead hospital our third stage management policy involves active management of the third stage.

- active management consists of interventions designed to facilitate the delivery of the placenta by increasing uterine contractions and to prevent excessive bleeding

- active management requires an intramuscular injection of a synthetic hormone called Syntocinon and requires early cord clamping within a couple of minutes following birth. This injection is generally given immediately at birth and with your consent.

- once the injection has been given, your midwife or doctor will apply gentle traction to assist the delivery of your placenta.

If there is any concern with the amount of blood loss at birth your midwife or doctor will discuss options with you and utilise further medicines to minimise bleeding. The choice of active versus physiological third stage is yours and we recommend that you investigate the two options and discuss this with your health carers during your pregnancy.

It is important to some women that they keep their placenta and take it home with them. Following the birth of your placenta, we will check that it is complete by examining it with our eyes and hands.
Should you wish to keep your placenta, let your midwives and doctors know and they will place it in a bag and container for you and your partner to take home from the hospital. You will also be given a form to sign which lets you know your responsibilities for the disposal of your placenta.

It may be confusing for you to make the decision of active versus physiological third stage and we welcome your discussion during your pregnancy.

It is also important to note, that an induction of labour or the use of Syntocinon in labour means that artificial hormones have already been commenced and in this instance, active management would continue for the birth of your placenta.

The placenta is often referred to as the ‘Tree of life’. When you examine a placenta after birth, it is easy to see why. Branches of blood vessels can be identified. We understand that these vessels nourish your baby by transporting oxygenated blood and stem cells throughout your pregnancy. The placenta is an amazing life giving organ.