BIRTHING THE WHENUA/PLACENTA THE THIRD STAGE OF LABOUR



WHAT IS THE THIRD STAGE OF LABOUR?

The third stage of labour is the period of time between when your pēpi/baby is born, and when your whenua/placenta (or afterbirth) is birthed. It can take anywhere from a few minutes, to an hour or more for your placenta to be born.

The third stage of labour is a time of big adjustment for both you and your pēpi/baby – your pēpi/baby is rapidly developing to the outside world and undergoing normal physiological changes in their circulation, while you are adapting to becoming a parent and experiencing the physical, hormonal, and emotional changes that come with that.

During labour you produce large amounts of a hormone called oxytocin – this helps create contractions and birth your pēpi/baby. This hormone also helps you bond with your pēpi/baby, feed your pēpi/baby, and helps you birth your whenua/placenta. [7]



Thank you to Lou Kelly for the design of this image @earthside.nz

Your whenua/placenta is a large, soft organ that provides your pēpi/baby with blood and nutrients via the pito/ umbilical cord during pregnancy. It is attached to your uterus by many small blood vessels – these blood vessels come away from the uterus in the third stage of labour and allow your whenua/placenta to move out of your uterus, and through the vagina.

Because of these many small blood vessels coming away, during the third stage of labour, you will lose some blood (up to 500mls is a normal amount of blood to lose). If you've never seen this much blood loss it can look quite frightening. Your LMC will be closely observing the amount of blood lost and offer interventions if they are concerned that the amount is too much.



TE MANAAKI I TŌ WHENUA/ CARING FOR YOUR WHENUA

The birth of pepi signifies a spiritual connection with Papatūānuku (Earth Mother), when the whenua (placenta) is returned to the whenua (land).

READ MORE ABOUT TE MANAAKI I TŌ WHENUA

Physiological care or Active management?

There are two main ways to support your body through the third stage of labour – **physiological and active**. 1. Physiological care refers to supporting your body to naturally go through the process of creating more oxytocin and birthing your placenta.

2. Active management refers to using a medicine that contains artificial oxytocin to birth your placenta. It is your choice which of these methods you would prefer. [6, 7]

The New Zealand College of Midwives recommends that people who have had a physiological labour and birth with no risk factors should be supported to have a physiological third stage of labour. [6]

It is YOUR choice!

No medical procedure can be performed, and no medication can be given, without your informed consent - even if it is a routine practice in the hospital or birth centre.

Before giving your consent, your care provider must fully and clearly explain to you:

- How this treatment or procedure will help
- What happens during the treatment or procedure
- What other options there might be
- What you can expect after the treatment or procedure
- Any risks that may be associated with the treatment or procedure

READ MORE ABOUT INFORMED CONSENT



PHYSIOLOGICAL CARE

Physiological care includes:

- Allowing you and your pēpi/baby to have uninterrupted time skin to skin until after the whenua/ placenta is born. Having your pēpi/baby against your skin encourages your body to create more oxytocin which helps your uterus contract and your whenua/placenta be born.
- Your pēpi/baby being on your belly/chest, and the movement of their feet against your skin also stimulates your uterus externally to encourage contractions.
- Encouraging your pēpi/baby to make its way to the nipple to begin feeding. The movement of your pēpi/baby making its way up toward your chest, and the oxytocin released with feeding your pēpi/baby from your body also helps your whenua/placenta be born.
- Leaving your pēpi/baby attached to the pito/umbilical cord until it has stopped pulsing – or longer if you would prefer and pēpi/baby is well.
- Birthing your whenua/placenta by pushing down into your bottom the same way you pushed your pēpi/baby out. You might like to change positions and sit upright to allow gravity to help you push your whenua/placenta out.



Thank you to Hallie Campbell for this image @nz_birthstories

• A physiological third stage can take anywhere from ten minutes to an hour, and sometimes a little more. If it has been more than an hour, your care provider may encourage you to have some synthetic oxytocin (syntocinon) to help your whenua/placenta be born [1, 7]

What does the evidence say?

- Uninterrupted skin to skin in a calm, warm environment can support the natural production of oxytocin, thereby sustaining uterine contraction and supporting breastfeeding initiation. [6]
- People giving birth at home or in a primary birthing unit are more likely to have physiological care.
 [4]
- Having a skilled care provider who is confident with supporting you to have a physiological third stage is important make sure you discuss your wishes and options with your care provider. [4]
- Physiological care may not be the right choice for everybody if you have risk factors for increased bleeding (such as having had an epidural, or an induction of labour). [2,5]



ACTIVE MANAGEMENT

Active management includes:

- Having an injection (often in your leg, buttock, or arm) or an intravenous 'drip' of medication called syntocinon. This is a synthetic version of the oxytocin your body naturally produces.
- This medication speeds up whenua/placenta separation and helps your uterus to contract down.
- Controlled Cord Traction after the whenua/placenta has separated from the wall of your uterus, your care provider may (but not always) pull on the pito/umbilical cord, while applying outside pressure to your uterus (usually just beneath the pubic bone) until the whenua/placenta delivers. Some people can find this unpleasant.

If you have the following risk factors, active management might be recommended for you:



Thank you to Lou Kelly for the design of this image @earthside.nz

• You have had other complexities in pregnancy such as high blood pressure, or are carrying twins [7]

What does the evidence say?

- Regardless of your risk of severe bleeding, active management may reduce the risk of postpartum haemorrhage. Postpartum haemorrhage is when you experience significant bleeding after birth and it can sometime be life threatening. [9]
- Ergometrine, one of the medications sometimes used alongside oxytocin, may increase your blood pressure. [2]
- You may experience more significant afterpains with active management. [1,2]
- With active management, you may have increased bleeding for a longer duration and a higher chance of returning to hospital with bleeding. [1,2]
- The World Health Organisation now recommends people receive active management in the third stage of labour. [9]



DELAYED CORD CLAMPING

Whether you are having physiological care or active management of the third stage of labour, delayed cord clamping is still recommended for all pēpi/babies – including premature pēpi/babies [10]. This means leaving the cord to pulse and continue to provide your pēpi/baby with blood from the whenua/placenta for at least 60 seconds during a caesarean birth, or 3 minutes in a vaginal birth. If your pēpi/baby needs help with their breathing, or needs other support, this time may be shorter. You can also request for the pito/umbilical cord to stay unclamped for a bit longer – if you and your pēpi/baby are well.



Deciding what is right for you

Thank you to the Gurau whānau for this photo of baby Aaron Mauitaha Gurau

While the World Health Organisation recommends active management in the third stage of labour, it is important to consider your personal circumstances alongside the evidence.

Most of the research supporting routine active management is based on research from developing countries, and in large hospitals. It does not take into consideration Aotearoa New Zealand's unique continuity of care maternity system, or individual risk factors (or lack thereof) [1, 3, 4, 8, 9]

Things to discuss with your lead maternity carer

- Discuss your personal circumstances, past experiences (including any trauma), risk factors, and preferences
- **Talk about how your care provider will support your rights and preferences**
- Discuss your previous birth experiences (if applicable) including how your third stage of labour was managed and if there were any issues with bleeding
- Discuss how any unexpected need for medical support or interventions in labour might impact your choices for third stage management. Including what might happen if you were to unexpectedly bleed more than a normal amount and what your care provider would recommend in this scenario
- Ask about your care provider's confidence and experience with supporting physiological care and active management
- Discuss your wishes if you were to need blood products or blood transfusions

References

- Baker, K., Stephenson, J., Leeming, D., & Soltani, H. (2021). A review of third stage of labour care guidance. *British Journal of Midwifery*, *29*(10), 557–563. <u>https://doi.org/10.12968/</u> BJOM.2021.29.10.557
- Begley, C. M., Gyte, G. M., Devane, D., McGuire, W., Weeks, A., & Biesty, L. M. (2019). Active versus expectant management for women in the third stage of labour. *Cochrane Database of Systematic Reviews*. <u>https://doi.org/10.1002/14651858.CD007412.pub5</u>
- Davis, D., Baddock, S., Pairman, S., Hunter, M., Benn, C., Anderson, J., Dixon, L., & Herbison, P. (2012). Risk of Severe Postpartum Hemorrhage in Low-Risk Childbearing Women in New Zealand: Exploring the Effect of Place of Birth and Comparing Third Stage Management of Labor. *Birth*, 39(2), 98–105. <u>https://doi.org/10.1111/j.1523-536X.2012.00531.x</u>
- Dixon, L., Tracy, S. K., Guilliland, K., Fletcher, L., Hendry, C., & Pairman, S. (2013). Outcomes of physiological and active third stage labour care amongst women in New Zealand. *Midwifery*, 29(1), 67–74. <u>https://doi.org/10.1016/J.MIDW.2011.11.003</u>
- Masuzawa, Y., Kataoka, Y., Fujii, K., & Inoue, S. (2018). Prophylactic management of postpartum haemorrhage in the third stage of labour: an overview of systematic reviews. *Systematic Reviews*, 7(1), 156. <u>https://doi.org/10.1186/s13643-018-0817-3</u>
- 6. New Zealand College of Midwives. (2013). Consesus Statement: Facilitating the birth of the placenta .
- Pairman, S., Tracy, S., Dahlen, H., & Dixon, L. (2018). *Midwifery Preparation For Practice* (4th ed., Vol. 1). Elsevier Australia.
- Westhoff, G., Cotter, A. M., & Tolosa, J. E. (2013). Prophylactic oxytocin for the third stage of labour to prevent postpartum haemorrhage. *Cochrane Database of Systematic Reviews*. <u>https://doi.org/ 10.1002/14651858.CD001808.pub2</u>
- 9. World Health Organisation. (2012). Active management of the third stage of labour .
- 10. World Health Organisation. (2014). Guideline: Delayed umbilical cord clamping for improved maternal and infant health and nutrition outcomes.







• 13 Coyle Street, Sandringham, Auckland 1025



(09) 520 5295



info@wha.org.nz



www.womens-health.org.nz