



# Third stage labour



The third stage of labour is the time from the birth of your baby to the birth of the placenta and membranes.

## How is the third stage managed?

There are two types of care for the third stage; active management and physiological management.

### 1. Active management

- After your baby is born the midwife will give you an injection of Syntocinon® into your thigh. This medication will help the uterus to contract and your placenta to separate.
- The cord is clamped and cut and the midwife will gently pull on the cord while placing a hand on your stomach to help birth the placenta and membranes.
- Active management is recommended for women with antenatal risk factors or a previous complex pregnancy and birth.
- It shortens the third stage compared with physiological management.
- Approximately 1 in 10 women experience nausea and vomiting.
- Approximately 13 in 1000 women experience severe bleeding of more than 1 litre.
- Approximately 14 in 1000 women require a blood transfusion.

### 2. Physiological management

- No medicine is given.
- You may need to push with some effort to birth your placenta.
- Approximately 5 in 100 women experience nausea and vomiting.
- Approximately 29 in 1000 women experience severe bleeding of more than 1 litre.
- Approximately 4 in 100 women require a blood transfusion.

Advice on whether to change from physiological management to active management will be given in cases where there is:

- Bleeding.
- The placenta has not been birthed after one hour.
- If the woman wants to shorten the time in third stage labour.

**Nepean Blue Mountains Local Health District recommends active management of the third stage to reduce the risk of bleeding.**

**Discuss your preferences with your midwife and or doctor.**

**Your choice will also be documented in your medical record.**



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