



Trinity College Dublin

Coláiste na Tríonóide, Baile Átha Cliath

The University of Dublin

Care that promotes physiology in the third stage of labour

Cecily Begley



Physiological care

- Cord should be left unclamped until pulsation has ceased
- Maternal effort to pass the placenta (may also use “the little lift”)

Timing (try not to fixate on this)

- The third stage of labour is diagnosed as prolonged if not completed within 30 minutes of the birth of the baby with active management **and 60 minutes with physiological management.**
 - NICE guidelines (2014)

Care (1)

- Explanation (pre labour and birth), and familiarity with the woman's history
- Consent to give any drug, e.g., Syntocinon
- (Physiological third stage should only follow physiological first and second stage, but can try 'expectant' care and treat as necessary.)
- Observation of woman throughout labour (note any concerning issue, e.g., APH, prolonged labour, oxytocin infusion)

Care (2)

- Observation of mother and baby – both happy?
(Apgar score, maternal colour and activity)
- Observation of signs of separation
- Examination of the placenta and membranes for signs of completeness
- Documentation

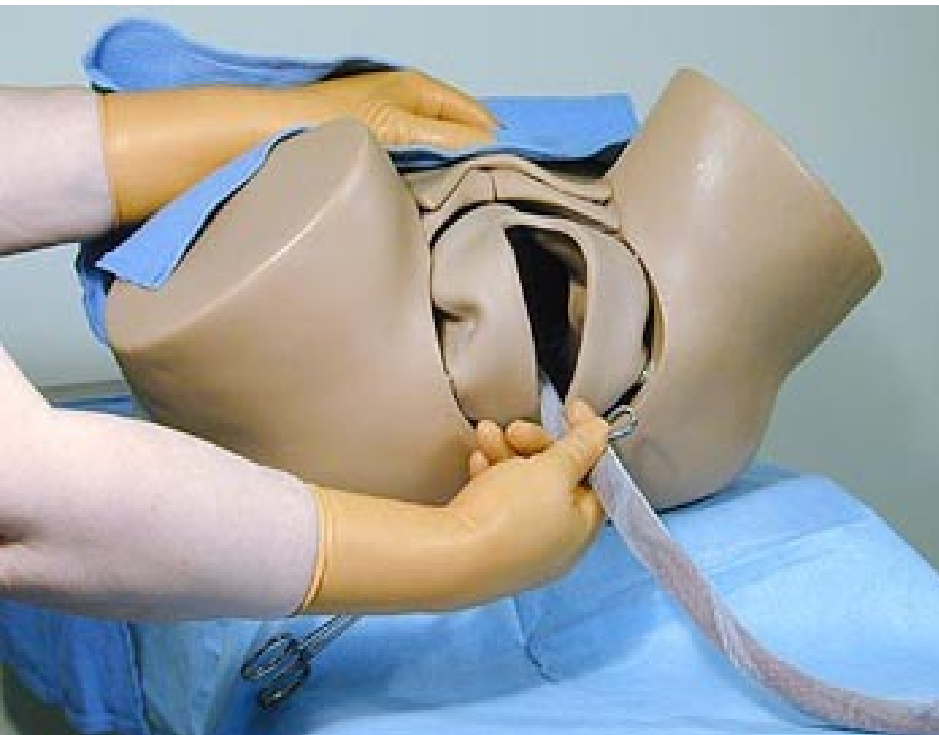
(With Active management)

Controlled cord traction

- ?Needed because the oxytocic drug causes a stronger than normal contraction, which may trap the placenta.
- Danger of leaving membranes and/or pieces of placenta in utero – bleeding.
- Danger of inverting the uterus – need to use counter pressure.
- Recent studies question the necessity of using CCT (Deneux-Tharaux 2013, Gülmezoglu 2012)

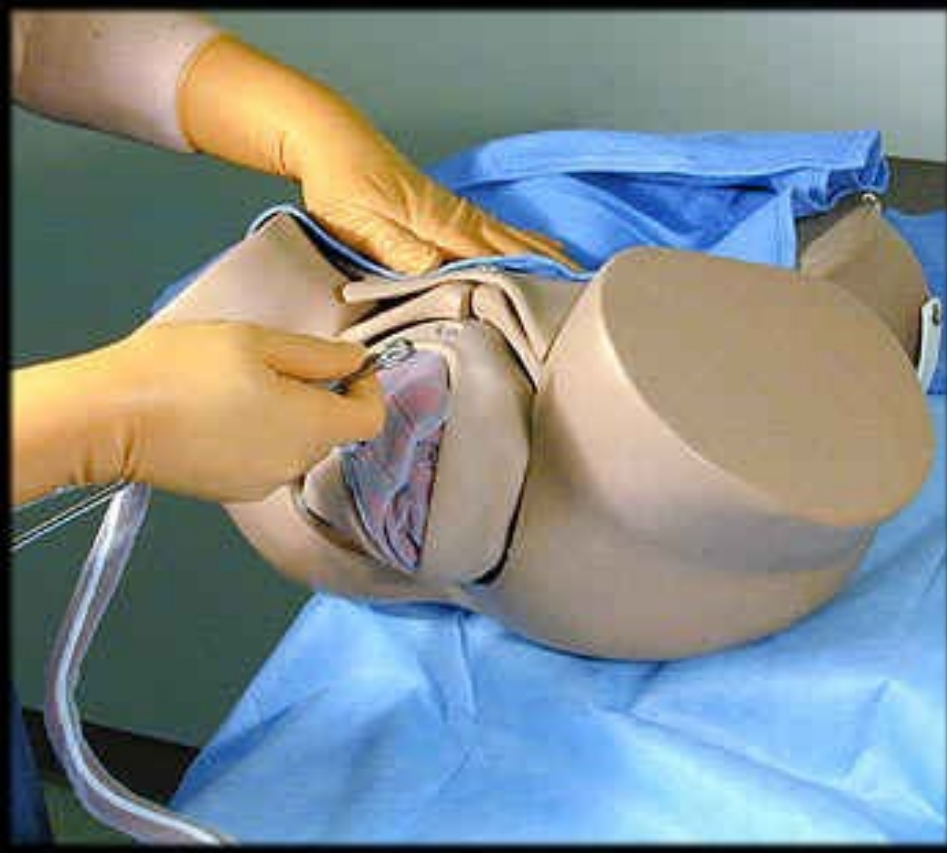


Traction on the cord, combined with counter pressure upwards on the uterine body by a hand placed immediately above the symphysis pubis.



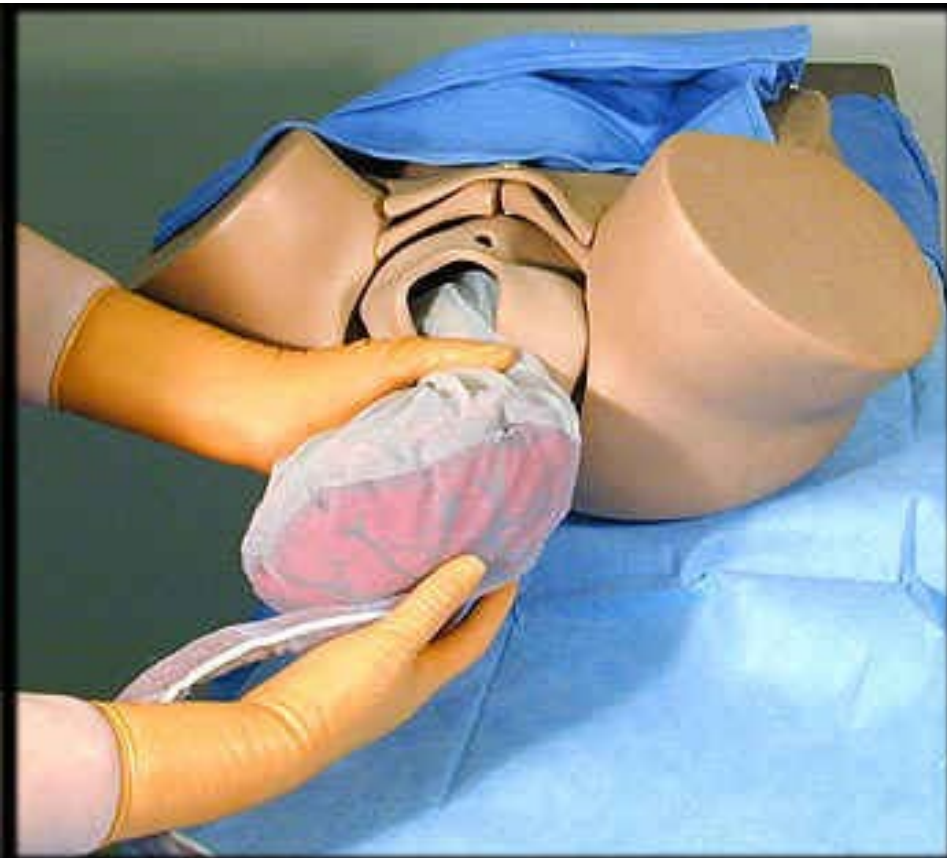
“ A rare but serious complication associated with CTT is inversion of the uterus.”

WHO (1999).



Bracing back the
uterus

Rotating the placenta to
ease out the membranes
gently



Expectant *Care*.

- Woman ACTIVE, midwife PASSIVE.

Expectant *Care.*

- Draws on the normal physiological processes to bring about expulsion of the placenta and membranes.
- Positioning of the baby after birth?
- When to cut the cord?
- Position for the woman during the third stage?
- Detection of separation and descent of the placenta?
- Birthing of the placenta and membranes?

Expectant Care.

- “ ... little agreement about the optimal course of action to be taken by the midwife in conducting a safe physiological management of the third stage ...”
 - Featherstone (1999).
- Until now..... the MEET study (**M**idwives’ **E**xpertise in **E**xpectant **T**hird stage management) (Begley et al 2012)

Expectant care (NOT management) (Begley et al 2012)

- Watch the woman and baby and take your cues from them (ALWAYS skin-to-skin).
- Keep the woman upright, or assist into an upright position if she birthed lying down.
- Watch and wait, **don't touch the uterus.**



Expectant care (NOT management) (Begley et al 2012)

- Watch the woman and baby and take your cues from them (ALWAYS skin-to-skin).
- Keep the woman upright, or assist into an upright position if she birthed lying down.
- Watch and wait, **don't touch the uterus – it disturbs the fibrin mesh.**
- Don't clamp cord until it stops pulsating.
- If placenta is in vagina, ease gently out (not CCT).
- Don't think a separation gush is a PPH.

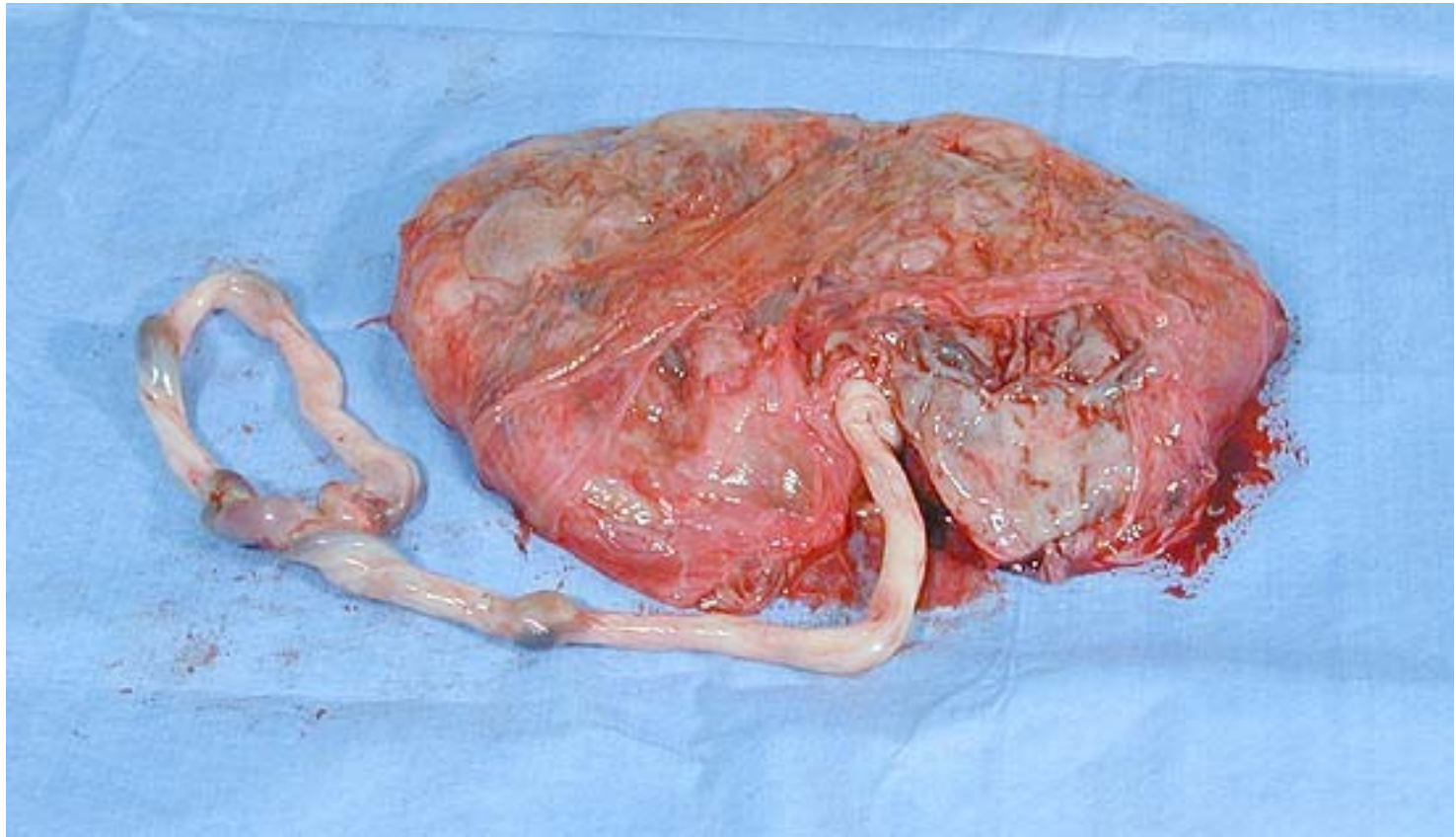
And finally.....

- what are the new family doing during the third stage.....???

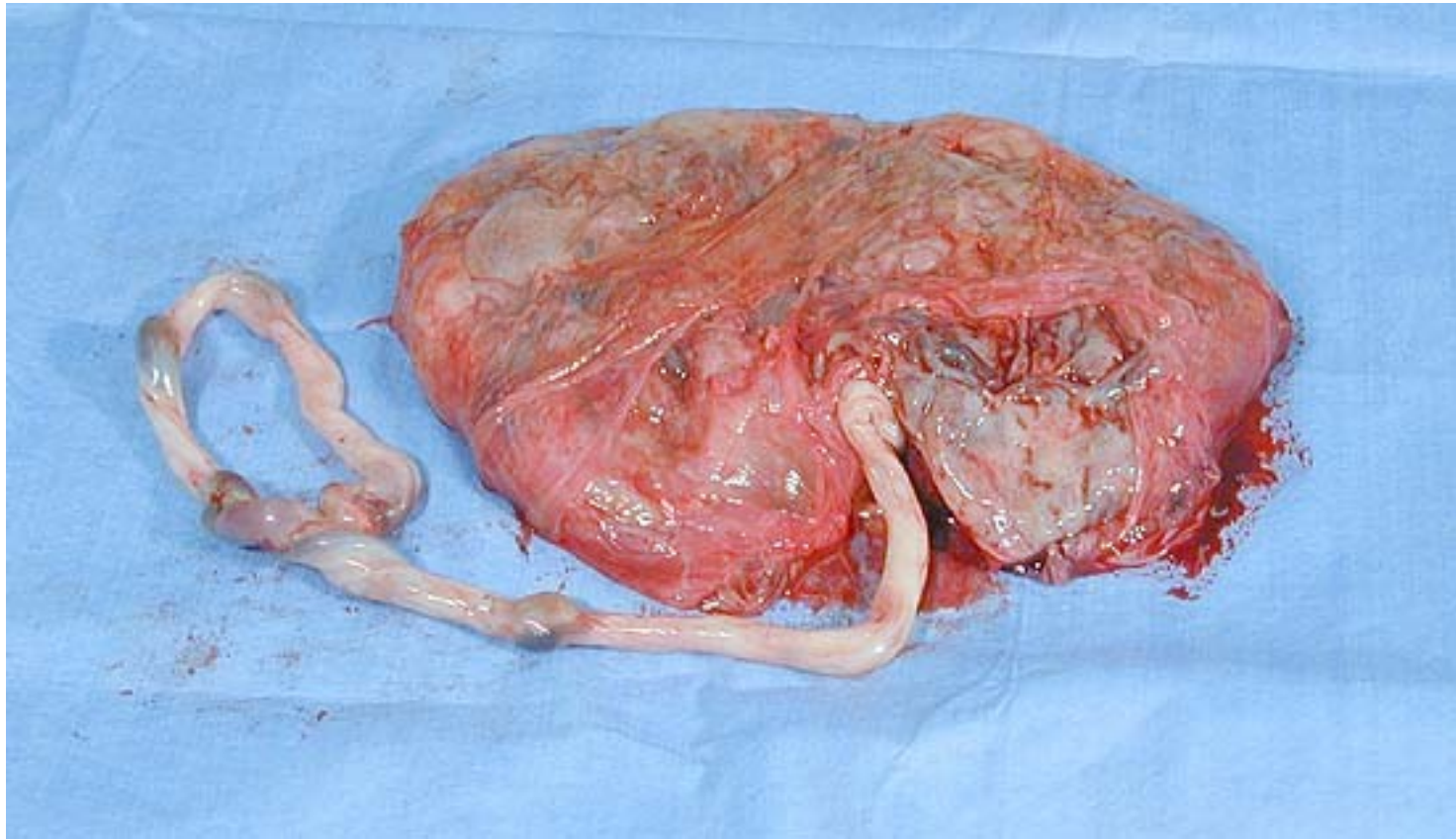


- Examination of placenta and membranes (for self-study, for revision, later)

What the midwife needs to note

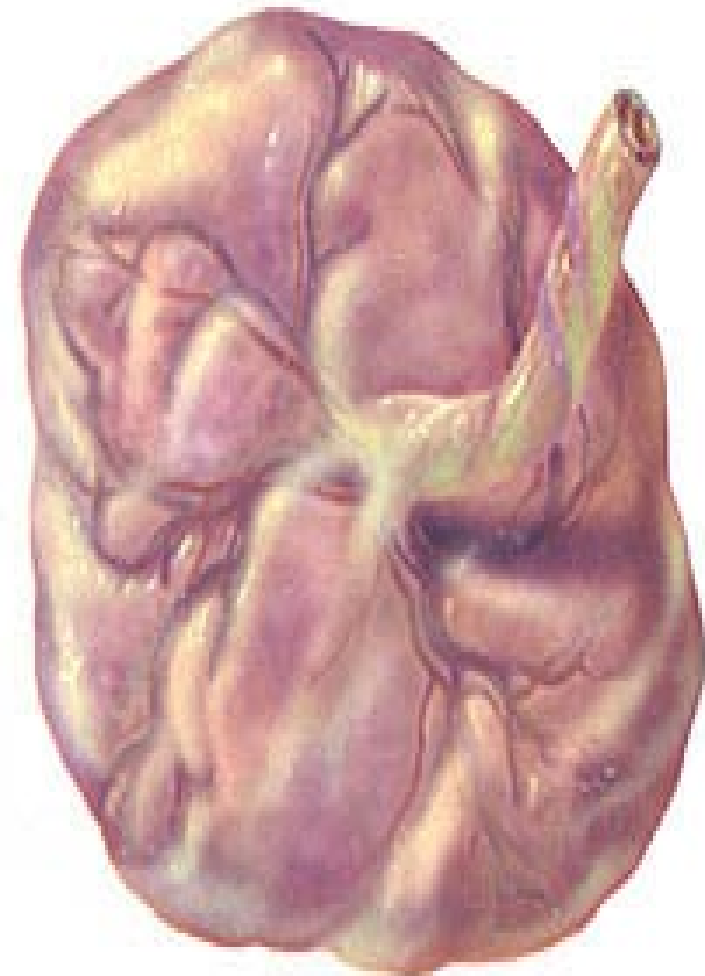
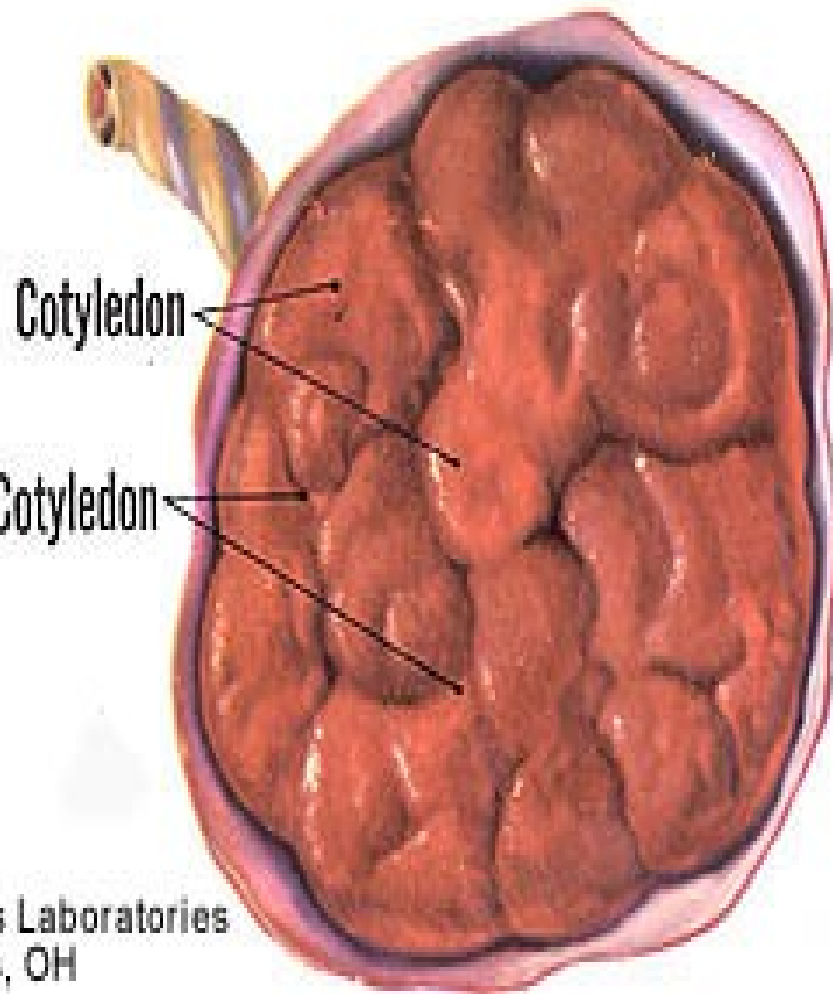


N.B. Consent is required for disposal of the placenta



MATERNAL SURFACE OF PLACENTA

FETAL SURFACE OF PLACENTA



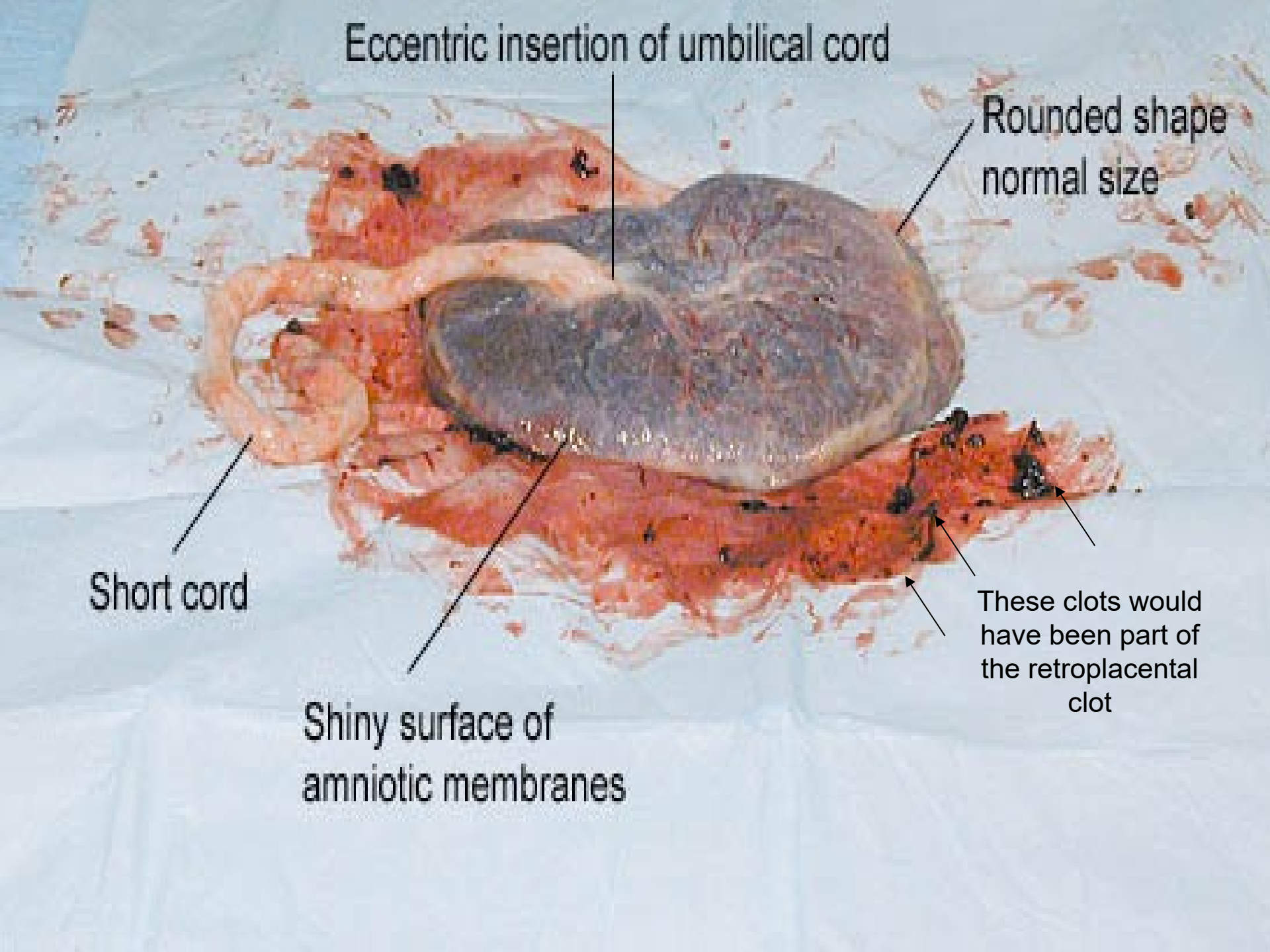
Eccentric insertion of umbilical cord

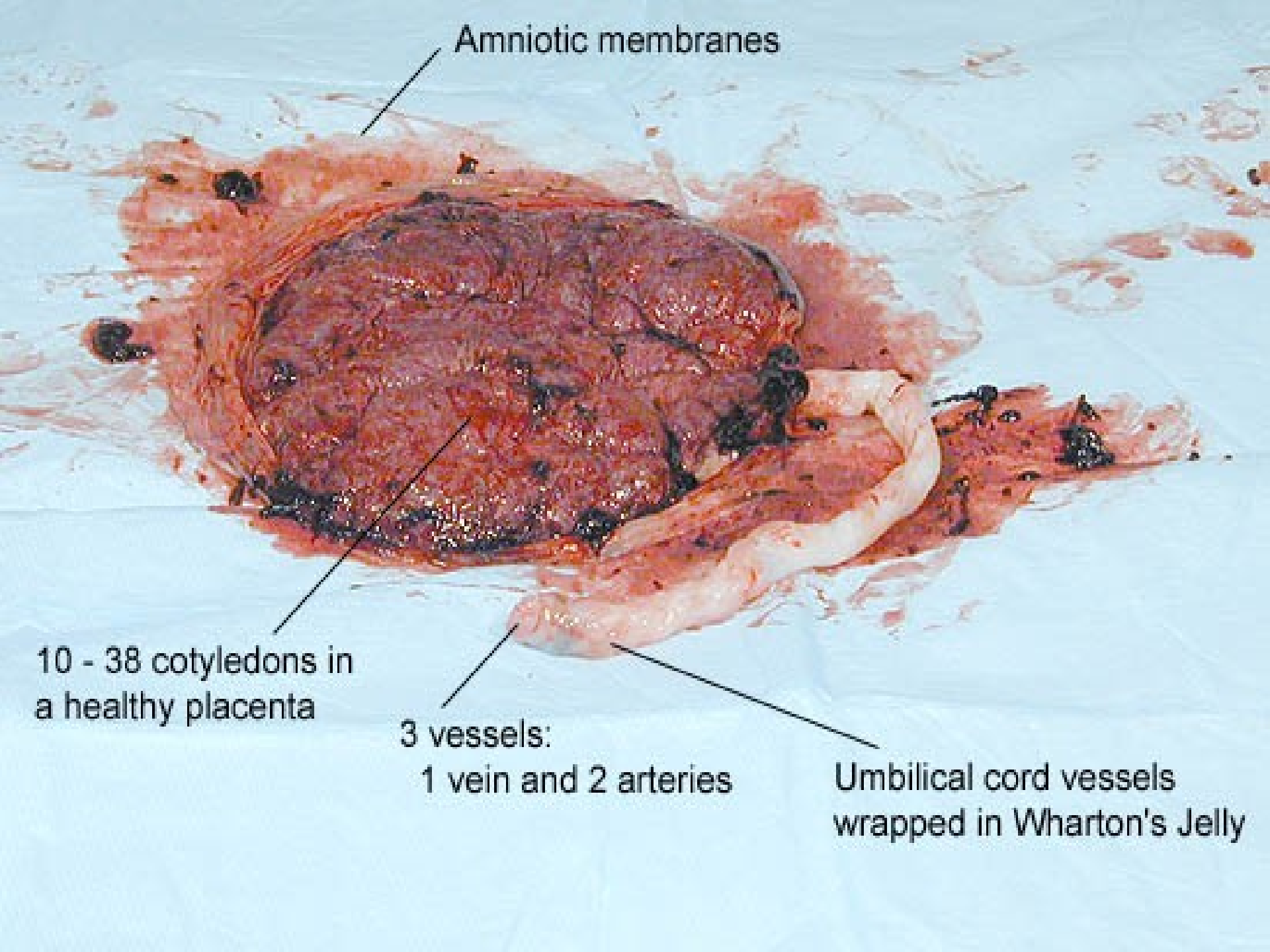
Rounded shape
normal size

Short cord

Shiny surface of
amniotic membranes

These clots would
have been part of
the retroplacental
clot





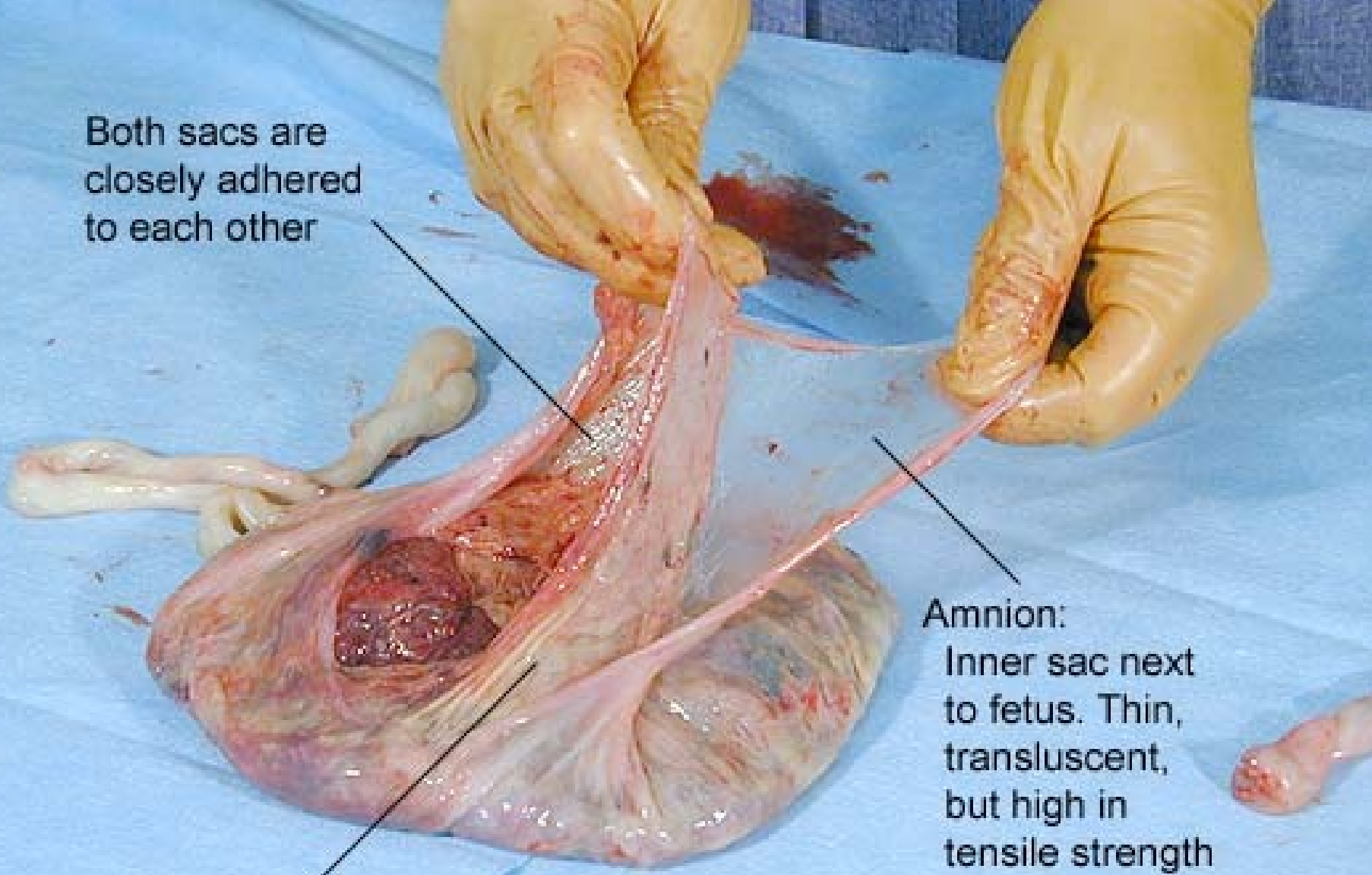
Amniotic membranes

10 - 38 cotyledons in
a healthy placenta

3 vessels:
1 vein and 2 arteries

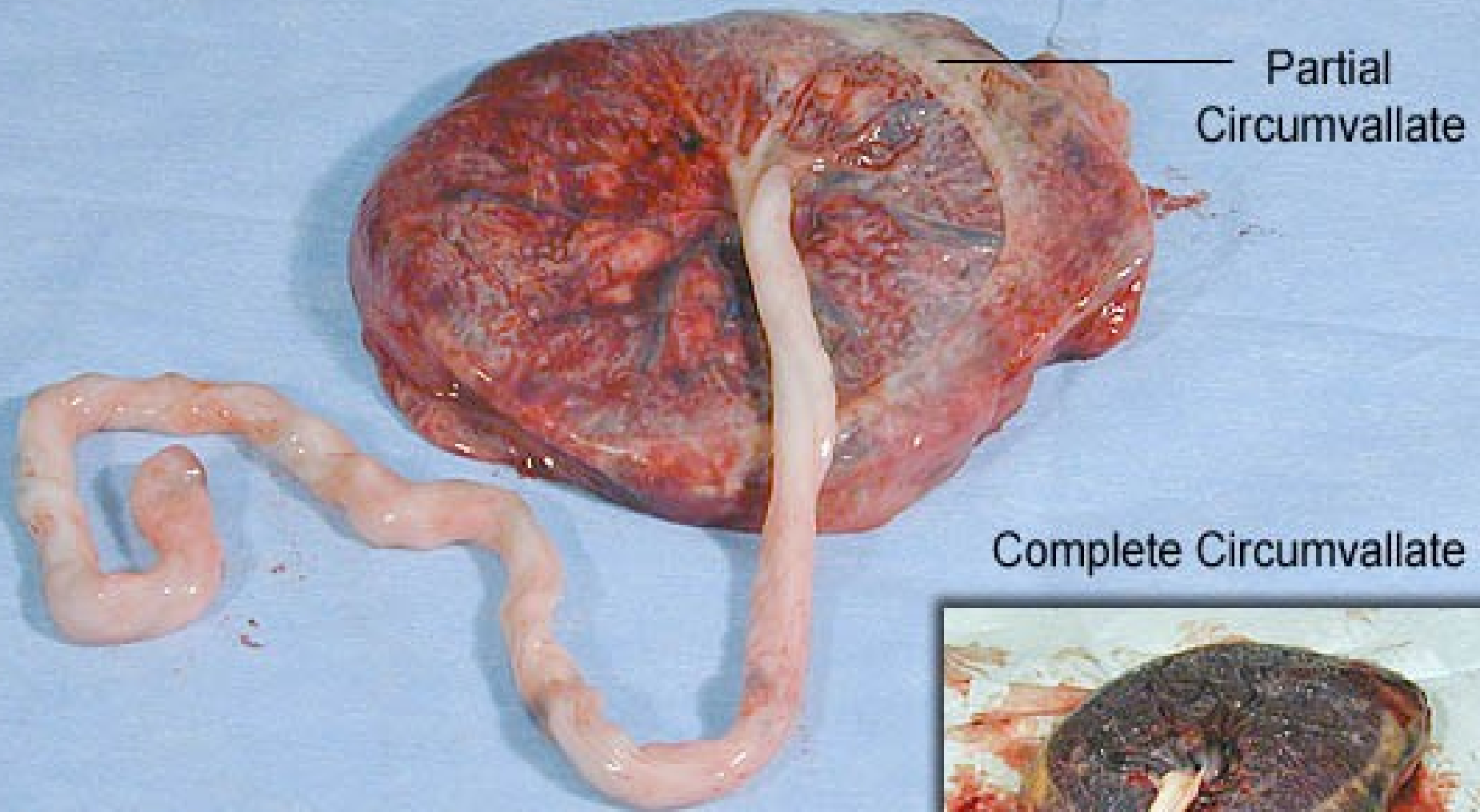
Umbilical cord vessels
wrapped in Wharton's Jelly

Both sacs are
closely adhered
to each other



Amnion:
Inner sac next
to fetus. Thin,
translucent,
but high in
tensile strength

Chorion:
Outer sac next to
uterine wall



Partial
Circumvallate

Complete Circumvallate

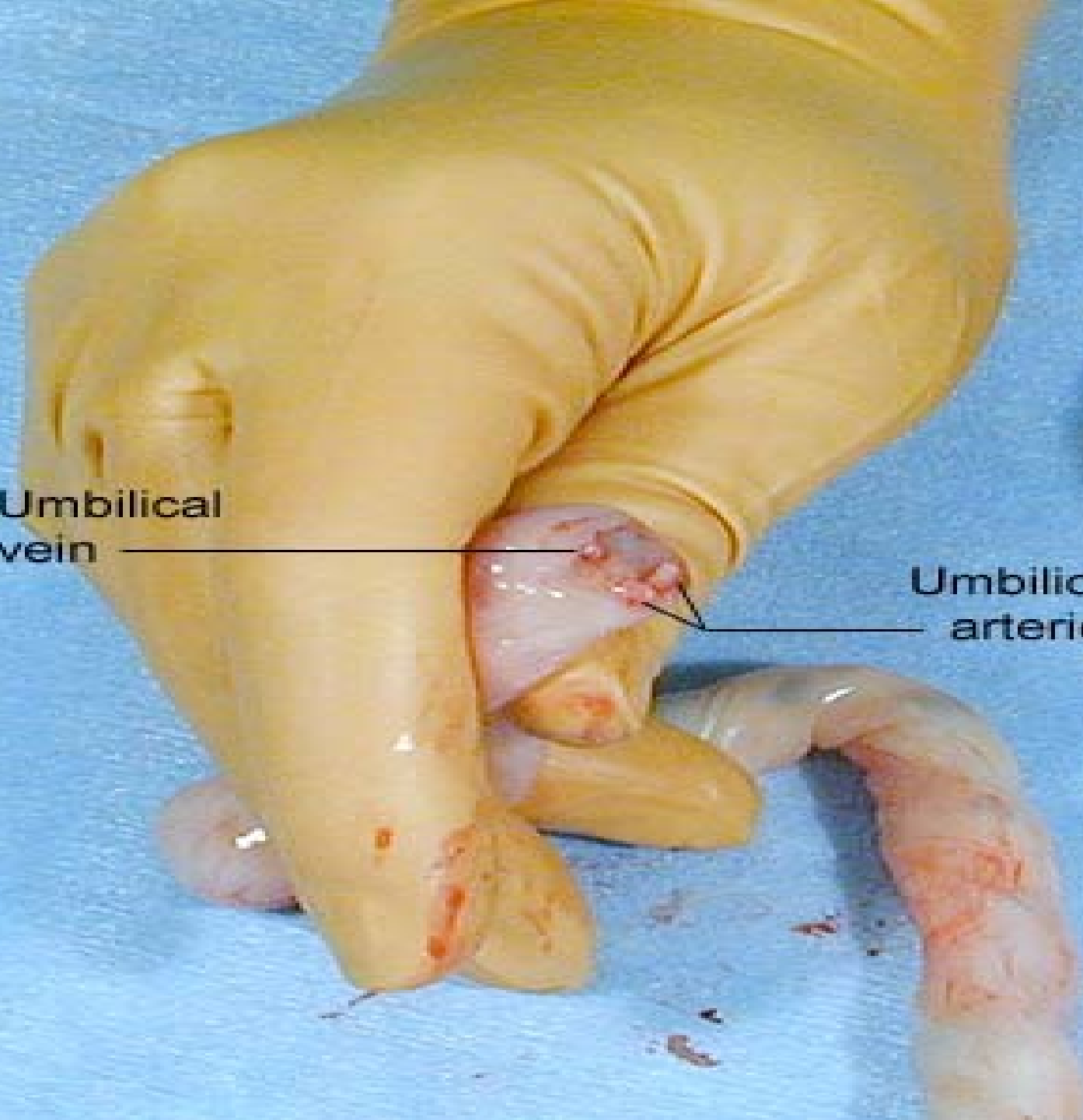
A thickened, greyish-white ring on the fetal surface, created by a double fold of amnion and chorion with degenerated decidua and fibrin in between.

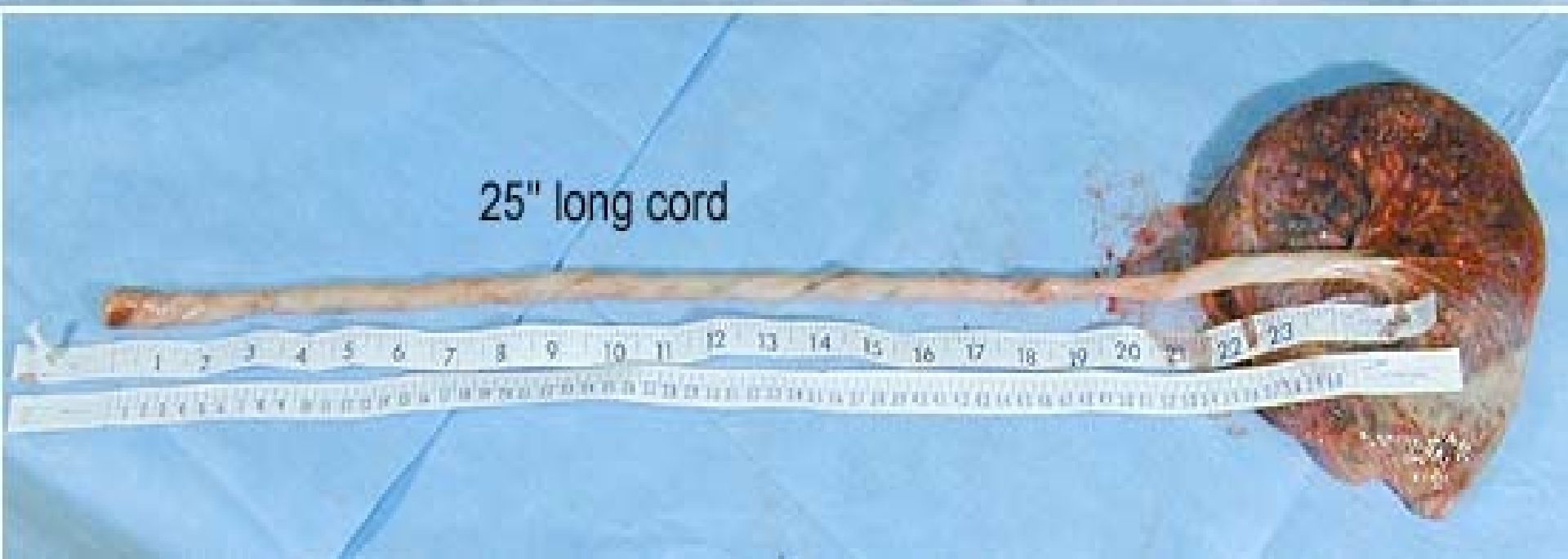
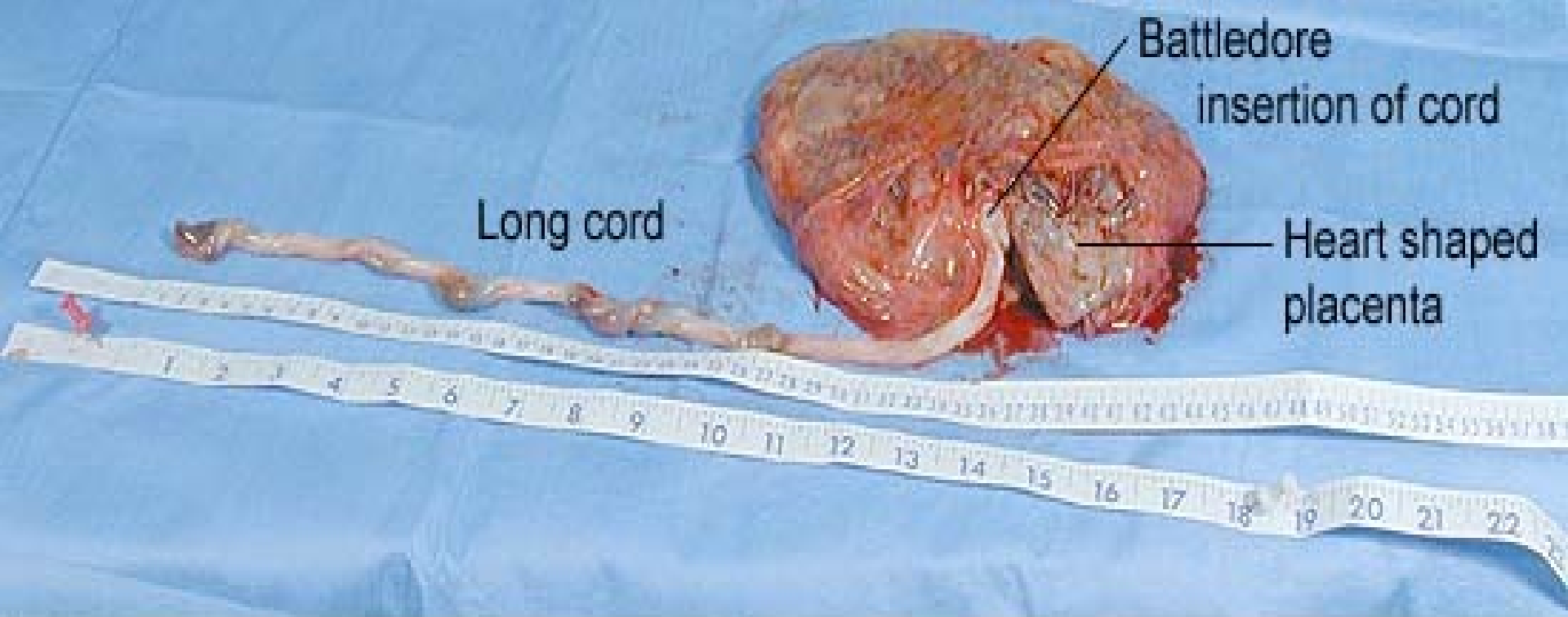




**Umbilical
vein**

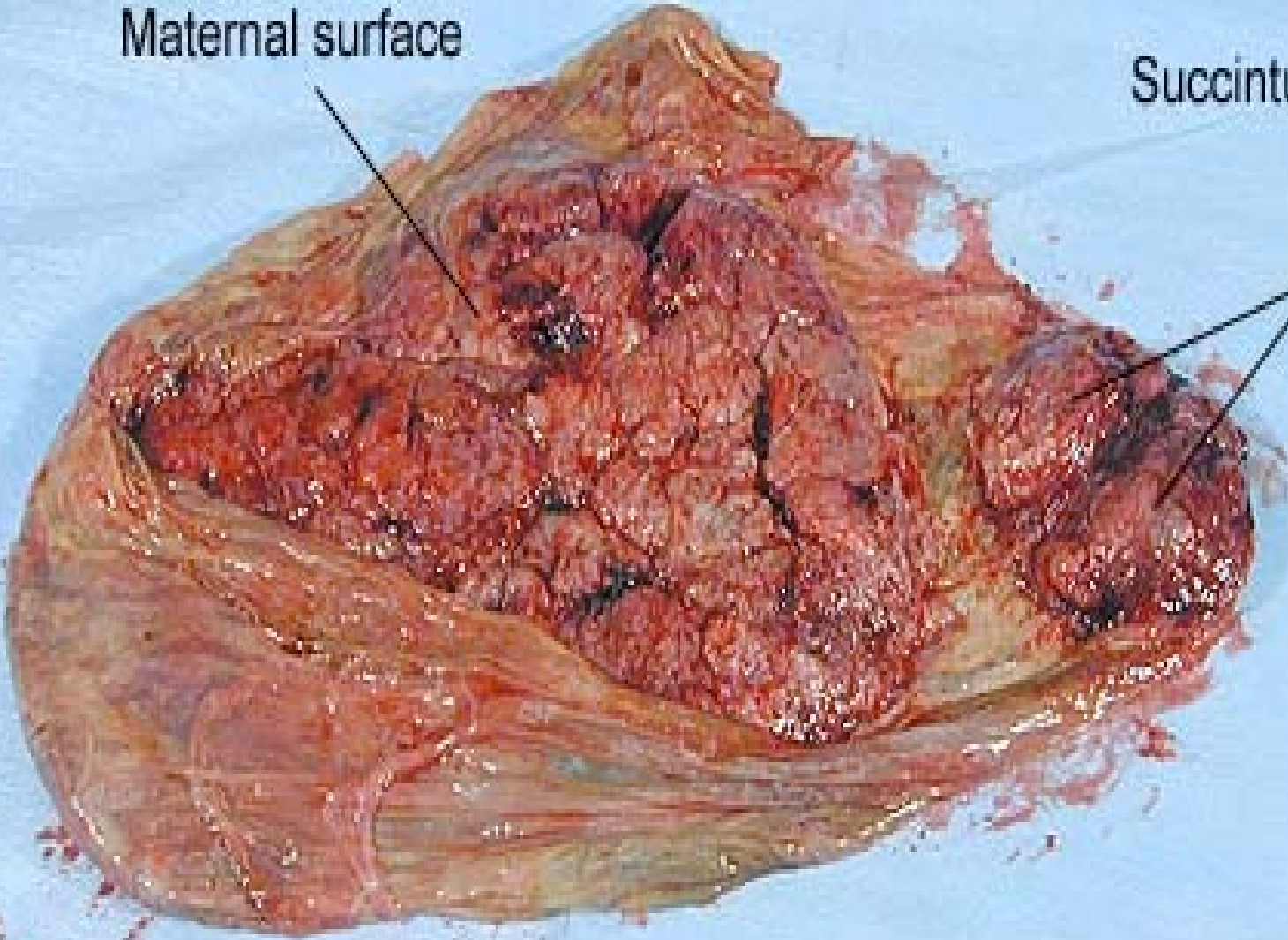
**Umbilical
arteries**





Maternal surface

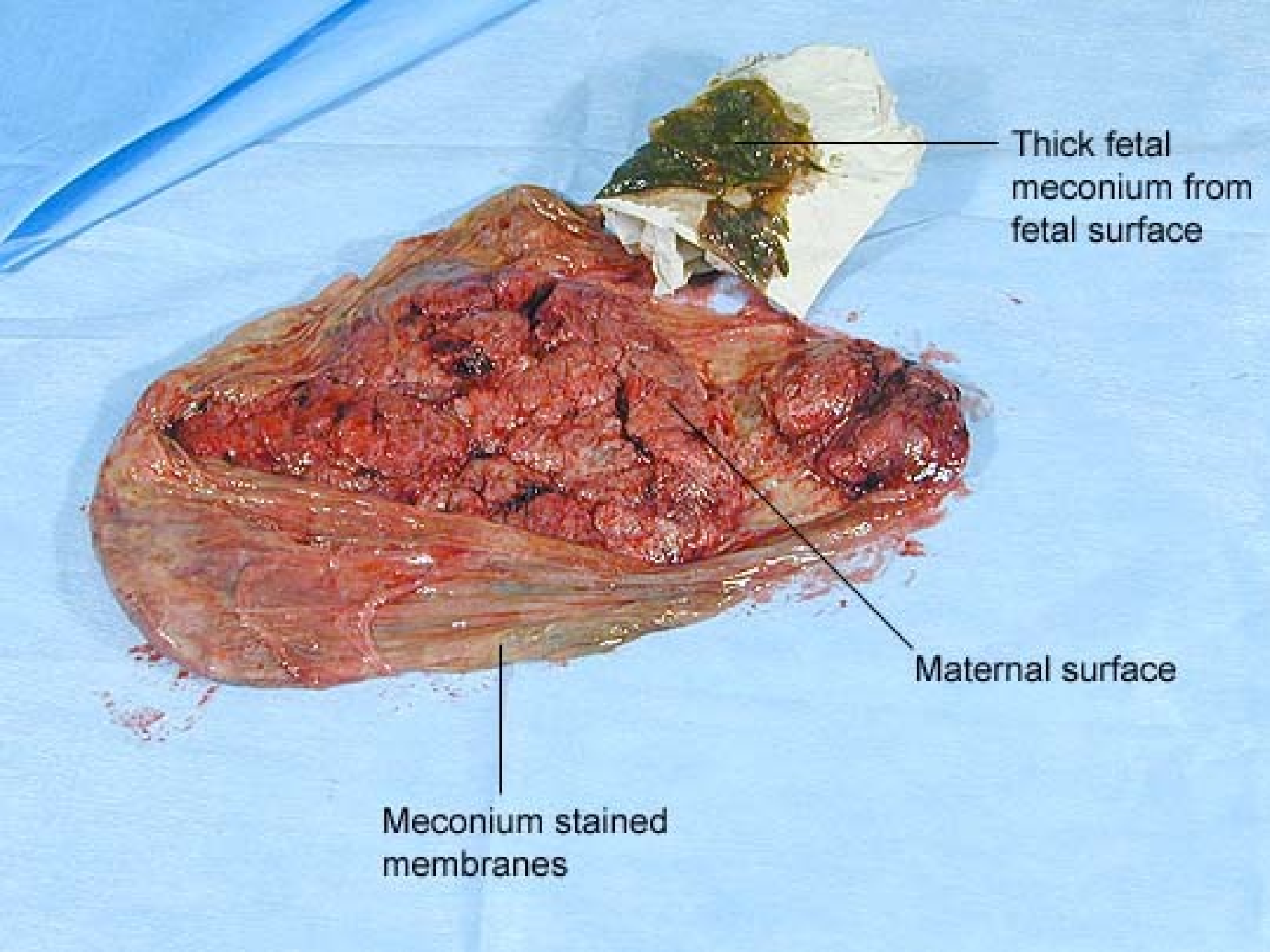
Succinturiate lobes





Lobular end
of irregular
shaped placenta

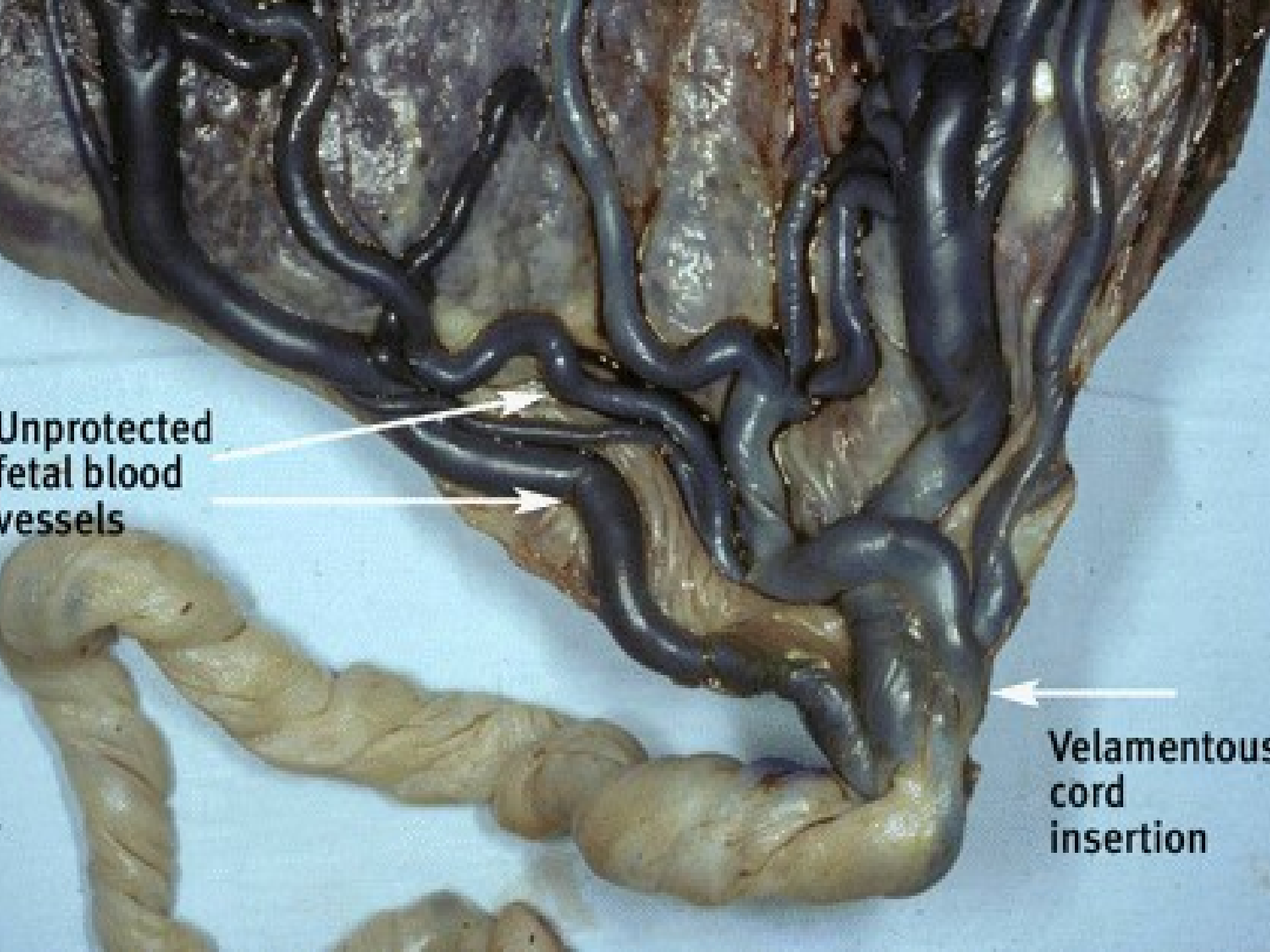
Fetal meconium
staining throughout
fetal surface



Thick fetal
meconium from
fetal surface

Maternal surface

Meconium stained
membranes



Unprotected fetal blood vessels

Velamentous cord insertion

References

- Begley CM, Gyte GML, Devane D, McGuire W, Weeks A, Biesty LM. Active versus expectant management for women in the third stage of labour. Cochrane Database of Systematic Reviews 2019, Issue 2. Art. No.: CD007412. DOI: 10.1002/14651858.CD007412.pub5.
- Begley C, Guilliland K, Dixon L, Reilly M, Keegan C. Irish and New Zealand midwives' expertise in expectant management of the third stage of labour: the 'MEET' study. Midwifery 2012; 28:733-739 doi:10.1016/j.midw.2011.08.008 PMID: 22015217 <http://www.sciencedirect.com/science/article/pii/S0266613811001240>
- McDonald SJ, Middleton P, Dowswell T, Morris PS. Effect of timing of umbilical cord clamping of term infants on maternal and neonatal outcomes. Cochrane Database of Systematic Reviews 2013, Issue 7. Art. No.: CD004074. DOI: 10.1002/14651858.CD004074.pub3. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004074.pub3/pdf>
- National Institute for Health and Clinical Excellence (2014) NICE clinical guideline 55 Intrapartum care: care of healthy women and their babies during childbirth <https://www.nice.org.uk/guidance/cg190/resources/guidance-intrapartum-care-care-of-healthy-women-and-their-babies-during-childbirth-pdf>