

THE THIRD STAGE OF LABOUR

What is the third stage?

The third stage of labour spans the time from the birth of the baby to the birth of the placenta. Third stage is a pivotal time for the health and wellbeing of mother and baby, and the beginning of their life-long relationship.

In most modern obstetric settings it is now standard practice to use drugs that cause the uterus to contract strongly to hasten the third stage, in an effort to prevent haemorrhage. This is called active management. Active management includes early clamping of the cord, and pulling on the cord to deliver the baby's placenta quickly.

In a spontaneous, unmedicated, uncomplicated birth, it is reasonable to plan a physiological or natural third stage, without increasing the risk of haemorrhage.

In natural third stage the baby's cord is usually not clamped or cut, and the mother and baby stay in skin to skin contact, in a warm, unstimulating birthing environment until after the placenta has been birthed. It is important that the midwife or doctor who has professional responsibility at the time of birth is competent in natural third stage, and does not interrupt the natural process without a good reason.

Why is the third stage important?

Immediately after a baby has been born, the mother meets her baby for the first time and will, if uninterrupted, experience a natural and instinctive behavioural pattern that supports the establishment of confident mothering, early breastfeeding, and a secure bond or attachment between herself and her baby. This natural process includes a surge in the mother's love hormone, oxytocin, which also cause her uterus to contract, and assists in the birthing of the placenta.

What about the baby?

The moments after birth are very important for the baby, who experiences a series of amazing natural transitions. When cord clamping is avoided or delayed, the baby receives up to 100 ml of blood that would otherwise be wasted. This blood supports the transition to life outside the womb, and improves the baby's iron stores.

A baby who is well at birth will instinctively begin to search for the breast, often within minutes of birth. The newborn baby's senses, and particularly the sense of smell, play an important role in early bonding, imprinting, and breast-seeking behaviours.

Mother-baby bonding may be delayed if the baby is separated from the mother at birth. Babies' instinctive efforts may be impaired as a result of drugs that have been given to the mother in labour, and

"...western practices neither facilitate the production of a mother's own oxytocin, nor pay attention to reducing catecholamine levels, in the minutes after birth, both of which can be expected to physiologically improve the new mother's contractions and therefore reduce her blood loss. The routine practice of separating mother and baby deprives the mother of important opportunities to increase her natural oxytocin release".

Dr Sarah J Buckley 2005 (page 202)

that interfere with the baby's natural behaviour patterns.

Babies who have been born by caesarean surgery, or after medical interventions in the birthing process, who have not experienced natural birth or third stage, need long periods of uninterrupted skin to skin contact with their mothers as soon as possible after birth, to support mother-baby bonding (attachment) and other instinctive adjustments.

Suggestions for mothers who want to plan for natural third stage

- Choose a leading professional carer (midwife or doctor), and other carers who have the skills, confidence, and trust in the natural processes of birth and third stage.
- Plan for an undisturbed birth under your own power. This includes maintaining your health throughout pregnancy, spontaneous onset of labour, progress without drugs or other medical treatments to speed the labour or to take away the pain, and natural birth of a healthy baby.
- Prepare a birthing environment where you can be kept very warm and uninterrupted after the birth of your baby.

This INFOSHEET is not able to address the issues of third stage completely, and mothers who are making decisions about this and other choices in birth are encouraged to read widely and discuss the matter with the midwife or doctor who will be attending you at the time of birth, and with whom you have developed a trusting relationship.

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