**Third Stage Labor**

Study Group Module

**Note:** **We recommend working on the** Third Stage Labor module **in conjunction with**

**the** Placenta module.

**Learning Objectives**

Review the following Learning Objectives as an organized beginning to your study of this module. As you read the Learning Objectives, note key words that will aid you in finding the information in the texts. When you complete the module, revisit this list and check for areas that require further investigation.

• Identify the physiology of normal third stage labor.

• Identify physiologic management (expectant management) of third stage labor.

• Identify active management of third stage labor.

• Identify herbs and homeopathic remedies that aid in third stage labor.

• Identify when active management of third stage labor may be appropriate.

• Describe collection of a cord blood sample.

• Identify abnormal third stage labor.

• Identify contributing factors that increase risk of endometritis postpartum.

• Identify the signs of retained placenta, partial separation and placenta accreta.

• Review and prepare to demonstrate the techniques of manual removal and manual uterine exploration.

• Identify the causes of uterine inversion and the catastrophic effects.

• Identify the contributing factors of third stage management to puerperal infections.

• Draft practice guidelines for responding to normal third stage labor and third stage complications.

• Prepare to demonstrate your ability to provide primary care during third stage labor, in the context of your preceptor’s practice.

• Prepare to demonstrate manual removal of placenta, and internal and external bimanual compression and treatment for shock.

• Review the Placenta module.

• Review the Hemorrhage module.

• Review the Pharmacology for Midwives module.

• Review the Transporting module.

• Review the Post Partum Care module.

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**Study Sources**

The following texts are recommended for completion of this module. Use them to cross reference and build a more comprehensive understanding. Using key words from the Learning Objectives, search the index. Read those pages listed, and read the chapter in which they are found. Establish a context for the information so that you understand how other topics are related. In addition, read the chapter headings in the Table of Contents, and flip through each text to familiarize yourself with the content of chapters. As you work through Study Group modules, you will eventually read each text in its entirety.

• Holistic Midwifery, Vol. II, III (when available), Frye

• Varney’s Midwifery

• Myles Textbook for Midwives

• Birth Emergency Skills Training, Gruenberg

• Clinical Practice Guidelines for Midwifery & Women’s Health, Tharpe, Farley, Jordan

• Human Labor and Birth, Oxorne and Foote

• Herbal for the Childbearing Year, Weed

• Homeopathic Medicines for Pregnancy and Childbirth, Moskowitz

• Botanical Medicine for Women’s Health, Romm

**• See NMI website Third Stage Labor module web resources for additional information and up-to-date sources**

**Related Topics**

• Nutrition

• Physical Assessment

• Placenta

• Second Stage Labor

• Hemorrhage

• Pharmacology for Midwives

• Breastfeeding

• Postpartum Care

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**Short Answer Questions**

1. Define third stage labor.

2. Why is it helpful to get the baby nursing during third stage?

3. What are the contributing factors of third stage management to puerperal infections?

4. What is the height of a client’s uterus immediately after the baby is born and before the placenta comes?

5. How does the uterus change shape during third stage labor:

a. While the placenta is still attached to the uterine wall?

b. When the placenta has detached from the uterine wall?

c. After the placenta has been expelled and the uterus is empty?

d. If retained clots or fragments remain within the uterus?

6. What are the indications for collecting a cord blood sample?

a. When is a cord blood sample collected?

b. How is a cord blood sample collected?

c. What is used to hold the cord blood sample?

d. Are there different reasons after a hospital birth for collecting a cord blood sample, compared to a birth completed at home?

7. Is external massage of the uterus recommended before delivery of the placenta?

8. Define uterine atony.

9. After the placenta is expelled, how is external fundal massage used to minimize postpartum bleeding?

10. During physiologic management of third stage labor, when is oxytocic intervention indicated?

11. Describe the signs of retained placenta.

12. What is the retroplacental clot, or hematoma?

13. Why is it necessary to “protect the uterus” when doing cord traction?

(AKA “guarding the uterus”)

14. In the context of health care, define “low-resource setting.”

15. Which uterotonic is identified as the first drug to implement for third state labor?

a. What medications are available as follow-up to your “a.” answer?

16. What are the signs and symptoms of hypovolemic shock?

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**Questions Requiring Longer, Thoughtful Answers & Explanations**

1. Describe physiologic management of third stage labor.
2. How does nutrition during pregnancy contribute to a mother/gestational parent’s physiologic stability in the immediate postpartum?
3. What causes the placenta to separate from the uterine wall?
4. What effect does early cord clamping have on the blood volume retained in the placenta?
   1. How does the blood volume in the placenta effect the position of the placenta during third stage labor?
5. What can be observed as the placenta separates from the uterine wall?
   1. In addition to external observable indications, describe how you can intentionally check for placental separation.
6. If delayed cord clamping was not provided, a method of compensating is to “drain the cord.”
   1. How is “draining the cord” performed?
   2. What does “draining the cord” achieve?
7. Describe a usual third stage labor. Include signs of placental separation and how you, as the midwife, respond.
8. Describe active management of third stage labor.
   1. Explain why active management of third stage labor is appropriate in lowresource settings.
   2. When might active management of third stage labor be appropriately administered in a homebirth setting?
   3. What do you think about routine application of active management of third stage labor?
   4. Explain active management of third stage labor in the context of Midwives Model of Care.
9. Have you attended waterbirth?
   1. In the context of waterbirth, what are the recommendations for birthing the placenta? Cite your sources.
10. What are the risks of cord traction?
11. How does a contracted uterus protect the uterus during cord traction?

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1. Describe your hand positions and technique of “protecting, or guarding the uterus” during cord traction.
2. What causes uterine inversion?
   1. What other factors can contribute to uterine inversion?
3. Describe the signs of partial separation of the placenta.
4. Describe the signs of placenta accreta.
5. Explain how to evaluate the attachment of the placenta during an internal manual exploration of the uterus.
   1. After the placenta has been expelled, what indicates the need for an internal manual exploration of the vaginal vault and potentially the lower uterine segment?
   2. Describe how to perform a manual exploration of the vaginal vault, cervix, and lower uterine segment.
6. When is manual removal of the placenta indicated?
7. Explain how to perform a manual removal of a placenta.
8. What are the risks of manual removal of the placenta?
   1. How do you decide if manual removal of the placenta indicates appropriate transport to the hospital?
   2. If manual removal of the placenta is successfully completed at home, how do you determine if transport to the hospital is appropriate?
9. What causes uterine inversion?
   1. What are the effects of uterine inversion?
   2. What is the appropriate midwifery response to a uterine inversion?
10. Baby is born and we now await the placenta. Statistically, at what point in time prior to delivery of the placenta does the risk of postpartum hemorrhage increase?
11. Explain how to respond to shock during third stage labor.
12. Define endometritis.
    1. What can cause postpartum endometritis?

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**Practical Scenarios**

1. Your client Yolanda gave birth 30 minutes ago. There is no sign that the placenta has detached. What is your midwifery plan?
2. Your client Michelle’s placenta has detached but initial pushing efforts are no bringing the placenta out. She says it feels really different than pushing the baby out and she feels confused about which muscles she should use. What are some tricks for aiding in expulsion of the placenta?
3. Jaden’s active labor began about six hours ago. She pushed for nearly two hours. Together with her partner she received their baby into her hands. You have been monitoring a trickle bleed that may be a result of a birth tear. How long do you wait before determining the source of the blood loss?
4. .McLain gave birth an hour ago. After joyfully greeting their daughter, both parents were content to cut the cord. Moments ago the baby established a good latch. You observe slight cord lengthening and a gush of blood that you estimate to be 250cc. McLain feels a strong contraction and the placenta follows. When you reach to massage the uterine fundus, you feel a soft, nondescript lower abdominal anatomy. McLain’s blood loss has doubled. What do you do?
5. Judy had a long transitional labor plateau. She slept deeply. Her baby descended nicely and her spontaneous urge to push brought an invigorated energy into the room. Now her baby is in her arms. The cord is thick and pulsing. As the cord flattens and grows pale, a dark pool forms on the chux pad. Judy seems unaware that anything has changed. You ask if she feels a contraction and she shakes her head, No. How do you respond?
6. Annya had a separation gush and her cord lengthened noticeably. She pushes but the placenta does not descend. Another contraction starts and she pushes, there is a spurt of blood but again the placenta does not move. Her fundus in no longer globular and you believe the placenta has separated from the uterine wall. You provide pressure against her lower belly, just above the pubic bone. The cord does not retract. You maintain that pressure and provide light tension on the cord. The cord lengthens more. You continue pressure above her pubic bone and the light traction. She begins to feel the next contraction, your controlled cord traction continues. There is a squeaking sound and simultaneously you feel the cord suddenly give. The cord has come off of the placenta, and the placenta does not follow. What do you do now?
7. Several contractions brought small gushes of blood, and you estimate Rosy’s postpartum blood loss to be 400cc. The placenta slips down, visible but not emerging very much past the introitus. Rosy provides nipple stimulation to encourage another contraction, and after a few minutes their uterus contracts and the placenta slides into the bowl that you hold beneath them. A small spurt of blood follows. You quickly examine the placenta and find it to be missing areas of cotyledons; perhaps a quarter of the placenta has remained in Rosy’s uterus. Rosy asks, “Am I done?” How do you respond?
8. Study Group Module: Third Stage
9. Angela pushed her placenta out after a few contractions. When the placenta emerged, you supported its weight. Trailing membranes extended slowly, tension growing between the placenta and Angela’s body. You turned the placenta in a twisting motion to rope the membranes together and hopefully avoid tearing of the membranes. Even though the placenta is supported and you do what you can to minimize drag against the membranes, you feel the stuttering give of the membrane tissue. You see the thin stretch of membrane elongate and retract back into Angela’s body, breaking away from the placenta.
   1. What do you anticipate?
   2. What do you hope to avoid?
   3. What is your midwifery plan?
10. Ruth and Brady have hired you as their midwife. They intend to be largely autonomous during their baby’s birth, but have you with them for part of the labor and during the actual birth. They have communicated clearly about Ruth’s wish to birth upright, and wanting Brady to catch their baby. Their autonomous plan includes delivery of the placenta.
    1. How can you support them during third stage labor?
    2. What will you suggest to assure them that your midwifery care will not be intrusive?
11. Twenty-five minutes after baby Justin’s birth, he is mouthing Tamara’s breast as he’s learning to nurse. His feet are moving rhythmically against his mother’s lower belly. Tamara’s eyes widen, she looks toward you and says, “Well, there’s a contraction.” Beneath baby Justin’s feet you can see the round form of Tamara’s contracting uterus. Baby Justin latches on, and Tamara blows out a long breath. Describe what happens next.
12. Lilya worked hard during labor. For much of active labor the baby’s head was asynclitic. Now Lilya is 45 minutes postpartum, reclining on the bed next to the baby’s father. Their sleepy 9-pound newborn is cradled in his arms. Family members are gathered bedside, quietly adoring the new babe. The baby’s cord was clamped and cut after observable pulsing ceased. A few mild contractions have been noted, but there has not been a separation gush. What is your midwifery plan?

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**Projects**

Send completed projects with the rest of your course work for this module.

1. List the herbs and homeopathic remedies that you are familiar with for aid in third stage labor. Describe when each is appropriate.
2. Draft practice guidelines for third stage labor in your own practice. Include reference to indications for herbs, homeopathy, Pitocin, charting, and your transport plan in response to retained placenta or excessive bleeding. Submit this draft and include it later in your Practice Guidelines projects (in the Charting and Practice Guidelines Module).

**Skills Review**

Following are excerpts from the NMI forms for assessment of midwifery skills, which include all skills identified and required by NARM. Review the following skills and consider how they each relate to the content of this module. If you are currently working with a preceptor, take this opportunity to focus on these areas. During Supervised Primary Care you will formally evaluate these skills together using the NMI form Preceptor Evaluation/Student Self-Assessment of Midwifery Skills.

1. Midwifery Counseling, Education and Communication:

A. Provides interactive support and counseling and/or referral services to the mother regarding her relationships with her significant others and other health care providers

C. Provides education and counseling based on maternal health/ reproductive/family history and on-going risk assessment

D. Facilitates the mother's decision of where to give birth:

1. The advantages and the risks of different birth sites

2. The requirements of the birth site

3. How to prepare, equip and supply birth site

E. Educates the mother and her family/support unit to share responsibility for optimal pregnancy outcome

F. Educates the mother concerning the natural physical and emotional processes of pregnancy, labor, birth and postpartum

G. Applies the principles of informed consent

H. Provides individualized care

I. Advocates for the mother during pregnancy, birth and postpartum

J. Provides education, counseling and/or referral, where appropriate for:

3. Prenatal testing

8. Complications

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2. General Health care Skills:

C. Demonstrates the application of aseptic technique

D. Demonstrates the use of instruments and equipment including:

5. Cord clamp

6. cord tape

11. Hemostats

17. Scissors (all kinds)

25. Urinary catheter

F. Uses alternate health care practices (non-allopathic treatments) and modalities

1. Herbs

2. Hydrotherapy (baths, compresses, showers, etc.)

H. Treats for shock by:

1. Recognizing the signs and symptoms of shock, or impending shock

2. Assessing the cause of shock

2. General Health Care Skills:

H. Treats for shock by:

3. Assessing the cause of shock and providing treatment for shock by:

a) Positioning mother flat, legs elevated 12 inches

b) Keeping the mother warm, avoiding overheating

c) Administering/using non-allopathic remedies

d) Encouraging deep, calm, centered breathing

e) Administering oral isotonic/electrolyte fluids

f) Activating emergency medical services

g) Preparing to transport

I. Administers Oxygen

K. Administers the following pharmacologic (prescriptive) agents:

2. Medical oxygen

3. Methergine

5. Pitocin ®

L. Refers for performance of ultrasounds

4. Labor, Birth and Immediate Postpartum

A. Facilitates maternal relaxation and provides comfort measures throughout labor by administering/encouraging:

1) massage,

2) hydrotherapy,

3) warmth for physical and emotional comfort (e.g., compresses, moist warm towels, heating pads, hot water bottles, friction heat),

4) communicating in a calming tone of voice, using kind encouraging words,

5) the use of music and/or silence,

6) continued mobility throughout labor,

7) response for pain with:

a) differentiation between normal and abnormal pain,

b) validation of the woman’s experience/fears,

c) counter-pressure on back,

d) relaxation/breathing techniques,

e) non-allopathic treatments,

f) position changes

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C. Demonstrates the ability to evaluate and support a laboring woman during the second stage of labor by:

11. Demonstrating the ability to recognize and respond to labor and birth complications such as:

e) Management of maternal exhaustion by:

1) providing nutritional support,

2) ensuring adequate hydration,

3) providing non-allopathic treatments,

4) evaluating the mother’s psychological condition,

5) encouraging rest,

6) monitoring vital signs,

7) monitoring fetal well-being,

8) evaluating urine for ketones,

9) evaluating for consultation and/or referral

D. Assesses the condition of, and provides care for the newborn by:

10. clamping the cord after the cord stops pulsing

11. cutting the cord

12. caring for the cord including:

a) evaluating the cord stump,

b) collecting a blood sample,

c) treating the cord stump with:

1) alcohol,

2) non-allopathic remedies

E. Assists in placental delivery and responds to blood loss by:

1. Reminding the mother of the onset of third stage labor

2. Determining signs of placental separation such as:

a) lengthening of cord,

b) separation gush,

c) rise in fundus,

d) contractions,

e) urge to push

4. After delivery, assessing the condition of the placenta

5. Estimating the amount of blood loss

6. Responding to a trickle bleed by:

a) Assessing the origin of the blood,

b) responding to uterine bleeding with:

1) nipple stimulation/breastfeeding,

2) fundal massage,

3) assessment of fundal height and uterine size,

4) non-allopathic treatments,

5) Administration of medication,

6) expression of clots,

7) emptying the bladder,

8) assessment of vital signs,

7. Responding to postpartum hemorrhage with:

a) fundal

b) external bimanual compression,

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c) internal bimanual compression,

d) manual removal of clots,

e) administration of medication,

f) non-allopathic treatments,

g) maternal focus on stopping the bleeding: tightening the uterus,

h) administration of oxygen,

i) administration of IV fluids or appropriate referral for IV fluids,

j) treatment for shock,

k) consulting and/or transferring,

l) activating emergency backup plan

F. Assesses general condition of mother and newborn by:

1. Assessing bladder distention

2. Encouraging urination

3. Performing catheterization

**Study Group Module Evaluation Sheet**

We’d like to know what you think of the course work we ask you to complete. Please comment on as many modules as you can, and return this form to NMI.

Thank you!

Name of Module: Third Stage

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What did you like about this module?

2. Were there any surprises for you in this module?

3. Was there anything in this module that was particularly challenging for you?

4. What will completing this module bring to your midwifery practice?

5. Do you feel you met this module’s states learning objectives?

6. Did the learning activities enable you to meet the learning objectives?

7. Were the suggested learning resources (books and materials) adequate to meet the learning objectives?

8. Did you utilize additional resources?

9. Any comments/Suggestions for improving this module?

Thank you!