

Information for patients

Birthing your placenta

The birth of your placenta is referred to as the 'third stage' of labour.

The information below is to help you make an informed decision regarding your options for this stage of birth. It is important to discuss this information with your doctor and midwife before labour.

The 'third stage' can be managed in one of two ways:

- **active** management, or
- **expectant** (physiological) management.

It is important to discuss with your health care team any risk you may have of heavy bleeding to assist your decision further. Risk factors for heavy bleeding can include:

- Low iron levels that have not been treated in your pregnancy
- Vaginal bleeding through your pregnancy or during labour
- If you have had four babies or more
- If your body mass index (BMI) is over 35
- If you have previously had a heavy bleed after birth or a retained placenta
- If you have a very large baby (over 4.5kg on ultrasound)
- If your first stage of labour is longer than 12 hours, or you have had a stop and start labour
- If your second stage of labour is long
- If you are having an induction of labour with oxytocin
- If you have a high blood pressure disorder
- Your expectant third stage is taking longer than 30 minutes for the placenta to birth

At Mildura Base Public Hospital (MBPH) we recommend **active** management of the third stage as evidence shows that this can help reduce the possibility of heavy bleeding immediately after your baby is born. Heavy bleeding (more than 500ml blood loss) is considered a post-partum haemorrhage (PPH) and requires emergency management to avoid serious short and long term health issues for mothers and their families.

The chance of having a PPH of 500ml blood loss or more is 1 in 4. In Victoria that's about 50 out of 200 women who give birth every day across the state with all types of pregnancies, from low to high risk.

MBPH is very proud to be taking part in a Safer Care Victoria PPH Project. This Project aims to reduce large PPH's by 50% by April 2023, and we have been working with all our maternity staff to help meet this aim.

What is active management?

- Soon after your baby is born you will be offered an injection of oxytocin to help your uterus to contract. This can be given in your upper leg or through an IV.
- Your baby will stay with you skin to skin to promote your natural oxytocin production
- Delayed umbilical cord clamping is routine at MBPH. After 2-3 minutes the cord will be clamped and cut.
- The midwife will wait for a sign that your placenta has started to release from the uterus (small blood loss). The midwife will then place gentle pressure above your pubic bone before firmly placing traction on the umbilical cord to help the placenta to birth.
- This process usually takes 10-30 minutes.

What is expectant (physiological) management?

- After your baby is born the cord is not clamped or cut until the placenta has birthed, provided that baby is well
- Skin to skin and breastfeeding is encouraged to increase your body's natural release of oxytocin to contract the uterus
- You may feel a trickle of blood letting you know that the placenta is separating from your uterus
- You will be encouraged to be in an upright position for gravity to assist you in birthing your placenta, for example sitting on a toilet lined with a bowl
- You may feel strong contractions or pressure in your bowels or even an urge to push
- Once your placenta has birthed, the umbilical cord can be clamped and cut.
- This can take 10-60 minutes.
- **Your doctor will be informed if your placenta has not birthed by 30 minutes, as this increases your risk of a heavy bleeding. Changing to an active third stage will be recommended and discussed with you.**

Can you change my mind?

Absolutely, you can change your mind at any time during pregnancy and/or birth. This is why it is important to have all the information you need to make an informed choice, particularly in the event that your birth plan / preferences change.

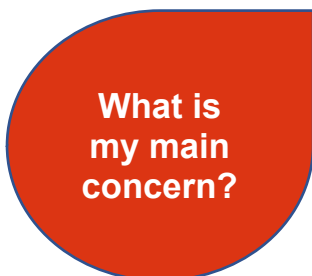
Can you keep my placenta?

Yes, you can take your placenta home. You will be required to read a separate handout and sign a consent form to ensure you are aware of your responsibilities for proper disposal.

What now?

We encourage you to talk to your birthing partner about which option suits you and your family. At your 34 week midwife appointment you will be offered another chance to discuss this.

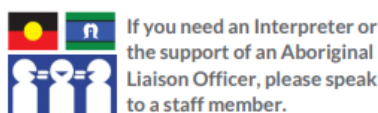
Mildura Base Public Hospital welcome your questions. Ask us:



You can ask questions when:

- You see a doctor, nurse or other health care provider
- You prepare for a medical test or procedure
- You receive medication

This information is a guide only.
MBPH encourages you to ask questions and get specific advice from your health care team.



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