

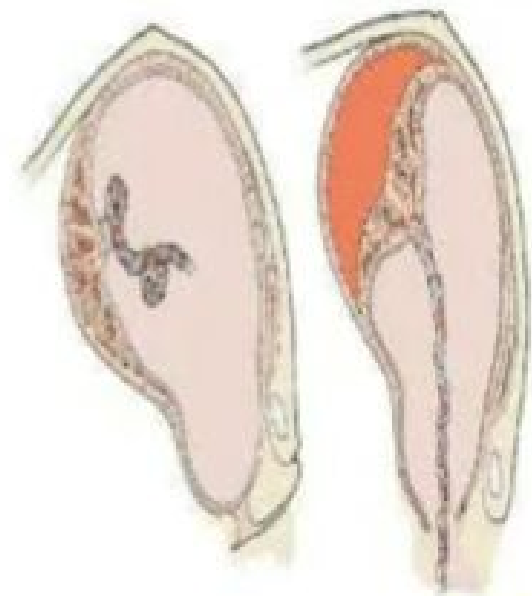
THIRD STAGE OF LABOUR

DEFINITION

The third stage of labor lasts from the birth of the baby until the placenta is expelled. It is known as the placental stage of labour.

PHYSIOLOGICAL PROCESSES OF PLACENTAL SEPERATION AND EXPULSION

- Placental separation.
- Descend of the placenta.
- Expulsion of the placenta.

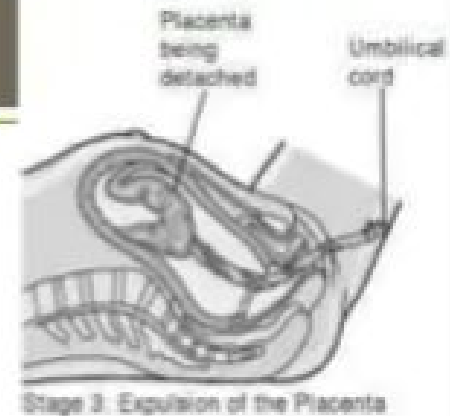


PLACENTAL SEPERATION

- result of the abrupt decrease in size of the uterine cavity .
- the retraction process accelerates.
- The formation of retro placental clot.



BEFORE SEPARATION



Per abdomen:

- Uterus become discoid in shape, firm in feel and ballottable.
- Fundal height reaches slightly below the umbilicus.

Per vaginum:

- There may be slight trickling of blood.
- Length of the umbilical cord as visible from outside remains static.

AFTER SEPARATION

Per abdomen:

- Uterus become globular, firm and ballottable.
- fundal height is slightly raised.
- supra pubic bulging

Per vaginum:

- Slight gush of vagina bleeding.
- Permanent lengthening of the cord.



AFTER SEPARATION

Per abdomen:

- Uterus become globular, firm and ballottable.
- fundal height is slightly raised.
- supra pubic bulging

Per vaginum:

- Slight gush of vagina bleeding.
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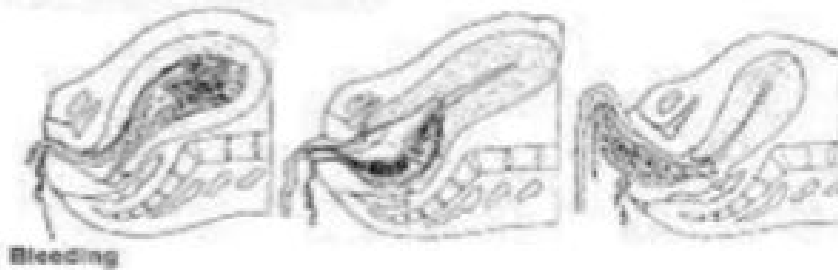
DESCEND OF THE PLACENTA

- Sudden trickle or gush of blood.
- Lengthening of the umbilical cord.
- Change in the shape of the uterus, globular.
- Change in the position of the uterus.

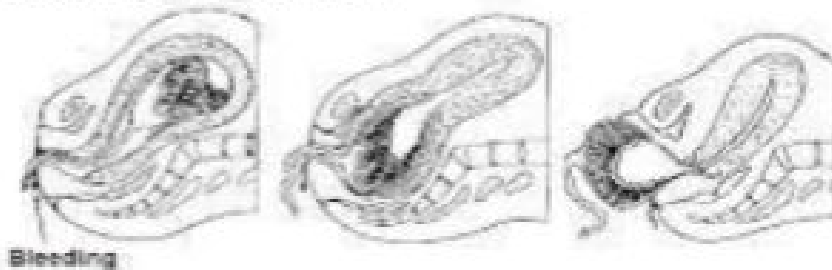
EXPULSION OF THE PLACENTA

- The Schultze mechanism
- Mathew Duncan mechanism

Duncan mechanism



Schultze mechanism



ACTIVE MANAGEMENT OF THIRD STAGE OF LABOUR

- **PRINCIPLES:**

- Enhance separation of placenta
- Safe and complete delivery of placenta
- Minimize bleeding

ACTIVE MANAGEMENT OF THIRD STAGE OF LABOUR

- COMPONENTS:
 - Use of oxytocics
 - Delivery of placenta by controlled cord traction
 - Massage of uterus after placental delivery
- Examination of birth canal and afterbirths
- Repair of tears/episiotomy

DELIVERY OF PLACENTA

- Controlled cord traction
- Raising the uterus gently upward by abdominal hand
- Traction when placenta is separated/Uterus contracted

UTERINE MASSAGE

- Immediately after placental delivery till uterus is hard
- Repeat intermittently for 1-2 hrs.

MANAGEMENT OF THIRD STAGE OF LABOUR

- Guard the uterus to keep yourself and anyone else from massaging it prior to placental separation.
- Do not massage the uterus before placental separation, except when partial separation has occurred by natural processes and excessive bleeding evident.

MANAGEMENT OF THIRD STAGE OF LABOUR

- Do not pull on the umbilical cord before the placenta separates or ever with an uncontracted uterus.
- Do not try to deliver the placenta prior to its complete separation unless in the emergency of third stage haemorrhage.
- Wait for the natural process to occur and do not interfere.

EXPECTANT MANGEMENT

- A hand is placed over the fundus to feel the signs of placental separation.
- the client asked to bear down simultaneously with the hardening of the uterus.
- If the placenta fails to expel, one can wait for upto 10 mts.
- soon as the placenta passes through the introitus, it is grasped by both hands and twisted round and round or slightly up and down with gentle traction .

EXPECTANT MANGEMENT

- Controlled cord traction [modified Brandt-Andrews method]:

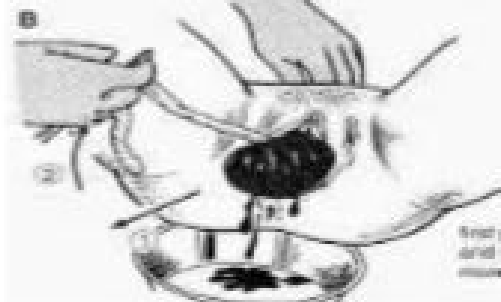


CONTROLLED CORD TRACTION

Only do this if she has had ergometrine or oxytocin!



as soon as the uterus feels hard, pull it towards her umbilicus



EXPECTANT MANGEMENT

● EXPRESSION BY FUNDAL PRESSURE

This is done by placing four fingers of the hand behind the fundus and thumb in front of the uterus to use as a piston. The uterus is made to contract by gentle rubbing. When the uterus becomes hard, it is pushed downwards and backwards. The pressure should be withdrawn as soon as the placenta passes through the introitus.

USE OF OXYTOCIC AGENTS

- Prophylactic use

the administration of an oxytocic drug at the time of delivery of the anterior shoulder.

- Therapeutic administration

This method implies the use of an oxytocic either to stop the bleeding once it has occurred or to maintain the uterus in a contracted state when there are indications that excessive bleeding is likely to occur.

Examination of placenta and membrane

- ◉ *Infarctions that are recent or old*
- ◉ *Localized calcifications*
- ◉ *Lobes*
- ◉ *Blood vessels*
- ◉ *Insertion of the cord*
- ◉ *Umbilical vessels*
- ◉ *Cord length*
- ◉ *Weight of placenta*



COMPLICATIONS OF THE THIRD STAGE

- Post partum haemorrhage.
- Hematoma formation.
- Retained placenta
- Inversion of uterus.
- shock



THANK YOU.....

