It is also important to discuss the situations that may arise during labour which may lead to your midwife suggesting a change of plan for the proposed management of your third stage of labour.

Retained Placenta – when your placenta is stuck
For most women, the placenta delivers without problem.

However occasionally, the placenta does not separate from the wall of the uterus, or the cervix closes, trapping the placenta in the uterus. This is known as a retained placenta.

The usual management of retained placenta involves having it removed in theatre under either general or epidural anaesthetic.

Options for placenta/whenua

You can take the placenta/whenua home with you, and the hospital will provide a container for it. Or you may choose to have the hospital dispose of the placenta/whenua. Discuss the options with your midwife.

Patient Code of Rights

YOUR CODE OF RIGHTS

- Respect and Privacy
- Fair Treatment
- Dignity and Independence
- Proper Standards
- Effective Communication
- Information
- Your choice and Decisions
- Support
- Rights during teaching and research
- Your complaints taken seriously

COUNTIES MANUKAU HEALTH

www.countiesmanukauhealth.org.nz

COUNTIES MANUKAU HEALTH	**Department:** Women's Health **Approved by:** Director of Midwifery **Owner:** Clinical Midwife Educator	**Updated:** June 2014 **Review:** June 2016

COUNTIES MANUKAU HEALTH

Women's Health

Birthing of the Placenta/Whenua/ Afterbirth

Women's Health Division

Birthing the placenta/whenua/afterbirth

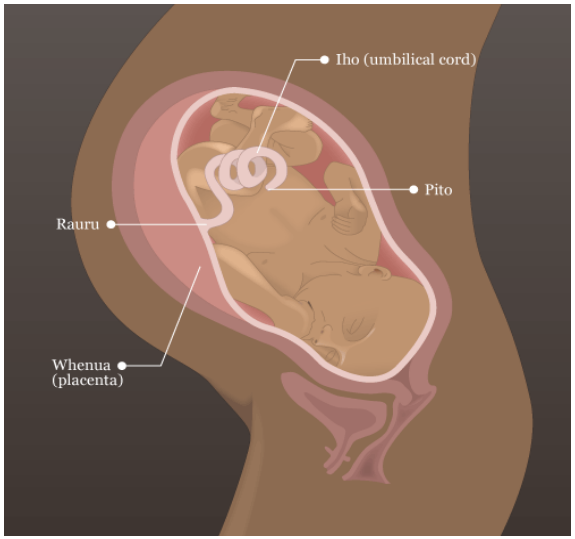
The birthing process is divided into three stages:

1. The first stage – Labour with the opening of the cervix.
2. The second stage – the birth of the baby.
3. **The third stage – delivery of the placenta/whenua/afterbirth.**

This pamphlet explains what happens during the third stage of labour, and your choices about how to birth your placenta/whenua.

After the baby is born, the placenta/whenua, which has nourished your baby throughout pregnancy, must separate from the wall of the uterus (womb) and pass out of your body.

There is usually a small amount of bleeding from the vagina. The uterus muscle contracts (hardens) and squeezes the blood vessels around the placenta/whenua so they shut.



For most women, the placenta will deliver without any problem; but for some women heavy bleeding occurs (called a haemorrhage) which can be very serious.

To reduce the risk of heavier than normal bleeding, there are two ways the placenta can be birthed:

- ***active management*** – using an injection to help make the uterus contract to shut the blood vessels off
  and
- ***physiological management*** – where you wait for your natural hormones to contract the uterus

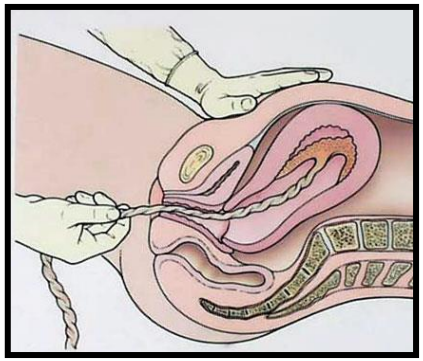
Active Management

- Reduces the risk of heavy bleeding following delivery (postpartum haemorrhage)
- Reduces the need for blood transfusion and reduces postnatal anaemia (low blood count)
- Some of the medication (Syntometrine) can make you feel nauseous and vomit

For Active Management:

- An injection (into the mother's thigh) of synthetic oxytocin – a drug which mimics the natural action of the uterus to contract or harden and stop the bleeding
- Clamping and cutting the umbilical cord about up to 3 minutes after baby is born
- Gentle pulling of the umbilical cord to deliver the placenta (controlled cord traction)
- The placenta usually birth within 5 – 10 minutes after the injection is given

Active Management is the recommended method for delivery of the placenta for women delivering at Middlemore Hospital.



Physiological Management

For a selected group of low risk women, who have discussed the options fully with their midwife or LMC, Physiological Management of birthing the placenta may be an option.

For the Physiological Management:

- No injection of oxytocin
- Waiting till the cord stops pulsating before clamping and cutting
- Early breastfeeding stimulates oxytocin, a hormone that encourages the uterus to contract
- Waiting for the placenta to deliver in its own time. This will take from 10 – 60 minutes
- Maternal effort (pushing, usually in the upright position) to birth the placenta

Please discuss this information, your options and any questions with your midwife.