

Leaving well alone: a natural approach to the third stage of labor

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Abstract

Medical management of the third stage of labor—the time between birth of the baby and birth of the placenta—has become routine in recent times, especially the use of ‘active management of the third stage’ to prevent postpartum hemorrhage. This paper critiques the components of active management (use of an oxytocic drug to contract the new mother’s uterus; early clamping of the baby’s cord; controlled cord traction to deliver the baby’s placenta) from the perspective of both mother and baby.

In particular, the author presents evidence that early cord clamping deprives the newborn baby of up to 50% of blood volume; possible health sequelae are discussed. The research on early clamping and effects such as jaundice and polycythemia are presented and critiqued.

For the mother, factors in modern obstetric care that contribute to the risk of postpartum hemorrhage are discussed. These include interventions such as induction, epidurals, forceps and caesarean surgery. The components of active management and their effects on the mother are critiqued from a physiological and hormonal perspective.

The author argues that third stage will be optimized through attention to the physiology and especially the psycho-hormonal aspects of this unique time. Recommendations include freedom for the mother to choose her position for birth and delivery of the placenta; ensuring a warm, private and undisturbed atmosphere for the first meeting of mother and baby; delayed cord clamping until delivery of the placenta; and not separating mother and baby.

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