The third period of labor

The third period of labor (or *time to bed*) begins **with the birth of the child** and ends **with the delivery of the placenta .**

After childbirth, the uterus retracts, the fundus is rounded, the uterus is spherical;

- retraction occurs everywhere except the area of placental insertion;
- after a certain resting phase, contractions occur again - **contractiones ad secundinas** - these are also at the place of the placenta;
- a tissue shift occurs between the placenta and the uterus, the uteroplacental septa and vessels are ruptured, a **retroplacental hematoma** is formed ;
- the placenta separates in the spongy layer of the decidual mucosa (the pars compacta deciduae remains on the placenta, the fundus of the glands and the open lumina of the vessels remain on the uterus).

Mechanism

According to the localization and method of separation, we distinguish 3 types of mechanism:

- **Mechanism according to Baudelocque-Schultze :**
  - a retroplacental hematoma is formed and *the placenta separates from the center to the periphery* (no bleeding);
  - then the placenta is born with the fetal part first, dragging the envelopes with it.
- **Mechanism according to Duncan :**
  - the placenta separates *from one periphery through the center to the other periphery* (there is slight bleeding);
  - the placenta is born on its maternal side.
- **Mechanism according to Gessner :**
  - it also separates *from the periphery, but before separation it collapses like a cone* and comes out on its fetal side (bleeding also occurs).

The third period lasts about 5-10 minutes.

Management III. birth period

- In the case of obvious obstruction or signs of aspiration (turbid amniotic fluid), we suck the newborn's mucus, or amniotic fluid from HCD – all newborns have already stopped suctioning, irritation of the airways can cause laryngospasm;
- tie the umbilical cord (about 6 cm from the belly), cut it under the protection of the hand, place the placental stump on a sterile cloth in the area of the left groin (I assume the mother's...);
- after direct contact with the mother, we transfer the child to neonatal care;
- we cut about 10 cm from the ligated umbilical cord and send it for gas analysis and ABR , then a test for syphilis , possibly. bilirubin and anti D ;
- to facilitate uterine retraction, we strictly aseptically catheterize the bladder (urine will be examined for protein, sugar);
- active leadership III has been promoted in the Czech Republic since the 1960s. delivery time - to limit postpartum blood loss → we administer immediately after birth (sometimes even after delivery of the head) - also in uterotonics and uterokinetics and we wait for the spontaneous separation of the placenta → then we wait for the placenta to leave (it often requires considerable patience);
- when the placenta is separated, we feel the flattened uterus, the fundus rises above the navel, acquires a roof-like appearance;
  - **Küstner's maneuver** - when pushed above the symphysis, the stretched umbilical cord is pulled into the vagina (non-separated placenta), if it is separated, the umbilical cord , on the other hand, climbs out;
- we try to limit maneuvers to accelerate exit (they increase the risk of retention of the cotyledon or retention of the entire placenta);
  - these maneuvers include, for example, **Credé's touch** - we push out the placenta by pressing the front and back uterine walls across the abdomen or by pulling on the umbilical cord;
- the woman gives birth to the separated placenta (max. we can gently help towards the end with pressure on the fundus);
- after the birth of the placenta, we end the delivery of the amniotic membranes - **touch according to Jacobs** - we grasp the delivered placenta with both hands and turn it several times and at the same time pull it out slightly → the membranes are rolled into a cord and are better equipped;
- we examine the integrity of the membranes (they should be delivered by at least 2/3), we look to see if there are any blood vessels running in the membranes that would be broken (this would indicate an additional placenta);
- then we examine the placenta – we look for infarctions, then we observe the integrity of the cotyledons;
  - if we suspect the retention of cotyledons or a larger part of the envelopes, we perform a manual revision of the uterine cavity in the CA ;
  - in newborns with a high risk of perinatal death, we take a piece of the placenta and fix it in formaldehyde and send it for histological examination;

- in LA , we carry out revision and remediation of birth injuries, we suture the injury with vicryl;
- we place the woman in a resting position and measure BP , pulse , body temperature ,...

Links

related articles

- Birth
- The first period of labor
- The second period of labor

References

- BENEŠ, Jiří. *Studijní materiály* [online]. [cit. 2009]. <http://jirben.wz.cz>.