Third Stage of Labor

Study Group Module

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Third Stage of Labor

National Midwifery Institute, Inc.
Study Group Coursework
Syllabus

Description:

This module explores safe and effective midwifery management of third stage of labor as well as the range of normal. It includes recommended reading materials in print and online, and asks students to complete short answer questions for assessment, long answer questions for deeper reflection, and learning activities/projects to deepen your hands-on direct application of key concepts.

Learning Objectives:

- Identify the physiology of normal third stage labor.
- Identify physiologic management (expectant management) of third stage labor.
- Identify active management of third stage labor.
- Demonstrate understanding use of Midwifery Model of Care and informed choice
- Identify herbs and homeopathic remedies that aid in third stage labor.
- Identify when active management of third stage labor may be appropriate.
- Describe collection of a cord blood sample.
- Identify abnormal third stage labor.
- Understand the underlying causes of trickle bleeds, and how to treat.
- Understand the effects a full bladder can have during labor and after birth
- Understand when it may be indicated to insert a urinary catheter.
- Identify contributing factors that increase risk of endometritis postpartum.
- Identify the signs of retained placenta, partial separation and placenta accreta.
- Review and prepare to demonstrate the techniques of manual removal and manual uterine exploration.
- Identify the causes of uterine inversion and the catastrophic effects.
- Identify the contributing factors of third stage management to puerperal infections.
- Draft practice guidelines for responding to normal third stage labor and third stage complications.
- Prepare to demonstrate your ability to provide primary care during third stage labor, in the context of your preceptor’s practice.

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- Prepare to demonstrate manual removal of placenta, and internal and external bimanual compression, and treatment for shock.

Learning Activities:
- Research and read appropriate study sources, seeking out additional study sources where needed
- Complete short answer questions in attached module document for assessment
- Complete long answer questions for deeper reflection in attached module document for assessment
- Complete learning activities listed in attached module document for assessment
  - Create a resource sheet of herbs and homeopathic remedies
  - Create Third Stage practice guidelines
- Submit work to Study Group Course Coordinator
- Reflect on feedback from Study Group Course Coordinator and re-submit work as needed

Study Sources (print):

Required Reading:
- Varney's Midwifery, 6th edition
- Myles Textbook for Midwives, 17th edition
- Human Labor and Birth, Oxorn and Foote, 6th edition
- Birth Emergency Skills Training, Gruenberg

Optional Reading:
- Herbal for the Childbearing Year, Weed
- Homeopathic Medicines for Pregnancy and Childbirth, Moskowitz
- Botanical Medicine for Women's Health, Romm

Study Sources (online):

See NMI website Third Stage Labor module web resources section for current online study sources for this module.

Related Modules:
- Nutrition
- Physical Assessment
- Placenta
- Second Stage Labor
- Hemorrhage
- Pharmacology for Midwives
- Breastfeeding
- Postpartum Care

Submitting Module for Assessment:

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Study Group modules are accepted electronically in PDF format *only*. We encourage you to submit modules as you complete them throughout each quarter of enrollment.

Please e-mail your completed Study Group module to:
Study Group Course Work Instructor nmistudygroup@nationalmidwiferyinstitute.com

Once your module has been emailed to us, you will receive an email confirmation that we have received it. Study Group modules are reviewed and returned in digital format as PDF documents. Modules can take up to 1 month from submission to be reviewed and returned to you. We will return your module as an e-mail attachment. Each module includes an Evaluation Sheet at the end of the pdf. The module's page on the student portal also includes a link to a fillable online module evaluation sheet. Please take the time to fill out the module evaluation sheet and return it to us for each module, it helps us to improve our course work.

Please follow these formatting guidelines when submitting modules:

- Your first initial and last name in title of PDF, along with name of module. Example: "ERyanFirstStage.pdf"
- Title of module on the document's front page
- Your name on the document's front page
- Provide the text of each question, followed by a blank line and then your thoughtful answer (without the question, you have commentary without context)
- Blank line between the answer for a question and the next question: question, blank line, answer, blank line, question, blank line, answer…
- Please leave margin space for our comments!
- Don't use script or cursive writing style text
- Font size not smaller than 12
- Credit sources of direct quotes

Completion Requirements and Feedback:
In order to complete this module for graduation purposes from National Midwifery Institute you must review all resources, complete the attached short answer questions for assessment, long answer questions for deeper reflection, and learning activities/projects, and submit them as detailed above. Upon return to you, your coursework may have feedback or ask for additional information or exploration on certain topics. Your work will be evaluated in the following Rubric (pasted below). You must achieve a minimum score of **7.5** in order to move on to your next module, though we encourage all students to strive for a **10.**

	Level 1 (0 Points) Not Adequate	**Level 2 (1 Point) Developing Adequacy**	**Level 3 (1.5 points) Meets Basic Expectations**	**Level 3 (2 points) Exceeds Expectations**	**Student Score**

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Completion of module prompts and elements	-Module not completed	-Major Elements of module are missing	-All aspects of module elements present, with some minor questions unanswered or missing	-All aspects of module elements present and answered completely	
Demonstrates Comprehension of module content and concepts	- Lack of comprehension	- Responses are unclear and do not reflect basic comprehension of module concepts	- Responses are clear and reflect basic comprehension of module content and concepts	- Responses are clear, well written, and reflect in-depth comprehension of module content and concepts. Added subpoints and additional reflections demonstrate a deeper knowledge and curiosity.	
Analysis	- Key terms not defined	-Inaccurate definitions of key items -Limited connections made between evidence, subtopics and clinical experience	-Accurate definitions of key items -Connections made between evidence, subtopics and clinical experience -Incorporation of original ideas and incorporates some clinical experience in responses where possible	- Accurate definitions of key items -Strong connections made between evidence, subtopics and clinical experience	
Evidence	- No research evidence used	-Research not used -Research not clearly connected to questions asked in module	-Research is present but limited -Research presented is weak or not relevant to communities served by midwives	-Research is abundant -Research is compelling and relevant to communities served by midwives	
Engagement with Learning Resources	-Evident study sources were not utilized	-Evident study sources were partially utilized	-Evident that study sources were fully utilized	-Evident that study sources were fully utilized and independent research was undertaken -Full incorporation of original ideas, personal analysis and incorporates relevant clinical experience in all areas possible	

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Skills
Following are Skills Logs which meet MEAC and NARM requirements for assessment of clinical readiness for entry-level practice upon graduation. Review the skills in each of the skills logs and consider how they each relate to the content of this module. If you are currently working with a preceptor, take this opportunity to focus on these areas. During Supervised Primary Care you will formally evaluate these skills together using the NMI Complete Skills Logs: Prenatal Skills Log, Labor & Birth Skills Log, Newborn Exam Skills Log, Postpartum Skills Log, and the Additional Skills Log. To Download the Complete Skills Logs go to the Apprenticeship Page on the Student Portal.

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Short Answer Questions

Short Answer Questions:

1. What is the medical definition of third stage labor.

2. How long do you expect third stage to last?

3. What causes the placenta to separate from the uterine wall?

4.. What is the retroplacental clot, or hematoma?

5. Why is it helpful to get the baby nursing during third stage?

6.. What are the risks of cord traction? Why is it necessary to "protect the uterus" when doing cord traction?
(AKA "guarding the uterus")

7. What is the height of a client's uterus immediately after the baby is born and before the placenta comes?

8. How does the uterus change shape during third stage labor:
   a. While the placenta is still attached to the uterine wall?
   b. When the placenta has detached from the uterine wall?
   c. After the placenta has been expelled and the uterus is empty?
   d. If retained clots or fragments remain within the uterus?

9. What are the indications for collecting a cord blood sample?
   a. When is a cord blood sample collected?
   b. How is a cord blood sample collected?
   c. What is used to hold the cord blood sample?

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d. Are there different reasons after a hospital birth for collecting a cord blood sample, compared to a birth completed at home?

10. Define uterine atony.

11. Is external massage of the uterus recommended before delivery of the placenta?

12. After the placenta is expelled, how is external fundal massage used to minimize postpartum bleeding?

13. During physiologic management of third stage labor, when is oxytocic intervention indicated?

14. Describe the signs of retained placenta.

15. In the context of health care, define “low-resource setting.”
16. Which uterotonic is identified as the first drug to implement for third state labor?
    a. What medications are available as follow-up to your “a.” answer?

17. What are the signs and symptoms of hypovolemic shock?

Continued…..

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Long Answer Questions for Deeper Reflection

Questions Requiring Longer, More Thoughtful Answers:
(number continued from previous section).
18. Describe physiologic management of third stage labor.

19. What effect does early cord clamping have on the blood volume retained in the placenta?

20. What can be observed as the placenta separates from the uterine wall?

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21. In addition to external observable indications, describe how you can intentionally check for placental separation.

22. If delayed cord clamping was not provided, a method of compensating is to “drain the cord.” How is “draining the cord” performed? What does “draining the cord” achieve?

23. Describe a usual third stage labor. Include signs of placental separation and how you, as the midwife, respond.

24. Describe active management of third stage labor.

25. Explain why active management of third stage labor is appropriate in low resource settings.

26. When might active management of third stage labor be appropriately administered in a homebirth setting?

27. What do you think about routine application of active management of third stage labor?

28. Explain active management of third stage labor in the context of Midwives Model of Care. Should clients be offered active management as an option?

29. Have you attended waterbirth? In the context of waterbirth, what are the recommendations for birthing the placenta? Cite your sources.

30. Describe your hand positions and technique of “protecting, or guarding the uterus” during cord traction.

31.What causes uterine inversion?

32. What other factors can contribute to uterine inversion?

33. Describe the signs of partial separation of the placenta.

34. Describe the types of placenta accreta and how each will present.

35. Explain how to evaluate the attachment of the placenta during an internal manual exploration of the uterus.

36. After the placenta has been expelled, what indicates the need for an internal manual exploration of the vaginal vault and potentially the lower uterine segment?

37. Describe how to perform a manual exploration of the vaginal vault, cervix, and lower uterine segment.

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38. What are the contributing factors of third stage management to puerperal infections? And how can you as the midwife mitigate these factors?

39. When is manual removal of the placenta indicated?

40. Explain how to perform a manual removal of a placenta.

41. What are the risks of manual removal of the placenta?

42. How do you decide if manual removal of the placenta indicates appropriate transport to the hospital?

43. When is transport after a manual removal of the placenta appropriate?

44. What causes uterine inversion?
    a. What are the effects of uterine inversion?
    b. What is the appropriate midwifery response to a uterine inversion?

45. Baby is born and we now await the placenta. Statistically, at what point in time prior to delivery of the placenta does the risk of postpartum hemorrhage increase?

46. You have tried all anti hemorrhagic and they have not stopped your clients bleeding, what are your options.

47. Explain how to respond to shock during third stage labor.

48. Define endometritis.

49. What can cause postpartum endometritis?

50. What are the causes of trickle bleeds? How do you determine the cause? How do you treat each cause? What must you be aware of with trickle bleeds? When do you transfer to a hospital for treatment?

Practical Scenarios

51. Your client Yolanda gave birth 30 minutes ago. There is no sign that the placenta has detached. What is your midwifery plan?

52. Your client Michelle's placenta has detached but initial pushing efforts are not bringing the placenta out. She says it feels really different than pushing the baby out and she feels confused about which muscles she should use. What are some tricks for aiding in expulsion of the placenta?

53. Jaden's active labor began about six hours ago. She pushed for nearly two hours. Together with her partner she received their baby into her hands. You have been monitoring

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a trickle bleed that may be a result of a birth tear. How long do you wait before determining the source of the blood loss?

54. McLain gave birth an hour ago. After joyfully greeting their daughter, both parents were content to cut the cord. Moments ago the baby established a good latch. You observe slight cord lengthening and a gush of blood that you estimate to be 250cc. McLain feels a strong contraction and the placenta follows. When you reach to massage the uterine fundus, you feel a soft, nondescript lower abdominal anatomy. McLain's blood loss has doubled. What do you do?

55. Judy had a long transitional labor plateau. She slept deeply. Her baby descended nicely and her spontaneous urge to push brought an invigorated energy into the room. Now her baby is in her arms. The cord is thick and pulsing. As the cord flattens and grows pale, a dark pool forms on the chux pad. Judy seems unaware that anything has changed. You ask if she feels a contraction and she shakes her head, No. How do you respond?

56. Annya had a separation gush and her cord lengthened noticeably. She pushes but the placenta does not descend. Another contraction starts and she pushes, there is a spurt of blood but again the placenta does not move. Her fundus is no longer globular and you believe the placenta has separated from the uterine wall. You provide pressure against her lower belly, just above the pubic bone. The cord does not retract. You maintain that pressure and provide light tension on the cord. The cord lengthens more. You continue pressure above her pubic bone and the light traction. She begins to feel the next contraction, your controlled cord traction continues. There is a squeaking sound and simultaneously you feel the cord suddenly give. The cord has come off of the placenta, and the placenta does not follow. What do you do now?

57. Several contractions brought small gushes of blood, and you estimate Rosy's postpartum blood loss to be 400cc. The placenta slips down, visible but not emerging very much past the introitus. Rosy provides nipple stimulation to encourage another contraction, and after a few minutes their uterus contracts and the placenta slides into the bowl that you hold beneath them. A small spurt of blood follows. You quickly examine the placenta and find it to be missing areas of cotyledons; perhaps a quarter of the placenta has remained in Rosy's uterus. Rosy asks, "Am I done?" How do you respond?

58. Angela pushed her placenta out after a few contractions. When the placenta emerged, you supported its weight. Trailing membranes extended slowly, tension growing between the placenta and Angela's body. You turned the placenta in a twisting motion to rope the membranes together and hopefully avoid tearing of the membranes. Even though the placenta is supported and you do what you can to minimize drag against the membranes, you feel the stuttering give of the membrane tissue. You see the thin stretch of membrane elongate and retract back into Angela's body, breaking away from the placenta.

a. What do you anticipate?
b. What do you hope to avoid?
c. What is your midwifery plan?

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59. Lilya worked hard during labor. For much of active labor the baby's head was asynclitic. Now Lilya is 45 minutes postpartum, reclining on the bed next to the baby's father. Their sleepy 9-pound newborn is cradled in his arms. Family members are gathered bedside, quietly adoring the new babe. The baby's cord was clamped and cut after observable pulsing ceased. A few mild contractions have been noted, but there has not been a separation gush. What is your midwifery plan?

Continued…..

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Projects/Learning Activities

Projects(send completed projects with the rest of your course work for this module)

(number continued from previous section).

60. List the herbs and homeopathic remedies that you are familiar with for aid in third stage labor. Describe when each is appropriate.

61. Draft practice guidelines for third stage labor in your own practice. Include reference to indications for herbs, homeopathy, Pitocin, charting, and your transport plan in response to retained placenta or excessive bleeding. Submit this draft and include it later in your Practice Guidelines projects (in the Charting and Practice Guidelines Module).

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