

# Expedient squatting third-stage technique to prevent excessive bleeding at birth

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## ORIGINAL

Thirty years ago, when I began attending home births, I attended the birth of a very educated, as well as instinctive, woman. She delivered her baby in a squatting position, and as is normal, immediately sat down to hold her baby. However, a few minutes later, she got into the squatting position again, to deliver her placenta. I was a young Certified Nurse Midwife and my training recommended that women lay down to deliver the placenta, so I recommended that she sit down. She listened to me obediently. Many placentas will deliver in sitting but hers did not. Home midwives are taught that if the placenta does not deliver after 30 minutes of trying, it is time to transfer to hospital. After 25 minutes, I told her to try whatever she wanted to get the placenta out, since in five minutes we would have to transfer to hospital. She got into a squat and in 30 seconds, to my great relief, the placenta came out complete with very little blood. A lightbulb lit in my head. I now know that delivering the placenta in squatting by five minutes postpartum results in the least postpartum bleeding and eliminates postpartum haemorrhage of over 500 cc.

I searched the literature and retrieved an elegant study in *Obstetrics and Gynecology* which found: 'For third stages of labor more than 10 minutes compared with third stages less than 10 minutes there was twice the risk of postpartum hemorrhage. For a third stage of labor more than 20 minutes compared with less

than 20 minutes there was four times the risk of postpartum hemorrhage, and for third stages over 30 minutes compared to those less than 30 minutes there was 6 times the risk of PPH.' (Magann et al 2005:290-3.) This means that, in addition to the squatting position, it is also important to deliver the



placenta expediently. Seconds count. The faster the placenta delivers, the less chance of haemorrhage. This makes sense because after the placenta is delivered, the uterus can completely contract. Contraction of the uterus stops the bleeding by closing off the blood vessels that previously sustained the placenta. The placenta detaches from the wall of the uterus within 60 seconds after the birth of the baby. If you get into a squatting position it begins to fall down towards the opening.

For the next few years, I asked women to get into a squatting position by four minutes after the birth and push the placenta out without waiting to feel a contraction. I found this resulted in much less bleeding. I published my results (Cohain 2010), requesting that others test the method and contact me with their findings. To my surprise, no midwives or doctors replied to my request.

There are no biological advantages to losing blood at birth. Losing blood weakens the person, making them more vulnerable to infection. In addition, in the wild, blood attracts predators. It is plausible that bleeding excessively after birth coincided with the increased use of toilets.

There is no mention of postpartum bleeding anywhere in the Bible or in the Talmud (200-500 AD). The Talmud is divided into six books. One of the six books is about uterine bleeding. There are several mentions of full-term births in which there is no bleeding at all. There is not a single mention of excess postpartum bleeding. The first mention of excessive postpartum bleeding does not appear in the medical literature until 1400. Neither the great Dr Moses Maimonides (1135-1204) nor the great commentator Rashi (1040-1105) mention excess bleeding after birth in any of their massive writings. The influence of the biblical story of Rachel on the belief that postpartum haemorrhage is an inevitable part of some births should not be underestimated. In Genesis, Rachel, one of the wives of Yakov, dies 'soon after giving birth' to her second son, who was later named Benyamin. It's a compelling story, including her ignored deathbed wish that her son be named BenOni, son of my sorrow. She was sad because she felt her husband preferred another of his wives, her sister, Leah. Some commentaries blame postpartum haemorrhage as the reason for Rachel's death, but there is no basis for this in the original Hebrew text.

I continued my practice and now have 24 years of attending births at home as a Certified Nurse Midwife. As of today, I have attended 1072 consecutive high- and low-risk births in which the women squatted at three or four minutes postpartum and pushed out the placenta in squatting without waiting for a contraction. It is true that, for 95 per

cent of women, no matter when or in what position they deliver the placenta, they do not bleed more than half a litre, that is, 500 cc. But the other five per cent of women will lose more than 500 cc of blood around the time of the delivery of the placenta. After losing 600–1000 cc, their body finds it hard to stop bleeding from the placental implantation site. On average, after losing 1500 cc to 2 litres, women lose consciousness.

In rare cases, the placenta has grown into the wall of the uterus (placenta previa). The majority of cases of this abnormal attachment are among women with scarred uteruses, such as after a D&C or a caesarean. It is a rare occurrence in the absence of a scarred uterus. However, bleeding is not the problem with placenta previa, because the placenta remains attached to the uterus, so there is no bleeding unless someone attempts to pull it out. With my technique, the placenta is not pulled out.

A common objection to Judy's three-, four-, five-minute technique is that I am not accurately measuring blood loss. There is no doubt that it is easy to confuse 600 cc blood loss with 1000 cc blood loss. They both look like big puddles of blood. However, I am not claiming that using Judy's three-, four-, five-minute expedient squatting results in slightly less than 500 cc. Using my method, one does not get blood losses of 450 cc. The average blood loss at delivery of the placenta using expedient squatting is 20 to 50 cc. It is impossible to confuse 50 cc blood loss with ten times that amount, or with over 500 cc blood loss or over 1000 cc blood loss.

It is logical for there to be a way to have hardly any blood loss at birth. No animals other than humans lose more than a spoonful of blood at birth (Cohain 2017). Humans have the same placental attachment as apes and chimpanzees, yet apes and chimpanzees never haemorrhage except where birth is interfered with, in zoos. Knowing this, it seems logical, where there is a desire to prevent postpartum haemorrhage, to have the woman deliver the placenta by five minutes postpartum in squatting. I know I will keep doing it and I recommend that others try it as well.

## References

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