Guideline for the Management of Third Stage of Labour

Definition: Is the time from the birth of the baby to the expulsion of the placenta and membranes.

Women should be informed that active management of the third stage reduces the risk of maternal haemorrhage and shortens the third stage. However, women at low risk of PPH who request physiological management of the third stage should be supported in their choice.

PPH scores can change throughout labour and birth. Always ensure updated PPH score is maintained throughout.

Active management of the third stage of labour involves a package of care which includes all of these three components: -

- Routine use of oxytocic drugs. **The drug of choice is Oxytocin 10units IM.**
- Consider delayed cord clamping and cutting of the cord prior to controlled cord traction (unless clinically indicated) *(Anderson et al 2011)*
- Controlled cord traction after signs of separation of the placenta.

Procedure

- Administer Oxytocin 10u IM after the baby is born
  (NB. It should be noted that although Oxytocin is not licensed for IM use it has been recognised by pharmacy that it is commonly used and is referred to as such in the BNF September 2012 64th edition)
- Offer skin-to-skin contact
- Clamp and cut the umbilical cord after birth
- Observe for signs of separation within 15 minutes – if no signs noted then encourage breast feeding/nipple stimulation, change maternal position (upright position best).
- Observe maternal condition and continually assess for signs of separation
- Deliver placenta by controlled cord contraction
- Assess maternal temp, pulse and BP and blood loss.
- Check placenta and membranes are complete
- Record accurately the procedure in the woman's notes.

- Following 30mins ensure bladder empty and if in doubt, catheterise.
- If no signs of placental separation after 30 minutes please inform obstetric team for management of care.

Physiological management of the third stage is the natural conclusion to a **physiological 1st and 2nd stage** of labour. It involves a package of care which includes all of these three components: -

- No routine use of oxytocic drugs
- No clamping of the cord until at least pulsation has ceased (unless clinically indicated)
- Delivery of placenta by maternal effort.

Procedure

- Offer skin-to-skin contact
- Observe for signs of separation within 60 minutes
- Observe for placenta visible at vulva or urge to push
- Upright position may be best for maternal effort
- Placenta delivered by maternal effort
- Assess maternal temp, pulse, BP and blood loss.
- Check placenta and membranes are complete
- Record accurately the procedure in the woman's notes.
- If no signs of separation within 60 minutes then encourage breastfeeding/nipple stimulation. Change position and ensure bladder is empty.
- Transfer from physiological management to active management of the third stage if:
    - **Haemorrhage occurs**
    - **Failure to deliver the placenta within 1 hour**
    - **Woman's desire to artificially shorten the third stage**

Traction of the cord or palpating the uterus should only be carried out after administration of oxytocin as part of active management

References:

Andersson O; Hellstrom-Westas L; Anderson D, Domellof M (2011) Effect of delayed versus early umbilical cord clamping on neonatal outcomes and iron status at 4 months: A randomised controlled trial. *BMJ* 343: d7157

NICE clinical guideline 55 – Intrapartum care 2007 (updated July 2008). www.nice.org.uk

Rogers C; Harman J; Selo-ojeme D (2012) The management of the third stage of labour – A national survey of current practice. BJM vol 20, no 12

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