

Active Management of the Third Stage Following a Vaginal Birth

What is the third stage of labour?

- The third stage of labour is the period after the baby is born until delivery of the placenta.
- During this time it is normal for the woman to have some bleeding when the placenta separates from the womb. Some women bleed excessively and this is called a postpartum haemorrhage (PPH).
- In modern obstetrics, PPH can be treated using drugs to contract the uterus. Fluid and blood replacement may be necessary in some cases. On rare occasions, PPH can need surgery to control bleeding, even a hysterectomy (removal of the uterus) to save the woman's life.

What is active management of the third stage of labour?

- Active management of the third stage is giving the woman a hormone, oxytocin (commonly known as Syntocinon® and Syntometrine®), after the baby is born, to assist in delivering the placenta. This hormone is the same hormone produced by the brain to get the uterus to contract in labour. The oxytocin is usually given in an injection in the thigh or arm.
- In addition to giving the oxytocin, the cord is cut and clamped and the delivery of the placenta is helped by pulling (often called traction) on the cord by the midwife or doctor.

Why do we recommend active management of the third stage of labour?

- Active management of the third stage of labour is recommended to reduce the risk of maternal postpartum haemorrhage (PPH) and shorten the third stage of labour.
- Based on current evidence for best practice, active management is recommended in the third stage of labour - rather than expectant management (physiological third stage).
- Physiological (expectant) management, when compared to active management of the third stage is associated with:
 - A two fold increase in postpartum haemorrhage (PPH)
 - Increased risk of blood transfusion
 - Increased risk of anaemia (this can make you tired and short of breath)

What is the policy at King Edward Memorial Hospital?

- King Edward Memorial Hospital recommends active management as supported by evidence based research.
- An injection of an oxytocic is given into one of the leg muscles for the third stage of labour (after the baby has been born, and before the delivery of the placenta).
- **Having the injection does not guarantee you will not have a postpartum haemorrhage but it does greatly reduce your risk.**

Do I have to have active management of my third stage of labour?

No we respect your decision, although KEMH strongly recommends active management of the third stage of labour. If you chose to have a physiological (expectant) third stage management i.e. no oxytocin, we will ask you to sign a document which will be filed in your notes. The document indicates you understand the increased risks associated with a physiological third stage.

Compiled by: Obstetrics and Gynaecology CCU
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