



**OBSTETRICS AND GYNAECOLOGY
CLINICAL PRACTICE GUIDELINE**

Labour: Third stage

Scope (Staff):	WNHS Obstetrics and Gynaecology Directorate staff
Scope (Area):	Obstetrics and Gynaecology Directorate clinical areas at KEMH, OPH and Community Midwifery Program

This document should be read in conjunction with this [Disclaimer](#)

Aim

To support staff in discussing with women the management of third stage of labour for vaginal birth. [Caesarean birth](#) is not within this guideline scope- refer to specific guideline.

Key points

1. Active management of third stage should be recommended to all women as it shortens the third stage and reduces the risk of postpartum haemorrhage (PPH).
2. Active management of third stage definition includes¹:
 - Routine use of uterotonic (oxytocic) medications
 - Controlled cord traction (CCT) after signs of separation of the placenta
 - Delayed clamping and cutting of the cord
3. Delayed cord clamping for 2-3 minutes in third stage does not appear to increase the risk for PPH. It can provide a benefit to the neonate in prevention of anaemia in the first 6 months of life, and additionally in pre-term infants has been shown to decrease the risk for ventricular haemorrhage and blood transfusion.
4. Onset of strong uterine contraction occurs 2-3 minutes after the administration of oxytocic.
5. Controlled cord traction (CCT)
 - To occur AFTER signs of placental separation
 - Never apply CCT without applying counter pressure to the uterus
 - Do not encourage maternal effort in conjunction with CCT
 - If releasing downward pressure on cord, this must be done before relaxing counter pressure of the uterus



6. Physiological management of third stage is associated with a higher rate of postpartum haemorrhage.²
7. Women requesting physiological management of the third stage should be provided with written information regarding the risks associated with this. Document in clinical file.
8. Delayed / prolonged third stage is defined as the placenta and membranes not birthed within a set time from birth of the baby ¹:
 - Active management – within 30 minutes
 - Physiological management – within 60 minutes

Procedure

Active management

1. **Administer an oxytocic** to the woman preferably within one minute after the birth of the baby. ³
 - For **low risk** women give oxytocin 10 units IMI
 - For **high risk** women, provided there are no pre-existing contraindications, give one ampoule of [Syntometrine®](#) (oxytocin 5 units and ergometrine 0.5mg) IMI
 - For women **at risk for PPH**, see KEMH Restricted Area Guideline: [Postpartum Complications: 'Primary Post-Partum Haemorrhage'](#) (available to WA Health employees through Healthpoint)
 - Do not give [Syntometrine®](#) to women with pre-eclampsia, eclampsia, severe hypertension, severe disorders of cardiac, hepatic or renal function, occlusive vascular disease or sepsis.⁴
 - In **breech births or abnormal presentations** [Syntometrine®](#) should not be given until birth of the neonate is completed.⁴
 - For **multiple births** ensure administration occurs after birth of the last baby.⁴ Caution must be exercised with oxytocin administration if there is a possibility of an undiagnosed twin (e.g. no ultrasound performed during pregnancy).²
2. **Advise accoucheur when oxytocic is administered**
3. **Document the time and site oxytocic was administered**
4. **Cord clamping**
 - Clamp and cut the umbilical cord within 2-3 minutes of birth.
 - Earlier cord clamping may be required for prompt treatment of the infant or for harvesting of stem cells.
 - Document the time cord was clamped
5. **Collection of cord blood:**
 - Double clamp and cut a separate section of the cord for arterial and venous cord blood pH and gas analysis. See [Cord Blood Collection / Analysis guideline](#)

6. Applying controlled cord traction:

- Reclamp the cord close to the introitus and hold in one hand
- Observe for **signs of placental separation**:
 - The uterus becomes firm, rises up and is ballotable
 - This is accompanied by signs of descent:
 - A trickle of blood
 - Lengthening of the cord
- Place a hand on the abdomen to detect uterine contraction and placental separation. **Do NOT manipulate the fundus.**

7. Delivering the placenta and membranes

- Once placental separation is confirmed:
 - Stabilise the uterus by placing the hand just above the symphysis pubis and apply counter pressure during CCT. This is sometimes referred to as “guarding the uterus”.
 - Pull downward on the cord following the direction of the birth canal until the placenta appears at the vulva. Discontinue CCT if the placenta does not descend after 30 to 40 seconds.
 - Gently hold the cord and wait until the uterus is well contracted again.
 - With the next contraction repeat CCT with counterpressure.
 - **Notes:** Never apply cord traction without applying counter traction above the symphysis pubis and without a well-contracted uterus. Traction should be eased or discontinued if there is any suggestion of tearing of the cord, or if the uterus relaxes.

Do not encourage maternal effort in conjunction with CCT
- When the placenta is viewed at the introitus apply upward traction on the cord
- Remove the hand from above the supra-pubis once the placenta is mostly visible and delivered. As the placenta emerges:
 - Use both hands to support the placenta and gently turn it until the membranes are twisted and slowly pull to complete the third stage
 - If the membranes do not emerge use an upward and downward or twisting motion to ease them gently out of the vagina
- **If the membranes tear**, the upper vagina and cervix should be examined wearing sterile gloves and sponge forceps are used to gently remove any visible membranes.

Physiological management

1. **Assist the woman to breastfeed.** This aids separation and expulsion of the placenta and membranes by natural release of oxytocin..
2. Observe for signs of placental separation (see signs in previous section).
3. Assist the woman to deliver the placenta and membranes by:
 - Informing the woman what is happening
 - Encouraging the woman to push or bear down as she desires
 - Once the placenta is delivered, If the membranes do not emerge you may twist the placenta gently and use an upward and downward motion to ease them gently out of the vagina

Document

- Document the time of delivery of the placenta

Management for delay in third stage

Notify the obstetric medical team and the Midwife Co-ordinator when:

- Active management - the third stage is not completed within 30 minutes of the birth of the baby.
- Physiological management - the third stage is not completed within 60 minutes of the birth of the baby.
- Signs of PPH/brisk bleeding

Fundal assessment

1. Following the delivery of the third stage immediately palpate the fundus of the uterus to ensure it is well contracted.
2. Massage the fundus every 15 minutes for the 1st hour
3. If bleeding continues refer to [Postpartum Complications \(PPH\)](#) guideline

Examine the placenta and membranes

1. Check the placenta for:
 - general shape and completeness
 - clots
 - presence of calcification and/or infarction
 - evidence of abruption, or oedema
 - offensive odour

2. Check the membranes for completeness and presence of:
 - 1 amnion and 1 chorion
 - blood vessels
 - succenturiate lobes
3. Check the cord for:
 - presence of 2 arteries and 1 vein
 - insertion site
 - anomalies
4. **Immediately** notify the Obstetric medical team and Midwife Co-ordinator if the placenta or membranes are incomplete.
5. Following checking of the third stage (placenta and membranes)- Double bag the placenta. The plastic bag is to be placed in the Anatomical bin in the sluice room, unless:
 - Placenta going for histopathology- will be placed in a plastic container and sent directly to the lab from the Unit with a completed request form. See Clinical Guidelines, O&G: [Labour: Indications for Pathological Examination of a Placenta](#) and [Labour: Placenta Being Taken Home: Safe Handling](#)
 - If the woman wishes to take her placenta home- the container is to be dated and label "Human tissue for collection by < insert name"> See Clinical Guidelines, O&G: [Labour: Placenta Being Taken Home: Safe Handling](#). Ensure signed form is in the notes.

Measuring blood loss

1. Collect and measure blood loss and add this to the estimated blood loss (i.e. loss that cannot be measured) to obtain total blood loss.
2. Document total blood loss.

Observations

See Clinical Guideline, O&M, Postnatal Care: [Immediate Care of the Mother in Labour and Birth Suite Following Birth](#)

References and resources

1. National Institute for Health and Care Excellence. Intrapartum care for healthy women and babies: CG190UK: NICE. 2017. Available from: <https://www.nice.org.uk/guidance/cg190>
2. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Provision of routine intrapartum care in the absence of pregnancy complications: C-Obs 31. **RANZCOG**. 2017. Available from: [https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Provision-of-routine-intrapartum-care-in-the-absence-of-pregnancy-complications-\(C-Obs-31\)review-July-2017.pdf?ext=.pdf](https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Provision-of-routine-intrapartum-care-in-the-absence-of-pregnancy-complications-(C-Obs-31)review-July-2017.pdf?ext=.pdf)
3. International Federation of Gynecology and Obstetrics [FIGO], International Confederation of Midwives [ICM]. Joint statement of recommendation for the use of uterotonics for the prevention of postpartum haemorrhage: FIGO / ICM. 2021. Available from: www.figo.org/joint-statement-recommendation-uterotonics-prevention-pph
4. MIMS Australia. Syntometrine: MIMS Online. 2019. Date accessed 06/10/2021. Available from: www.mimsonline.com.au









Related WNHS policies, procedures and guidelines

Obstetrics and Gynaecology: Labour and Birth:

- Cord Blood Collection / Analysis
- Third Stage- Syntometrine QRG
- Third Stage- Retained Placenta
- Placenta: Indications for Pathological Examination in Pathology
- Placenta: Being Taken Home- Safe Handling
- Postnatal- Immediate Care of the Mother in Labour and Birth Suite Following Birth
- [Postpartum Complications \(PPH\)](#) (Restricted Area Guidelines - Healthpoint intranet only)

Pharmacy Medication Monographs: [Syntometrine®](#); [Oxytocin](#) ; [Carbetocin](#)

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NSQHS Standards (v2) applicable:	<input checked="" type="checkbox"/>  1: Clinical Governance <input type="checkbox"/>  2: Partnering with Consumers <input type="checkbox"/>  3: Prevent and Control Healthcare Associated Infection <input checked="" type="checkbox"/>  4: Medication Safety	<input type="checkbox"/>  5: Comprehensive Care <input type="checkbox"/>  6: Communicating for Safety <input checked="" type="checkbox"/>  7: Blood Management <input checked="" type="checkbox"/>  8: Recognising and Responding to Acute Deterioration
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