



## C-Obs 21

# Management of the Third Stage of Labour

The third stage of labour is that period from delivery of the baby until the delivery of the placenta. The placenta separates as a result of shearing force between the placental surface and the uterine wall in the presence of uterine muscular contraction.

The degree of blood loss associated with placental separation and delivery depends on how efficiently the placenta separates from the uterine wall, how effectively the uterine muscle contracts around the placental blood vessels and how quickly the placenta is expelled from the uterus, through the cervix and birth canal.

Evidence shows that the management of the third stage of labour can directly influence important maternal outcomes such as the need for manual removal of the placenta and the incidence of postpartum haemorrhage.

Management of the third stage of labour may be either "Expectant management" or "Active management". Active management is recommended. Expectant management cannot be recommended on the basis of evidence.

### Active Management

Active management of the third stage of labour comprises oxytocic administration followed by assisted delivery of the placenta.

#### 1. Oxytocic administration

##### Timing

The administration of an oxytocic with delivery of the anterior shoulder may maximise the benefit in terms of preventing postpartum haemorrhage. Caution must be exercised if there is the possibility of an undiagnosed second twin (i.e. no ultrasound in pregnancy).

##### Alternative Oxytocic Agents for Routine Management of the Third Stage of Labour

A number of oxytocic regimens have been used and each has its passionate advocates. The most popular regimens are oxytocin 5 or 10 units intravenously OR Syntometrine 1ml intramuscularly (ergometrine 0.5 mg + oxytocin 5 units) OR oxytocin 10 units intramuscularly.

##### Disadvantages

Ergometrine commonly produces nausea and vomiting and may lead to raised blood pressure. When intramuscular ergometrine is used, side effects have, in general, been found to be mild. Care should be taken in patients with hypertension or heart disease.

Most studies have shown a slight increase in the incidence of manual removal of the placenta with active management of the third stage of labour.

## **2. Assist delivery of the placenta**

It is absolutely essential to ensure the uterus is well contracted and the placenta separated before controlled cord traction is applied.

## **Expectant Management**

Expectant management of the third stage of labour involves awaiting the spontaneous contraction of the uterus, separation of the placenta and delivery of the placenta and membranes. Measures such as the use of nipple stimulation or postural changes may be employed.

Expectant management is associated with approximately a two-fold increase in the incidence of postpartum haemorrhage and an increased risk of blood transfusion when compared with active management. A poorly contracted uterus poses an increased risk of the potentially fatal complication of uterine inversion.

Facilities must be immediately available to treat postpartum haemorrhage.

## **References**

1. Prendiville WJ, Elbourne D, McDonald S, Active versus the expectant management of the third stage of labour. (Cochrane Review). In: The Cochrane Library, Issue 4, 2002; Oxford: Update Software.
2. Gulmezoglu AM, Forna F, Villar J, Hofmeyr GJ. Prostaglandins for the prevention of postpartum haemorrhage (Cochrane Review). In : The Cochrane Library, Issue 4, 2002; Oxford: Update Software.
3. Cook C, Spurrett B, Murray H. A randomised clinical trial comparing oral misoprostol with synthetic oxytocin or syntometrine in the third stage of labour. Australian and New Zealand Journal of Obstetrics and Gynaecology. 1999; 39 (4):414-9.

## **Links to other College Statements**

[C-Gen 2 Guidelines for consent and the provision of information regarding proposed treatment.](#)

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