

## **GUIDELINE FOR THE MANAGEMENT OF THE THIRD STAGE OF LABOUR**

The management of the third stage of labour can be a source of controversy. Most current research supports active management of third stage. However, there is a lack of studies of clients at low risk of postpartum haemorrhage (PPH) attempting physiologic management.

### **DEFINITIONS:**

#### **Active Management Involves:**

- The administration of a uterotonic agent immediately after the birth of the baby.
- Gentle traction on the umbilical cord with uterine guarding after signs of placental separation.
- Fundal massage after delivery of the placenta.

#### **Physiological Management Involves:**

- No administration of uterotonics.
- The placenta and membranes are expelled by maternal effort with or without the help of gravity. Gentle traction might be used with maternal effort.

Research supports delaying cord clamping 1-4 minutes after delivery or until the cord stops pulsating regardless of management approach.

### **MIDWIFE'S RESPONSIBILITIES**

- Management options and their associated risks and benefits, including place of birth considerations, should be discussed with the client in the prenatal period.
- Management of the third stage at the time of birth should include consideration of prenatal risk factors and those which have occurred in the course of labour.
- The second attendant should be informed of how the third stage will be managed.

Note: Some midwives may include the use of complementary and/or alternative therapies in their protocol for management of the third stage of labour. Midwives who choose to incorporate these therapies into care must have sufficient knowledge, skill and judgment to do so. Midwives must clearly inform their clients regarding their knowledge and qualifications in the use of these therapies and inform clients of their right to seek care from other practitioners.

#### **Prolonged Third Stage of Labour**

- With active management prolonged third stage is greater than 30 minutes.
- With Physiologic management prolonged third stage is greater than 60 minutes if all aspects of the observation of third stage are normal.

#### **Considerations for Out of Hospital Births**

In an out of hospital setting, if there is a prolonged third stage transport to hospital should be initiated. It is recommended that midwives consider intervening earlier to help shorten third stage and avoid the need for transport.