THIRD STAGE OF LABOUR - CLINICAL GUIDELINE

Summary: Active Management of the Third Stage of Labour

Skin to skin contact
Administer appropriate Oxytocic
Defer cord clamping unless there are concerns about the baby or integrity of the cord

Midwife to clamp the cord
Midwife, birth partner or woman to separate the cord
Take paired cord sample for blood gas analysis if required

Observe for signs of placental separation

Deliver placenta by controlled cord traction within 30 minutes of birth of baby

If not delivered within 30 minutes commence a MEOWS chart and follow retained placenta guideline

If signs of maternal haemorrhage or compromise of maternal condition manage as Post Partum Haemorrhage (PPH) Guideline
Summary: Physiological Management of the Third Stage of Labour

Skin to skin contact and possible initiation of breast feeding

Await the cessation of cord pulsation, unless neonatal resuscitation is required

Either clamp cord at baby umbilicus. Midwife, birth partner or woman to separate cord allowing maternal end free drainage
Or leave cord attached until complete expulsion of the placenta

Observe for signs of separation and maternal report of contractions and encourage maternal effort until placenta and membranes delivered

If placenta undelivered in 60 minutes or concern about maternal condition or maternal request, commence MEOWS and revert to active management of third stage. If placenta still not delivered within 10 minutes of active management follow retained placenta guideline

If signs of maternal haemorrhage or compromise of maternal condition manage as PPH Guideline
1. **Aim/Purpose of this Guideline**
   To give guidance to all midwives and obstetricians on the management of the 3rd stage of labour.

2. **The Guidance**
   The third stage of labour is the time from the birth of the baby to the expulsion of the placenta and membranes.

   **2.1. Duration of the Third Stage of Labour**
   The third stage of labour is diagnosed as prolonged if with active management it is not completed within 30 minutes of the birth of the baby or within 60 minutes of physiological management.

   **2.2. Active Management of the Third Stage**
   This includes a package of care which includes all three of the following components.
   - Routine use of an Oxytocin
   - Deferred clamping and cutting of the cord until cord pulsations have ceased or up to a maximum of 3 minutes.
   - Controlled cord traction

   **2.3. Physiological Management of the Third Stage**
   This includes a package of care which includes all three of the following components.
   - No routine use of uterotonic drugs
   - No clamping of the cord until pulsation has ceased
   - Expulsion of the placenta and membranes by maternal effort

   **2.4. Use of Oxytocin in the Acute Setting**
   Following an increase in the Post-Partum Haemorrhage (PPH) rate in the acute setting with the use of Syntocinon, the drug of choice is Syntometrine 1ml. However, if the woman has no risk factors for a PPH, and she wishes to reduce her risk of nausea and vomiting following delivery she can opt for Syntocinon 10IU instead of Syntometrine.

   **Alert:** Syntometrine should not be given for the active management of the third stage if the woman is hypertensive, or her blood pressure has not been checked in labour.

   **2.5. Use of Oxytocin in the Community/Birth Centre Setting**
   As the majority of women in the community are low risk, the national guidance for the management of the third stage of labour should be followed and the drug of choice should be Syntocinon 10IU. However, if the woman has factors which increase her risk of PPH then Syntometrine 1 Ampule can be given instead of Syntocinon.

   **Alert:** Syntometrine should not be given for the active management of the third stage if the woman is hypertensive, or her blood pressure has not been checked in labour.
2.6. Antenatal Discussion
A full discussion should take place with the woman in the antenatal period about the management of the third stage of labour.
The woman should be informed that active management of the third stage reduces the risk of maternal haemorrhage, reduces the need for a blood transfusion and shortens the third stage. Physiological management is only supported in women at low risk of a PPH and who have had a normal physiological labour and delivery.

2.7. Routine Observations during Third Stage of Labour
- Maternal colour and respirations
- Woman’s report of how she feels
- Vaginal blood loss

2.8. Changing from Physiological to Active Management
- Maternal haemorrhage
- Failure to deliver the placenta within 60 minutes
- The woman wishes to shorten the third stage

2.9. Documentation
- Type of management of the third stage of labour should be documented in the intrapartum notes
- Any drugs given
- Person responsible for the clamping and cutting of the cord
- Estimated blood loss and maternal condition
- A summary of the management of the third stage and examination of the placenta and membranes should be documented in the ‘Immediate care after Birth’ page of the maternal notes
- Routine observations of temperature, pulse and blood pressure should be recorded following a routine completion of the 3rd stage of labour. If there are any concerns about maternal condition during or following the 3rd stage a MEOWS chart should be commenced and help called as appropriate.

2.10. Storage of Oxytocics
2.10.1. Syntocinon should be stored in a refrigerator between 2ºC and 8ºC and not used after the expiry date on the pack. It can be stored at temperatures of up to 30º for 3 months, but must then be discarded.

2.10.2. Syntometrine should be stored in a refrigerator between 2ºC and 8ºC and not used after the expiry date on the pack. It can be stored at temperatures of up to 25º for 2 months and protected from light, but must then be discarded.
3. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>• Record keeping by Obstetricians and Midwives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>• Maternity Risk Management Midwife</td>
</tr>
</tbody>
</table>
| Tool                    | • Was the mode of management of the 3rd stage documented in the notes  
                          • Was the total estimated blood loss documented  
                          • Was the examination of the placenta and membranes documented in the notes  
                          • Were routine observations of temperature, pulse and blood pressure recorded following a routine completion of the 3rd stage of labour  
                          • If there were concerns about maternal condition was a MEOWS chart commenced |
| Frequency               | • 1% or 10 sets, whichever is greater, of all health records of women who have delivered, will be audited over the life time of this guideline |
| Reporting arrangements  | • Maternity Risk Management Forum or Clinical Audit Forum |
| Acting on recommendations and Lead(s) | • Any deficiencies identified will be discussed at the Maternity Risk Management Forum or Clinical Audit Forum and an action plan developed  
                          • The action plan will be monitored by the Maternity Risk Management Midwife until all actions are completed |
| Change in practice and lessons to be shared | • Risk Management Newsletter |

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.

4.2. Equality Impact Assessment
The Initial Equality Impact Assessment Screening Form is at Appendix 2.
## Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>THIRD STAGE OF LABOUR - CLINICAL GUIDELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>20th October 2015</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>31st October 2015</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>31st October 2018</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Tracy Meredith Labour Ward Coordinator Obs &amp; Gynaec Directorate</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872-252361</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>To give guidance to all midwives and obstetricians on the management of the 3rd stage of labour.</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Third, stage, labour, Syntometrine, Syntocinon, active, physiological, Oxytocics,</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Date revised:</td>
<td>20th October 2015</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>Clinical Guideline for Management of the Third Stage of Labour</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Maternity Guidelines Group Obs and Gynaec Directorate Divisional Board for Noting</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>Head of Midwifery</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Not Required</td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet</td>
</tr>
<tr>
<td>Document Library Folder/Sub Folder</td>
<td>Clinical/Midwifery and Obstetrics</td>
</tr>
</tbody>
</table>
Links to key external standards | CNST 2.1
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Related Documents/ References.

Training Need Identified? | No

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 2008</td>
<td>V1.0</td>
<td>Initial Document</td>
<td>Jan Clarkson, Maternity Risk Manager</td>
</tr>
<tr>
<td>August 2012</td>
<td>V1.1</td>
<td>Updated in line with NICE guidance for intrapartum care</td>
<td>Jan Clarkson, Maternity Risk Manager</td>
</tr>
<tr>
<td>September 2012</td>
<td>V1.2</td>
<td>Reviewed, no changes made, compliance monitoring added</td>
<td>Jan Clarkson, Maternity Risk Manager</td>
</tr>
<tr>
<td>20th October 2015</td>
<td>V1.3</td>
<td>Changed dose of Syntocinon to be given to 10IU and included advice for deferred cord clamping</td>
<td>Tracy Meredith, Delivery Suite Coordinator</td>
</tr>
</tbody>
</table>

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document
This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
Appendix 2. Initial Equality Impact Assessment Form

| Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as policy) | (Provide brief description): THIRD STAGE OF LABOUR – CLINICAL GUIDELINE |
| Directorate and service area: Obs & Gynae Directorate | Is this a new or existing Policy? Existing |
| Name of individual completing assessment: Elizabeth Anderson | Telephone: 01872-252879 |

1. Policy Aim*
Who is the strategy / policy / proposal / service function aimed at?
This guideline is for Obstetricians and Midwives and gives guidance on the management of the third stage of labour

2. Policy Objectives*
To ensure correct management of the third stage of labour

3. Policy – intended Outcomes*
Safe management of the third stage of labour

4. *How will you measure the outcome?
Compliance Monitoring Tool

5. Who is intended to benefit from the policy?
Women having an active or physiological third stage of Labour

6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?
No

b) If yes, have these “groups been consulted?
N/A

C). Please list any groups who have been consulted about this procedure.
N/A

7. The Impact
Please complete the following table.

| Are there concerns that the policy could have differential impact on: |
| Equality Strands: | Yes | No | Rationale for Assessment / Existing Evidence |

THIRD STAGE OF LABOUR - CLINICAL GUIDELINE
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>All pregnant women undergoing 3rd stage of labour</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Sex (male, female, transgender / gender reassignment)</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Race / Ethnic communities /groups</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Disability - learning disability, physical disability, sensory impairment and mental health problems</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Religion / other beliefs</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Marriage and civil partnership</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Pregnancy and maternity</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</strong></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended. **Yes**  **No**

9. If you are not recommending a Full Impact assessment please explain why.

N/A

Signature of policy developer / lead manager / director
Tracy Meredith
Date of completion and submission
20th October 2015

Names and signatures of members carrying out the Screening Assessment
1. Elizabeth Anderson
2. 

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD
A summary of the results will be published on the Trust’s web site.

Signed: Elizabeth Anderson
Date: 20th October 2015

THIRD STAGE OF LABOUR - CLINCAL GUIDELINE