Third Stage of Labour
Clinical Guideline
V2.0
July 2018
Summary: Active Management of the Third Stage of Labour (RCH)

Administer appropriate Oxytocic with birth of anterior shoulder or immediately after the birth of the baby before the cord is cut and clamped (new 2018)
Skin to skin contact
Defer cord clamping unless the heart rate is below 60bpm and not getting faster (new 2018) or there are concerns about the integrity of the cord

Midwife to clamp the cord
Midwife, birth partner or woman to cut the cord
Take paired cord sample for blood gas analysis if required (new 2018)

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 perform a set of observations on MEOWS chart and follow (new 2018) 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 third 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.

   Recognise that the time immediately after the birth is when the woman and her birth companion(s) are meeting and getting to know the baby. Ensure that any care or interventions are sensitive to this and minimise separation or disruption of the mother and baby *(New 2018)*

2.1. **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.

2.2 **Initial Assessment in Labour**
   Discuss again with the woman at the initial assessment in labour about the different options for managing the third stage and ways of supporting her during delivery of the placenta, and ask if she has any preferences.

   The woman should be advised to have active management of the third stage, because it is associated with a lower risk of a postpartum haemorrhage and/or blood transfusion.
   If a woman at low risk of postpartum haemorrhage requests physiological management of the third stage, support her in her choice.

   Document in the records the decision that is agreed with the woman about management of the third stage. *(New 2018)*

2.3. **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.

2.4. **Active Management of the Third Stage**
   This includes a package of care which includes all three of the following components.
   - Routine use of uterotonic drugs *(New 2018)*
   - Deferred clamping and cutting of the cord.
   - Controlled cord traction following signs of separation of the placenta *(New 2018)*
2.5. 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
- Delivery of the placenta and membranes by maternal effort

2.6. 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 oxytocin, 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 oxytocin 10IU instead of Syntometrine.

Do not use either umbilical oxytocin infusion or prostaglandin routinely in the third stage of labour (New 2018)

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.

2.7. 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 oxytocin 10IU. However, if the woman has factors which increase her risk of PPH then Syntometrine 1 Ampule can be given instead of oxytocin.

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.

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

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

2.10. Documentation
- Type of management of the third stage of labour should be documented in the intrapartum notes
- Any drugs given
- Record the timing of cord clamping in both active and physiological management (New 2018)
- 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 third stage of labour. If there are any concerns about maternal condition during or following the third stage a MEOWS chart should be commenced and help called as appropriate.

2.11. Storage of Oxytocics

2.11.1. Oxytocin should be stored in a refrigerator between 2°C and 8°C and not used after the expiry date on the pack. It can be stored at temperatures of up to 30°C for 3 months, but must then be discarded.

2.11.2. Syntometrine should be stored in a refrigerator between 2°C and 8°C and not used after the expiry date on the pack. It can be stored at temperatures of up to 25°C 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>Tool</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record keeping by Obstetricians and Midwives</td>
<td>Was the mode of management of the third stage documented in the notes</td>
<td>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</td>
</tr>
<tr>
<td>Audit Midwife</td>
<td>Was the total estimated blood loss documented</td>
<td>Maternity Patient Safety Forum or Clinical Audit Forum</td>
</tr>
<tr>
<td></td>
<td>Was the examination of the placenta and membranes documented in the notes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Were routine observations of temperature, pulse and blood pressure recorded following a routine completion of the third stage of labour</td>
<td></td>
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<tr>
<td></td>
<td>If there were concerns about maternal condition was a MEOWS chart commenced</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Any deficiencies identified will be discussed at the Maternity Patient Safety Forum or Clinical Audit Forum and an action plan developed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The action plan will be monitored by the Maternity Patient Safety Midwife until all actions are completed</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td></td>
<td>Patient Safety Newsletter</td>
</tr>
</tbody>
</table>
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 ofLabour Clinical Guideline V2.0</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date Issued/Approved:</strong></td>
<td>13(^{th}) July 2018</td>
</tr>
<tr>
<td><strong>Date Valid From:</strong></td>
<td>13(^{th}) July 2018</td>
</tr>
<tr>
<td><strong>Date Valid To:</strong></td>
<td>13(^{th}) July 2021</td>
</tr>
</tbody>
</table>
| **Directorate / Department responsible** | Laura Rowe  
Delivery Suite Coordinator  
Obs & Gynae Directorate |
| **Contact details:**                   | 01872-252361                               |
| **Brief summary of contents:**         | To give guidance to all midwives and obstetricians on the management of the third stage of labour. |
| **Suggested Keywords:**                | Third, stage, labour, Syntometrine,  
Syntocinon, active, physiological,  
Oxytocics, |
| **Target Audience**                    | RCHT ☑ CPFT KCCG                           |
| **Executive Director responsible for Policy:** | Medical Director                           |
| **Date revised:**                      | 13\(^{th}\) July 2018                      |
| **This document replaces (exact title of previous version):** | THIRD STAGE OF LABOUR - CLINICAL GUIDELINE V1.3 |
| **Approval route (names of committees)/consultation:** | Maternity Guidelines Group  
Maternity Governance  
Obstetrics and Gynaecology Directorate  
Policy Review group  
Divisional Board |
| **Divisional Manager confirming approval processes:** | Tunde Adewopo |
| **Name and Post Title of additional signatories:** | Not Required |
| **Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings:** | (Original Copy Signed)  
Name: Caroline Amukusana |
<table>
<thead>
<tr>
<th><strong>Signature of Executive Director giving approval</strong></th>
<th>{Original Copy Signed}</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Publication Location (refer to Policy on Policies – Approvals and Ratification):</strong></td>
<td>Internet &amp; Intranet ✓ Intranet Only</td>
</tr>
<tr>
<td><strong>Document Library Folder/Sub Folder</strong></td>
<td>Clinical/Midwifery and Obstetrics</td>
</tr>
<tr>
<td><strong>Links to key external standards</strong></td>
<td>CNST 2.1</td>
</tr>
</tbody>
</table>
• MBRRACE (2014) Saving Lives, Improving Mothers’ Care Lessons learned to inform future maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009-2012 |
| **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>Septembe r 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>20\textsuperscript{th} 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>
<tr>
<td>13\textsuperscript{th} July 2018</td>
<td>V2.0</td>
<td>Multiple additions (see new 2018)</td>
<td>Laura Rowe, Delivery Suite Coordinator</td>
</tr>
</tbody>
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**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 for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). 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

*This assessment will need to be completed in stages to allow for adequate consultation with the relevant groups.*

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed</th>
<th>Third Stage of Labour Clinical Guideline V2.0</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Directorate and service area:</strong></td>
<td><strong>Is this a new or existing Policy?</strong></td>
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<tr>
<td>Obs &amp; Gynae Directorate</td>
<td>Existing</td>
</tr>
<tr>
<td><strong>Name of individual completing assessment:</strong></td>
<td><strong>Telephone:</strong></td>
</tr>
<tr>
<td>Laura Rowe</td>
<td>01872-252361</td>
</tr>
</tbody>
</table>

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 **Who did you consult with**
   - Workforce
   - Patients
   - Local groups
   - External organisations
   - Other
   - X

b) **Please identify the groups who have been consulted about this procedure.**
   - Maternity Guidelines Group
   - Maternity Governance
   - Obstetrics and Gynaecology Directorate
   - Policy Review group
   - Divisional Board
7. The Impact

Please complete the following table. **If you are unsure/don’t know if there is a negative impact you need to repeat the consultation step.**

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Rationale for Assessment / Existing Evidence</th>
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<tbody>
<tr>
<td>Age</td>
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<td></td>
</tr>
<tr>
<td>Sex (male, female, trans-gender / gender reassignment)</td>
<td>X</td>
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<td></td>
<td></td>
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<tr>
<td>Race / Ethnic communities /groups</td>
<td>X</td>
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<td></td>
</tr>
<tr>
<td>Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Religion / other beliefs</td>
<td>X</td>
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<tr>
<td>Marriage and Civil partnership</td>
<td>X</td>
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<tr>
<td>Pregnancy and maternity</td>
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<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
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</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 this relates to service redesign or development.

What was the outcome of the consultation?

Guideline agreed
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.

<table>
<thead>
<tr>
<th>No areas indicated</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature of policy developer / lead manager / director</th>
<th>Date of completion and submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laura Rowe</td>
<td>13th July 2018</td>
</tr>
</tbody>
</table>

| Names and signatures of members carrying out the Screening Assessment |
|---|---|
| 1. Laura Rowe |
| 2. Human Rights, Equality & Inclusion Lead |

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

This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.

A summary of the results will be published on the Trust’s web site.

Signed Sarah Jane Pedler

Date 13th July 2018