5 INTRAPARTUM CARE

5.10 MANAGEMENT OF THE THIRD STAGE

5.10.3 EXPECTANT (PHYSIOLOGICAL) MANAGEMENT OF THE THIRD STAGE FOLLOWING A VAGINAL BIRTH

Keywords: Physiological third stage, expectant management of the placenta

IMPORTANT: This guideline must be read in conjunction with Clinical Guidelines, Section B 5.10 Management of the Third Stage of Labour.

KEY POINTS

1. Active management of the third stage of labour should be recommended to all pregnant women as this reduces the risk of postpartum haemorrhage and the need for blood transfusion. Expectant management for third stage should be reserved for women who request this after counselling about both modes of management. Written information should be provided “Active Management of the Third Stage of Labour” pamphlet, and the woman and consultant shall complete and sign a Non Standard Management Plan sticker. This shall be placed in the woman’s medical record.

2. Physiological management of the third stage of labour involves:
   - No routine use of uterotonic medications
   - No clamping of the cord until cord pulsation has ceased
   - Delivery of the placenta by maternal effort.

3. Prolonged physiological management of the third stage of labour is defined as the placenta is undelivered 60 minutes after the birth of the baby.

4. The management of the third stage shall revert to active management if:
   - Haemorrhage occurs
   - The placenta is not delivered within one hour of birth of the baby.
   - The woman requests to artificially shorten the third stage.

PROCEDURE

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<thead>
<tr>
<th>PROCEDURE</th>
<th>ADDITIONAL INFORMATION</th>
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<tbody>
<tr>
<td><strong>1 Infant care during third stage</strong></td>
<td>Provides short and long term benefits for the infant. Benefits include prevention of neonatal hypothermia, increased success and duration of breastfeeding, and increased bonding and attachment.</td>
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<tr>
<td>After birth of the baby provide an adjusted thermo-environment allowing undisturbed skin-to-skin contact between the mother and the infant until the first breastfeed.</td>
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<td><strong>2 Cord management</strong></td>
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<td>Unless separation of the infant is required, the umbilical cord is not clamped and cut until after delivery of the placenta or until cord pulsation ceases. A short cord preventing the woman from holding the infant may need to be cut once pulsation has ceased. If the cord is clamped and cut early consider allowing cord drainage.</td>
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## Procedure

|   | **Position of the Woman**  
|---|---
| 3 | Allow the woman to adopt a comfortable position.  

|   | **Provide Assistance to Breastfeed**  
|---|---
| 4 | Assist the woman to breastfeed in a comfortable position if she wishes.  

|   | **Observe for Signs of Placental Separation**  
|---|---
| 5 | 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  

|   | **Delivery of the Placenta and Membranes**  
|---|---
| 6 | 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.  
| | When the placenta and membranes are two-thirds delivered use both hands to support it to complete the delivery.  
| | Easing out the placenta with both hands reduces the risk of the placenta or membranes tearing or being retained.  
| 6.1 | Note the time of delivery of the placenta and membranes.  
| 6.2 | Massage the fundus of the uterus to ensure it is well contracted.  
| 6.3 | Expels blood clots and stimulates the uterus to contract thereby preventing PPH.  

|   | **Management of Delay**  
|---|---
| 7 | Notify the obstetric medical team and midwifery Co-ordinator if:  
| | - the placenta and membranes have not delivered within 60 minutes of the birth of the baby  
| | - signs of PPH  

|   | **Examine the Placenta and Membranes**  
|---|---
| 8 | Check the placenta for:  
| | - general shape and completeness  
| | - obvious clots  
| | - presence of calcification and/or infarction  
| | - evidence of abruption, or oedema  
| | - offensive odour  
| 8.1 | Determines completeness of the placenta and membranes and detects abnormalities that may necessitate additional monitoring or treatment of the woman or infant.  
| | Incomplete placenta, or membranes, or vessels indicating the presence of a succenturiate lobe may be indicative of retained products of conception. As a result the uterus may fail to contract adequately and predispose the woman to PPH and/or puerperal infection.  
| 8.2 | Check the membranes for completeness and presence of:  
| | - 1 amnion and 1 chorion  
| | - blood vessels  
| | - succenturiate lobes  

**Additional Information**

- Breastfeeding aids separation and expulsion of the placenta and membranes by natural release of oxytocin from breast stimulation.  
- The woman may experience low pelvic pain and heaviness as the placenta descends into the lower segment. An upright position may assist her to birth the placenta by gravity and pelvic opening positions.  

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5.10.3 Expectant (Physiological) Management of the Third Stage Following a Vaginal Birth  
Clinical Guideline: Section B  
King Edward Memorial Hospital  
Perth Western Australia  
DPMS Ref: 5436  
All guidelines should be read in conjunction with the Disclaimer at the beginning of this manual.
<table>
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| 8.3 Check the cord for:  
- presence of 2 arteries and 1 vein  
- insertion site  
- anomalies (knots etc.)  | The presence of only one umbilical artery may be associated with congenital abnormalities, for example renal agenesis.4  |
| 8.4 **Immediately** notify the Obstetric medical team if the placenta or membranes are incomplete.  |  |
| 8.5 Following checking  
- double bag the placenta and place in a plastic container.  
- Label the outer bag and the container with the woman’s addressograph label, the date, time and nature of the specimen (placenta).  | See Clinical Guidelines, Section B 5.14.2 Indications for Pathological Examination of the Placenta.  
See Clinical Guidelines, Section B 5.14.4 Women Requesting to Take Home their Placenta.  |
| 9 Measuring blood loss  
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.  
Document total blood loss amount on the Labour and Birth Summery MR 230.01.  | Accurate assessment of blood loss is required to determine if excessive which could potentially have a detrimental effect on maternal well-being.4  |
| 10 Observations  
See Clinical Guideline B 6.1 Immediate Care of the Mother in Labour and Birth Suite Following Birth  |  |
REFERENCES (STANDARDS)


National Standards – 1- Care provided by the clinical workforce is guided by current best practice
Legislation - Nil
Related Policies - Nil
Other related documents – KEMH Clinical Guideline Section B:
- 5.10.1 Active Management of the Third Stage
- 5.10.2 Guidelines for the use of Syntometrine
- 5.10.4 Care of the Woman with a Retained Placenta
- 5.14.2 Indications for Pathological Examination of the Placenta
- 5.14.4 Women Requesting to Take Home their Placenta
- 6.1 Immediate Care of the Mother in Labour and Birth Suite Following Birth

RESPONSIBILITY
Policy Sponsor: Nursing & Midwifery Director OGCCU
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Last Reviewed: October 2014
Last Amended: October 2017

Do not keep printed versions of guidelines as currency of information cannot be guaranteed. Access the current version from the WNHS website.