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Title: **Active management of the third stage of labor during vaginal delivery**	**Guidelines**

Policy statement:
Active management of the third stage of labor decreases the risk of postpartum hemorrhage in women undergoing vaginal delivery.

Purpose:
To decrease the mortality and morbidity associated with postpartum hemorrhage as compared to expectant management of placental delivery.

Applicability:
This policy applies to all women undergoing vaginal delivery.

Background:
Active management of the third stage of labor includes interventions to assist in the delivery of the placenta with the goal of decreasing blood loss. Interventions include prophylactic administration of uterotonics, "early" clamping of the umbilical cord, and controlled cord traction to deliver the placenta. Components of active management of the third stage of labor reduce the risk of postpartum hemorrhage of greater than 1,000 cc. The primary mediator of reduced postpartum hemorrhage is administration of prophylactic oxytocin. Additionally, prophylactic uterine massage, either before or after delivery of the placenta does not appear to reduce postpartum hemorrhage beyond the benefits of oxytocin administration.

Evidence based guidelines:
1. Administer 6 Units Oxytocin IV infusion over 10 minutes *or* IM injection after delivery of the anterior shoulder or within one minute of the delivery of the infant. Start Oxytocin infusion 3 Units/hr x 4 hours post partum.
2. Delay cord camping by 1 to 3 minutes (unless infant needs immediate resuscitation), also allowing mother-infant skin to skin for promotion of breastfeeding. Early cord clamping (within 1 minute of the infant's delivery) is not associated with a lower risk of severe postpartum hemorrhage than delayed cord clamping.
3. Do not "drain" the placenta of blood; there is no evidence that placental cord draining prevents postpartum hemorrhage.
4. Perform "controlled cord traction" (CCT) with light tension on the cord with one hand while the other hand is placed just above the pubic bone for prevention of uterine inversion. Evidence suggests that in the setting of prophylactic oxytocin administration, CCT does not prevent postpartum hemorrhage, but may reduce the need for manual removal of the placenta.
5. Deliver the placenta with two hands, gently pulling and twisting.
    a. Remove trailing membranes with ring forceps.

6. Massage the uterine fundus immediately after delivery until it contracts.
7. Consider additional uterotonics in women with ongoing uterine atony evidenced by ongoing bleeding.
    a. Methergine (methylergonovine) 0.2mg IM
    b. Hemabate (carboprost tromethamine) 250mcg IM
    c. Misoprostol 800mg rectally
8. Do not intervene to accelerate placental delivery before 30-45 minutes.

References:

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APPROVAL

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