

# Normal birth—Third and fourth stage

**Care is woman centred and includes informed choice, consent, privacy and respectful communication. Contemporaneous documentation is essential.**

## Third and fourth stage in the low risk mother and baby

- Environment that promotes newborn physiological adaptation
- Uninterrupted skin to skin contact for at least 1 hour or after first feed
- Woman and baby are not separated or left alone
- Minimal interference in maternal/baby bonding
- Support to breastfeed (if method of choice)

**Third stage**  
*From birth of baby to birth of placenta/membranes*

**Management**

- Modified active: recommend for all births
  - Oxytocin 10 IU IM after birth of baby
  - Wait at least 1–3 minutes after birth or for cord pulsation to cease and then clamp and cut cord
  - Controlled cord traction and uterine guarding after signs of separation
  - Prolonged after 30 minutes
- **Physiological**
  - Suitable for well women without risk factors
  - Placenta birthed by maternal effort/gravity
  - Oxytocin not administered
  - Clamp cord after pulsation ceased
  - No controlled cord traction
  - Prolonged after 60 minutes
- **If concern with cord integrity or FHR:**
  - Clamp and cut the cord

**Ongoing care**

- Encourage upright position
- Ensure bladder empty
- Maintain calm, warm and relaxed environment
- Support privacy and reduce interruptions
- Encourage to focus on physiological process
- Observe general physical condition

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**Fourth stage**  
*First 6 hours after birth of placenta/membranes*

**Supportive care**

- Encourage mother to eat, drink and rest
- Discuss and offer pain relief (if indicated)
- Consider personal hygiene needs
- Assess emotional and psychological wellbeing
- If RhD negative blood group, review indications for RhD immunoglobulin

**Assessment (for the first two hours)**  
Alter frequency of observations/assessment as indicated.

- Temperature: within the first hour
- Pulse, RR, BP: after birth of the placenta
- Fundus and lochia: after birth of the placenta, then every 15–30 minutes
- Perineum: with first maternal observations
- Pain and discomfort
- Urine output: monitor voiding postpartum
- Examine placenta, membranes and cord

**Baby**

**Initial assessment**

- Breathing, HR, colour, reflex irritability, tone,
  - Apgar score at 1 and 5 minutes
- Initial brief newborn examination

**Supportive care**

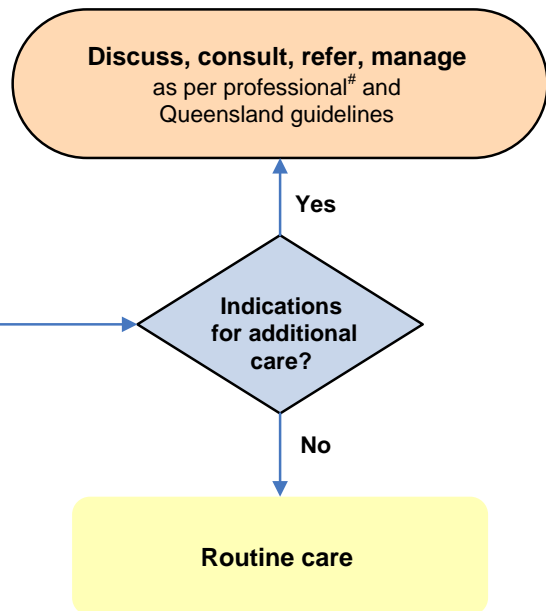
- Maintain warmth with:
  - Clear visibility and optimal airway position
  - Adequate lighting for observation of colour

**Ongoing assessment**

- Respiratory rate, colour, positioning for patent airway every 15 minutes for first 2 hours
- Temperature and HR within 1 hour of birth

**Non-urgent care (after first feed)**

- Weight, length and head circumference
- Recommend phytomenadione (vitamin K/ Konakion® ) 1 mg IM
- Offer Hepatitis B vaccine (as per local policy)



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**BP:** blood pressure, **FHR:** fetal heart rate, **HR:** heart rate, **IM:** intramuscular, **IU:** international units, **RR:** respiratory rate, **VE:** vaginal examination, **#**Australian College of Midwives: National Midwifery Guidelines for Consultation and Referral. 3rd Edition, Issue 2. 2015

