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

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/geometry
  - Oxytocin not administered
  - Clamp cord after pulsation ceased
  - No controlled cord traction
  - Prolonged after 60 minutes
- If concern with cord integrity or FHR:
  - Clam 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

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

BP: blood pressure, FHR: fetal heart rate, HR: heart rate, IM: intramuscular, IU: international units, RR: respiratory rate, VE: vaginal examination,


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 phytoestrogens (vitamin K/Konakion®) 1 mg IM
- Offer Hepatitis B vaccine (as per local policy)

Discuss, consult, refer, manage
as per professional\textsuperscript{2} and Queensland guidelines

Indications for additional care?

Yes

No

Routine care