# 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
- o Oxytocin 10 IU IM after birth of baby
- o Wait at least 1 minute after birth or for cord pulsation to cease and then clamp and cut cord
- Controlled cord traction and uterine guarding after signs of separation
- o Considered prolonged after 30 minutes

#### Physiological

- o Suitable for well women without risk factors
- o Placenta birthed by maternal effort/gravity
- o Oxytocin not administered
- o Clamp cord after pulsation ceased
- o No controlled cord traction
- o Considered prolonged after 60 minutes
- . If concern with cord integrity, newborn condition, or FHR:
- o Clamp and cut the cord

#### Ongoing care

- Encourage upright maternal 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 Rh D negative blood group, review indications for Rh D 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
- Support early discharge, as clinically appropriate

## **Baby**

#### Initial assessment

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

#### Supportive care

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

### Ongoing assessment

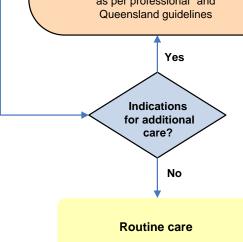
- Respiratory rate, colour, positioning for patent airway every 15 minutes for first 2 hours
- Temperature and HR within 1 hour of birth

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

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

## Discuss, consult, refer, manage

as per professional# and





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. 4th Edition, Issue 3. 2021

Queensland Clinical Guidelines: Normal birth. Flowchart version: F22.25-4-V3-R27

