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Management of Third and Fourth Stages of Labour

Midwifery & Obstetrical Nursing

Placental separation and expulsion, active management of the third stage of labour (AMTSL), uterine contraction, assessment of blood loss, prevention of postpartum haemorrhage and immediate post-delivery monitoring.

For educational purposes only.

CHAPTER 15 / MIDWIFERY AND OBSTETRICAL NURSING 15. Management of Third and Fourth Stages of Labour

1. Placental separation and expulsion

Third stage begins after birth and ends with placental delivery. Uterine contraction/retraction separates placenta and compresses vessels. Signs may include lengthening cord, small gush of blood and firm globular rising uterus; assess bleeding and maternal status. Placenta and membranes inspected for completeness, cord vessels and abnormalities. Retained placenta, excessive bleeding or suspected inversion requires urgent specialist care; avoid uncontrolled cord traction.

2. Active management of third stage (AMTSL)

Purpose: reduce postpartum haemorrhage. Components in modern practice include prophylactic uterotonic (oxytocin 10 IU IM/IV is common WHO recommendation; route/rate and alternatives per protocol), appropriately timed cord clamping, controlled cord traction by trained attendant when indicated/appropriate and assessment of uterine tone. Sustained routine uterine massage is not recommended for prevention when prophylactic oxytocin given, but assess tone regularly and massage an atonic uterus as indicated. Never apply traction before appropriate signs/technique and uterine support. Delay cord clamping when stable (usually >= 1 min) unless immediate resuscitation needs dictate otherwise.

3. Quantification and prevention of PPH

Measure blood loss objectively where possible (calibrated drape/weighing), track cumulative volume with vital signs. Traditional >= 500 mL within 24 h defines PPH; WHO 2025 recommends early action at >= 300 mL with abnormal haemodynamic signs or >= 500 mL, whichever first, and clinical judgment if concerning bleeding/instability. Do not wait for threshold in shock. Causes: 4 Ts - tone (atony), trauma, tissue (retained), thrombin (coagulation).

4. Fourth stage: immediate recovery

Often first 1-2 h after placental birth in nursing teaching. Monitor pulse, BP, respiration, consciousness, uterine tone/fundal position, measured bleeding, bladder, perineum, pain and temperature as appropriate. Assess newborn breathing, warmth, feeding and identification; support skin-to-skin if both stable. Observe frequently under protocol, report boggy uterus, heavy bleeding, tachycardia, hypotension, severe pain or collapse promptly. Encourage bladder emptying where safe; maintain privacy, nutrition/hydration as appropriate and companionship.

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5. Nursing responsibilities

Prepare uterotonic, emergency supplies, documentation, blood readiness and trained team. If haemorrhage develops, activate PPH pathway, assess ABC and bleeding causes, support prescribed uterine massage/uterotonic, tranexamic acid and fluids/exam/escalation as indicated; document times, loss, medicines and response. Do not leave unstable patient unattended.

6. Important Examination Questions

Long Answer Questions

1. 1. Explain AMTSL, placental separation and immediate postpartum monitoring.

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B.SC. NURSING / CHAPTER-WISE STUDY NOTES

Short Answer Questions

1. 1. Describe 4 Ts of PPH
2. 2. explain objective blood loss
3. 3. list signs of placental separation.

Very Short Answer Questions (with answers)

1. 1. Preferred prophylactic uterotonic commonly? - Oxytocin.
2. 2. What is the fourth stage in nursing teaching? - Immediate postpartum recovery period.

7. Quick Revision

- Prophylactic uterotonic is central.
- Earlier PPH activation can be lifesaving.
- Assess maternal status alongside measured blood loss.

8. Conclusion

Prophylactic uterotonic is central. Earlier PPH activation can be lifesaving. Assess maternal status alongside measured blood loss.

Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. Which findings may indicate placental separation?

A. Shortening cord with a persistently relaxed uterus
B. Lengthening cord, a small blood gush and a firm rising uterus
C. Falling fundal height without uterine contraction
D. Increasing rectal pressure before the baby is born

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2. Which cause of postpartum haemorrhage is represented by tissue in the four Ts?

A. Uterine atony

B. Genital tract trauma

C. Retained placental tissue

D. Coagulation disorder

3. What is the central aim of active management of the third stage?

A. Accelerate fetal descent

B. Establish cervical effacement

C. Diagnose fetal presentation

D. Reduce postpartum haemorrhage

4. Soon after birth, a patient has heavy bleeding and a boggy uterus. Which response is most appropriate?

A. Wait for a large fixed volume of blood loss before seeking help

B. Leave the patient to rest without further observation

C. Assume the bleeding is normal because the placenta was delivered

D. Activate the postpartum-haemorrhage response and begin protocol-directed uterine and resuscitation measures

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Answer key and explanations

1. B - Lengthening cord, a small blood gush and a firm rising uterus

These are recognized signs of placental separation and require assessment in context.

2. C - Retained placental tissue

Tissue refers to retained placenta or membranes.

3. D - Reduce postpartum haemorrhage

AMTSL aims to reduce postpartum haemorrhage.

4. D - Activate the postpartum-haemorrhage response and begin protocol-directed uterine and resuscitation measures

A boggy uterus with heavy bleeding suggests atony and requires immediate PPH management. Escalation, assessment, uterine measures and the treatment bundle should not be delayed.

Reference: https://cdn.who.int/media/docs/default-source/integrated-health-services-%28ihs%29/csy/pph-quick-card.pdf

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