**Physiological third stage of labour – is it always risky business?**

The International Confederation of Midwives mission is to keep birth normal. This policy removes the recommendation of routine administration of intramuscular oxytocin for low-risk women experiencing a physiological labour and birth in Australia.

Low-risk women giving birth without interventions, augmentation and within normal timeframes should be supported to have a physiological third stage of labour. The recommendation to give intramuscular oxytocin for active management of third stage of labour (AMTSL) for these women is often unnecessary.

A critical analysis of the literature found that AMTSL has been recommended practice for many years for all women. This is based on studies which include women with risk factors and concludes third stage labour to be risky. Very few studies have looked at outcomes specifically of low-risk childbearing women with normal pregnancies.

Despite oxytocin being an affordable prophylaxis for postpartum haemorrhage, the practice of AMTSL is a medical intervention. Adverse effects such as increased blood loss & pain along with breastfeeding challenges have been reported by women. Babies are also disadvantaged by earlier cord clamping.

This policy will ensure physiological third stage of labour is routine practice when certain criteria are met. The policy will include training for care-providers on how to facilitate a physiological third stage of labour safely, preserving important midwifery skills.

This policy will allow us to collect data for more extensive studies to be completed on physiological third stage for low-risk women. The policy will be implemented state-wide and be reviewed annually.

15-minute presentation.

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