



## Effective Health Care

### Results of Topic Selection Process & Next Steps

- Management of the third stage of labor was found to be addressed by a 2011 Cochrane review on expectant vs. active management of labor. Given that the existing review covers this nomination, no further activity will be undertaken on this topic.
  - Begley CM, Gyte GML, Devane D, McGuire W, Weeks A. Active versus expectant management for women in the third stage of labour. Cochrane Database of Systematic Reviews 2011, Issue 11. Art. No.: CD007412. DOI: 10.1002/14651858.CD007412.pub3.
- The effectiveness of individual components of management for the third stage of labor could potentially be considered for new research in comparative effectiveness.

### Topic Description

**Nominator:** Individual

**Nomination Summary:** The nominator expresses an interest in best practices for management of the third stage of labor, specifically active vs. physiological management. The nominator is particularly interested in outcomes related to postpartum hemorrhage and describes variation and controversy in what is considered appropriate clinical care.

**Staff-Generated PICO:**

**Population(s):** All women in labor

**Intervention(s):** Active management of the third stage of labor

**Comparator(s):** Physiologic (expectant) management of the third stage of labor

**Outcome(s):** Postpartum hemorrhage and related morbidity

**Key Questions**

**from Nominator:** 1. What is best practice for third stage management during childbirth?

### Considerations

- The topic meets Effective Health Care (EHC) Program appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)

- This topic was found to be addressed by a recent Cochrane review titled *Active versus expectant management for women in the third stage of labour*. This review included seven studies in the hospital setting, four comparing active versus expectant management and three comparing active versus a mixture of managements. The evidence suggested that for women at mixed levels of risk of bleeding, active management showed a reduction in the average risk of maternal primary hemorrhage at time of birth; however, some adverse effects were identified. A lack of high-quality evidence was found.

## Importance of New Research

- Although active management is associated with known risk reductions, it has also been associated with potential harms, including hypertension, hospital readmissions due to bleeding, nausea and vomiting, and reduced birth weight.
- Existing literature tends toward promotion of a role for active management in reducing postpartum hemorrhage; however, definitions and components of active management vary and are not easily evaluated in existing studies of multi-component interventions.
- New research on the effectiveness and comparative effectiveness of individual components (e.g., routine uterotonics vs. no routine uterotonics, early vs. delayed cord clamping) of third stage labor management may be warranted.

## Research Gaps

- Research gaps persist on the effectiveness of individual labor management interventions. Interventions are often studied as a packaged intervention and not easily parsed out to determine which individual component was most efficacious. New research on the effectiveness and comparative effectiveness of individual components is needed.
- Additionally, much of the existing literature is focused on lower resource settings where management options for postpartum hemorrhage may be more limited than in the US. New research conducted in US-based settings is needed.
- Lastly, uncertainty exists surrounding the utility of active management of third stage labor in low-risk women. This may also represent a research gap that warrants new research at this time.