Algorithm
"ACTIVE MANAGEMENT OF III STAGE OF LABOR"

1. **Explain** the course of manipulations and **get** permission on realization.
2. **Position:** Woman lies on her back, on labour-bed; legs are flexed in the hip and knee joint.
3. During 1 minute after the baby's birth palpate uterus to rule out the presence of another baby. If second baby is absent, administer **oxytocin** (**an uterotonic**) 10 IU (2 ml) intramuscularly in the external surface of hip (onto thigh muscles).
4. **Place** two clamp on the cord (one of them near the woman's perineum) and cut it between them after cord pulsations have ceased or approximately or 2–3 minutes after birth of the baby, whichever comes first, and **hold** the cord close to the perineum using a clamp by dominant hand in light tension condition.
5. **Place** the palm of the non-dominant hand on the lower abdomen just above the woman's pubic bone to **assess** for uterine contractions.
6. With the strong uterine contraction encourage the mother to push and **simultaneously (**at the same time**)**

– Pull with firm and steady tension on the cord in a downward direction by your dominant hand. Avoid jerky or forceful pulling. Do not release support on the uterus until the placenta is visible at the vulva (**controlled cord traction**).

– Apply external pressure on the uterus in an upward direction toward to the woman's head with the hand just above the pubic bone (**counter traction**) to delivery of the placenta.

7. **Deliver** the placenta slowly and support it with both hands. Hold and gently turn delivered placenta with both hands until the membranes are twisted. Slowly pull to complete the delivery. Gently move membranes up and down until delivered.
8. **Massage** the uterus by non-dominant hand immediately after delivery of the placenta and membranes until it is firm.
9. **Examine** the placenta for intactness.
10. **Inform** the woman about the course of III period of delivery.
11. **Calculate** physiological blood loss, exclude the 0,5% from a woman body weight.