

tests should be offered the best available drugs first.

Stergiopoulos K, Brown DL. Arch Intern Med 2012;172:312-319.

### Women can deliver safely without controlled traction on the cord

Controlled traction on the umbilical cord helps deliver the placenta, but it has little impact on a woman's risk of postpartum haemorrhage, say researchers. Cord traction can be omitted safely in women who deliver without the help of properly trained birth attendants.

Their large trial compared active management of the third stage of labour

with and without cord traction in more than 24 000 women having a single vaginal delivery. Roughly 2% of women in both groups lost a litre or more of blood (239/11 621 v. 219/11 621; risk ratio (RR) 1.09, 95% confidence interval (CI) 0.91 - 1.31).

Management without cord traction wasn't conclusively 'non-inferior' (primary results just missed a prespecified threshold), but women managed this way lost just 10 ml more blood than controls (3.9 - 16.4). Cord traction shortened the third stage by an average of 6.5 minutes (6.2 - 6.8). The practice seemed safe in this trial but may not be so safe in poorly trained hands, says an editorial (doi:10.1016/S0140-6736(12)60354-7). Uterine inversion is rare but can be life-threatening.

A uterotonic such as oxytocin, not controlled traction on the cord, is the most important component of a managed third stage, says the editorial. Women in this trial had 10 IU of oxytocin immediately after delivery of the baby, and overall rates of bleeding were low.

Administration of a uterotonic is relatively easy with disposable syringes prefilled with oxytocin and easier still with tablets of misoprostol. International agencies trying to reduce maternal mortality now have a better idea where to direct scarce resources.

Gülmezoglu MA, et al. Lancet 2012 [doi:10.1016/S0140-6736(12)60206-2]