**Recommendations 5-6: Controlled cord traction**

- Evidence supporting this recommendation was extracted from two randomized trials (>24,000 women).

- The trials compared CCT in the third stage of labour with a ‘hands-off’ (i.e. no CCT) approach to the third stage of labour.

- No difference was observed between the groups in terms of severe PPH. No differences were reported for other critical outcomes. CCT was associated with a reduced risk of mild PPH, the overall amount of blood loss, and the duration of the third stage of labour. (High-quality evidence)

- The trial interventions (the active management of the third stage of labour with and without cord traction) were delivered by skilled birth attendants. The quality rating of the evidence was therefore downgraded for indirectness when applied to births not assisted by skilled attendants. (Moderate-quality evidence)

- There is some uncertainty regarding how frequently retained placenta occurs. It is hypothesized that there is an increased risk of retained placenta when CCT is omitted in association with the use of prophylactic ergometrine. As the trials primarily used oxytocin as the prophylactic uterotonic, the quality rating of the evidence was downgraded for indirectness when applied in the context of ergometrine. In the WHO trial, hospitals in Philippines were found to commonly use ergometrine in addition to oxytocin and, in these settings, an increased risk of retained placenta was observed. (Moderate-quality evidence)

### Source of evidence


**See GRADE Table 18**