Reviewer's report

Title: How Effective are the Components of Active Management of the Third Stage of Labor?

Version: 2 Date: 21 December 2012

Reviewer: diane farrar

Reviewer's report:

The authors have adequately responded to all the points raised in the primary review apart from point 2 below which I still feel needs some comment within the paper as the risk of postpartum haemorrhage carries the largest risk for the mother.

2. The authors do not comment on the differences in timing of cord clamping and the potential to effect PPH (as well as infant wellbeing) until the discussion, although data are limited this should be mentioned in the introduction and commented on further in the discussion as there are differences between and within countries and it is topical and debated in most literature related to the third stage.

We did not mention early cord clamping at all in the discussion section of our paper. While we are aware that the timing of umbilical cord clamping (early versus delayed) has been found to have some impact on infant health and well-being, we are not aware of any evidence of a relationship between the timing of cord clamping and the incidence of postpartum hemorrhage. Our multivariate analyses supported this lack of evidence and we consistently found that inclusion of a control variable for the timing of cord clamping had no significant effect on the incidence of post-partum hemorrhage. As a result, we omitted early cord clamping from the final logistic regression model for this paper. Since the timing of cord clamping is not relevant to the issues we explore in this paper, we prefer not to include details about differences in AMTSL guidelines relating to the timing of cord clamping – either in the introduction or discussion sections.

Referees response

I understand the point the authors are making, however early cord clamping was introduced because of a theoretical concern that the use of a uterotonic may increase placental transfusion and in doing so increase the risk of jaundice and polycythaemia for the infant. For the mother the theoretical risk is that use of uterotonic would cause constriction of the cervix and increase the risk of need for manual removal of placenta and this would then lead to an increased risk of PPH, also if you extend the length of the third stage by delaying cord clamping you may increase the risk of PPH just by lengthening the third stage but also because the uterus cannot contract as well with a placenta insitu.
It is reassuring that timing of cord clamping does not affect PPH in your analyses, but this is a result in itself, it is evidence of a lack of effect not lack of evidence of an effect. As you know the third stage is the most dangerous time for women and reporting negative findings are as important when informing clinicians and women about risk. As timing of cord clamping is a concern to clinicians in terms of PPH risk a sentence to reflect the evidence of a lack of effect would provide reassurance. Please see references below


**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests