

CORRECTIONS

What is the optimal pharmacological management of retained placenta?

In this Practice article (*BMJ* 2014;349:g4778, doi:10.1136/bmj.g4778) by Duffy and colleagues, an error occurred in the first paragraph. The authors provided a correction [<http://www.bmj.com/content/349/bmj.g5173>] which requires further clarification.

The second sentence should now read: “The third stage of labour can be managed actively or physiologically, defined by the National Institute for Health and Care Excellence (NICE) ¹ as follows: Physiological management of the third stage involves a package of care which includes all of these three components: no routine use of uterotonic drugs, no clamping of the cord until

pulsation has ceased, and delivery of the placenta by maternal effort.

Active management of the third stage involves a package of care which includes all of these three components: routine use of uterotonic drugs, early clamping and cutting of the cord, and controlled cord traction.”

1 National Institute for Health and Care Excellence. Intrapartum care. CG55. 2007. www.nice.org.uk/guidance/cg55.

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