

INTRODUCTION

The third stage of labour begins after delivery of the baby . Prolonged third stage of labour may be associated with haemorrhage and/or a need for manual removal of the placenta which mandates the administration of general anaesthesia . Therefore it has now become a standard teaching to advocate routine ecbolic administration for managing the third stage of labour [*Beisher & Mackay* , 1986] .

Golan et al (1983) and Haukson (1986), studied the effect of injection of 10 units of oxytocin diluted in 20ml of normal saline into the umbilical vein on retained placenta . *Golan et al (1983)*, reported complete expulsion of the placenta after 2-5 minutes in all cases, while *Haukson (1986)*, reported complete expulsion after a mean of 19 minutes in 45.8% of his cases, partial expulsion in 6.25% , and no effect at all in 47.95% of his cases after 80 minutes .

Kristiansen et al (1987), found that there are no significant differences between injection of oxytocin and injection of saline in the umbilical vein for the management of retained placenta .