

## **AMTSL Survey: Tools to Conduct a National Survey Introduction**

Postpartum hemorrhage is one of the world's leading causes of maternal mortality. Active management of the third stage of labor (AMTSL) is a feasible and inexpensive intervention that can help save thousands of women's lives. AMTSL involves three basic procedures: the use of a uterotonic agent (preferably oxytocin) within one minute following the delivery of the baby, delivery of the placenta with controlled cord traction, and massage of the uterus after delivery of the placenta, with palpation of the uterus to assess the need for continued massage for the two-hour period following delivery of the placenta. Based on conclusive evidence from clinical trials, the International Confederation of Midwives (ICM) and the International Federation of Gynecology and Obstetrics (FIGO) issued a joint statement in 2003 stating that every woman should be offered AMTSL as a means of reducing the incidence of postpartum hemorrhage. The World Health Organization (WHO) Making Pregnancy Safer Technical Update on Prevention of Postpartum Haemorrhage by AMTSL recommends that "AMTSL should be practiced by all skilled attendants at every birth to prevent postpartum haemorrhage."<sup>1</sup>

Currently very little is known about the actual practice of AMTSL and given that postpartum hemorrhage is a leading cause of maternal death in many countries with very high maternal mortality, there is an important and urgent need for information from these countries on current practices regarding AMTSL. The aim of the AMTSL national survey study is to advance our understanding of current AMTSL practices, to provide ministries of health (MOHs) and their international partners with the descriptive information necessary to assess AMTSL practices and to identify major barriers to its use. The specific research questions the questionnaires are designed to answer include:

1. For what proportion of deliveries is AMTSL used at a national level? Which components of AMTSL are practiced and how consistently are they practiced?
2. Is AMTSL formally promoted in the Standard Treatment Guidelines (STGs) in each country? Since when? How is AMTSL defined in the Standards?
3. How is the need for AMTSL drugs quantified at national and facility levels?
4. What drug is used (oxytocin, ergometrine, prostaglandins)? How is it stored?
5. At the facility level, is enough oxytocin available to allow for routine use of AMTSL?
6. What are some of the major barriers to correct use of AMTSL?

The study is strictly descriptive and is designed to answer the research questions stated above at national and/or facility levels. Four types of data collection are proposed: observations of deliveries; short interviews with key informants regarding a) procurement of AMTSL drugs and b) the content of pre and in-service medical and midwifery education; a document review of both the Standard Treatment Guidelines at the national level and medical curricula for midwives and physicians regarding AMTSL; verification of the availability and storage conditions of AMTSL drugs.

This toolkit contains three questionnaires with accompanying notes and commentary, as well as a chapter on suggested sampling procedures and related issues. They cover: national level policies which promote or restrict the use of AMTSL and the uterotonic drug procurement and storage practices in place at the central pharmaceutical site; facility level policies promoting or restricting AMTSL and uterotonic drug procurement and storage practices in specific health facilities; and the observation of the third and fourth stages of labor in a sample of deliveries within the same facilities for which the facility-level questionnaire was administered.

These questionnaires can be used as they are, or adapted to include additional information. Although the questionnaires were designed to be used together, it is possible to use them separately. It is strongly suggested that these questionnaires always be pretested before the beginning of fieldwork.