Prevention of Postpartum Hemorrhage: Implementing Active Management of the Third Stage of Labor (AMTSL)

Participant's Notebook

Additional Topic 3: Managing complications during the third stage of labor

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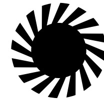


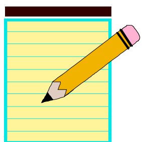
Additional topic 3: Managing complications during the third stage of labor

When correctly performed, AMTSL can minimize problems and complications. However, problems may occur regardless of how the third stage of labor is managed. When emergencies arise, providers must recognize and manage them promptly. This section provides guidance on how to manage some of the most common problems associated with the third stage of labor.

Objectives

By the end of this topic, participants will be able to describe the immediate medical management of the following complications that may occur during the third stage of labor:

- Excessive bleeding after childbirth
- Shock
- Uterine atony (uterus does not adequately contract)
- Genital lacerations
- Cervical tears
- Retained placenta
- Ruptured cord tears (cord tears during controlled cord traction)
- Inverted uterus



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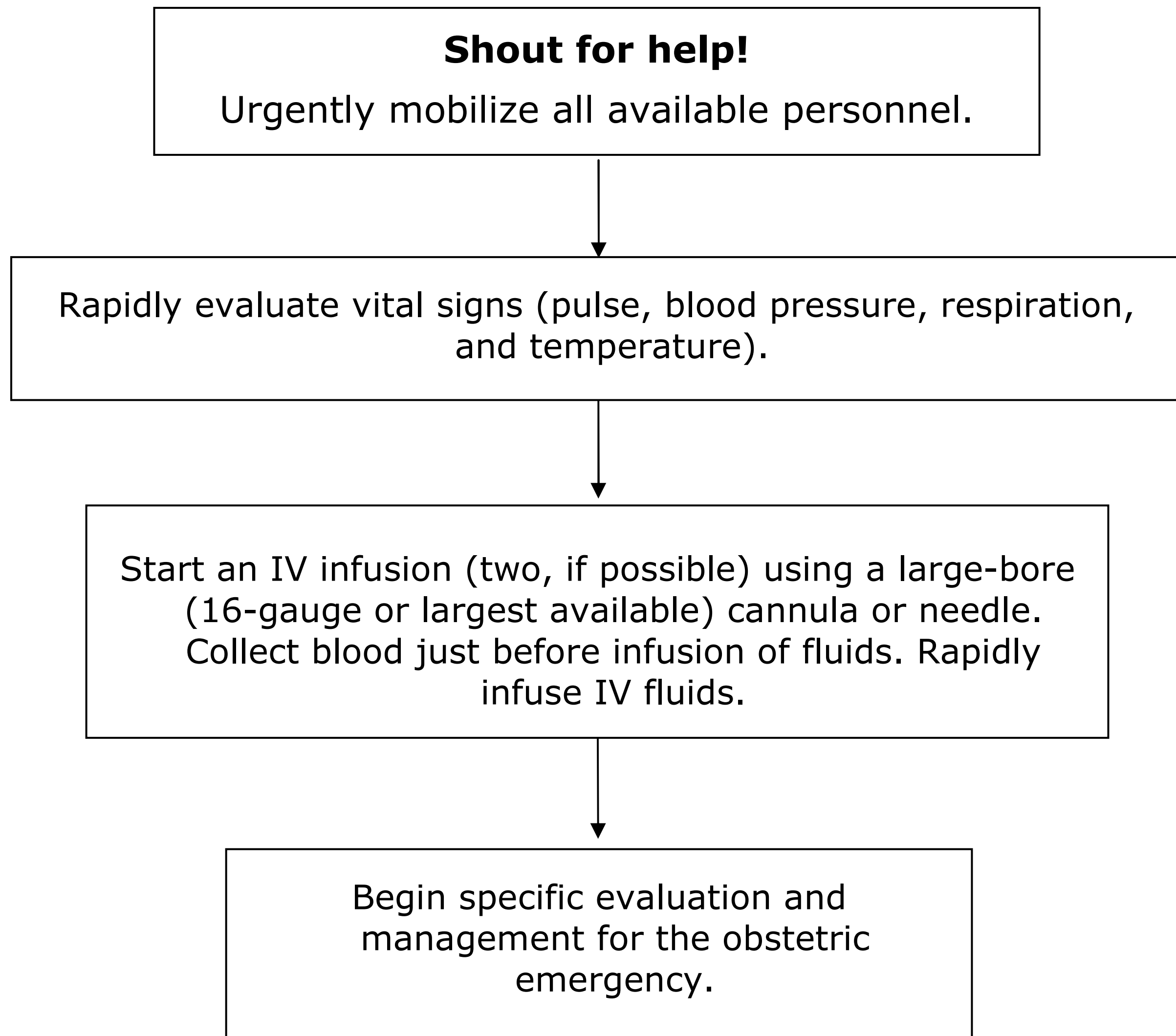
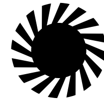
Job Aid: Managing obstetric emergencies



Job Aid: Managing shock

Shout for help!

Urgently mobilize all available personnel.

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Rapidly evaluate vital signs (pulse, blood pressure, respiration, and temperature).

↓

Turn the woman onto her side.

↓

Keep the woman warm but do not overheat.

↓

Elevate the legs.

↓

Start an IV infusion (two if possible). Collect blood just before infusion of fluids. Rapidly infuse fluids.

↓

Catheterize the bladder and monitor fluid intake and urine output.

↓

If available, give oxygen at 6–8 L per minute by mask or nasal cannulae.

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Continue to monitor vital signs (every 15 minutes) and blood loss.

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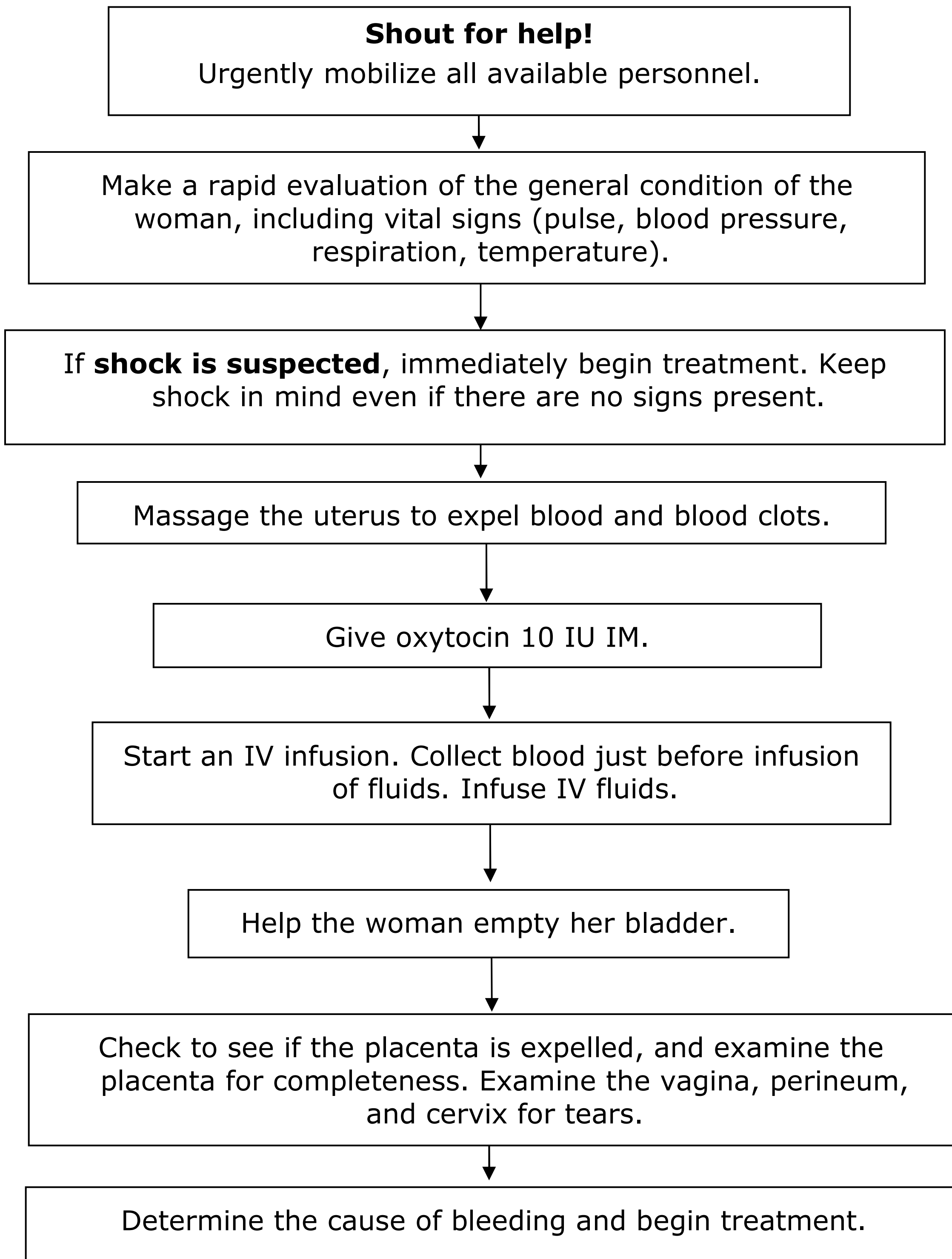
Determine the cause of shock and begin treatment.

Job Aid: Managing vaginal bleeding after childbirth



Classroom learning activities

Read each of the following case studies and determine if the woman is in shock. Write your answer in the right-hand column.

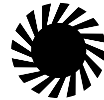
Learning Activity #1: Assessing shock

Case studies	Shock? Yes / No
1. Ms. A gave birth at home about 4 hours ago. She has come to the health center because of heavy vaginal bleeding. **Vital signs**: pulse: 96 beats/minute; blood pressure: 110/70; respirations: 21/minute; temperature: 37°C; conjunctivae are pale; extremities are warm; she is conscious; she recently passed a large amount of urine.	
2. You assisted Ms. B during childbirth. Labor was prolonged and she received an IV drip of oxytocin to augment uterine contractions. Ms. B gave birth soon after the IV was started and you performed AMTSL. Thirty minutes after delivery of the placenta, Ms. B is still bleeding heavily. **Vital signs**: pulse: 112 beats/minute; blood pressure: 80/40; respirations: 36/minute; temperature: 36°C; conjunctivae are pale; extremities are cold; Ms. B is very anxious; you don't recall the last time she urinated.	
3. Mme. C is 38 weeks pregnant. She has come to the health center because of vaginal bleeding and severe abdominal pain. She thinks she is in labor. **Vital signs**: pulse: 82 beats/minute; blood pressure: 130/90; respirations: 24/minute; temperature: 37.5°C; fetal heart tones: absent; conjunctivae are pale; extremities are cold; Ms. C is very anxious; she can't remember the last time she urinated.	
4. Mme. D gave birth in the health center last night. During rounds, you monitor her progress. **Vital signs**: pulse: 132 beats/minute; blood pressure: 70/-; respirations: 32/minute; temperature: 36°C; conjunctivae are pale; Ms. D appears confused and has cold, clammy skin; she last urinated before giving birth.	

Learning Activity #2: Assessing excessive vaginal bleeding after childbirth

Read each of the following case studies and write the probable diagnosis in the right-hand column.

Case studies	Probable diagnosis
1. Ms. A gave birth 35 minutes ago. Her baby needed resuscitation, and because you were alone, you did not use AMSTL. The baby is fine, but Ms. A is now bleeding heavily and the placenta has not been expelled.	
2. Ms. B gave birth 20 minutes ago. You actively managed the third stage of labor and the placenta was complete. Ms. B is bleeding heavily now, and her uterus is well contracted.	
3. Ms. C gave birth 40 minutes ago. You actively managed the third stage and think the placenta was complete. Her uterus is well contracted and she has no vaginal or perineal tears.	
4. Ms. D gave birth 30 minutes ago. You actively managed the third stage, but she is now bleeding heavily and her uterus is soft. She has no vaginal or perineal lacerations. When you recheck the placenta, you see that one or more lobes is missing.	
5. Ms. E just gave birth and you have just completed controlled cord traction to deliver the placenta and want to massage the uterus. When you try to massage the uterus, you do not feel the uterine fundus.	
6. Ms. F gave birth 15 minutes ago. You actively managed the third stage, the placenta was complete, and she has no vaginal or perineal lacerations. You find Ms. F in a pool of blood and her uterus is soft.	

Learning activity #3: Case study: Vaginal bleeding after childbirth

Read and carefully analyze this case study.* Consider the steps in clinical decision-making as you answer the questions.

> **Case study:** Mrs. B is a 30-year-old, para four who just gave birth at the health center to a full-term healthy newborn weighing 4.2 kg. She was given ergometrine 0.2 mg IM after birth of the newborn. The placenta was delivered 5 minutes later, without complications. However, half an hour after childbirth, Mrs. B reports heavy vaginal bleeding.

Assessment (history, physical examination, screening procedures, and laboratory tests)

7. What will you do in your initial assessment of Mrs. B, and why?

8. Which aspects of Mrs. B's physical examination will help make an immediate diagnosis or identify her problems/needs, and why?

Diagnosis (identifying problems and/or needs)

You have completed your assessment of Mrs. B and your main findings include the following:

> Mrs. B's **vital signs**: pulse: 88 beats/minute; blood pressure: 110/80 mm Hg; respiration 18 breaths/minute; temperature: 37ºC. Her uterus is firm and well-contracted. The placenta is complete, and she doesn't have perineal trauma. Examination of the vagina and cervix is difficult because she continues to have heavy vaginal bleeding; therefore, tears of the cervix and vagina are possible.

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* Case study adapted from *Managing Complications in Pregnancy and Childbirth. Learning Resource Package: Guide for Teachers*; JHPIEGO/Maternal & Neonatal Health.

9. Based on these findings, what is Mrs. B’s diagnosis, and why?

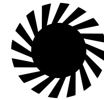
Plan of care (planning and intervention)

10. Based on your diagnosis, what is your plan of care for Mrs. B, and why?

Evaluation

One hour after childbirth, Mrs. B has a cervical tear repaired.

11. Based on this finding, what is the continuing plan of care for Mrs. B, and why?

Clinical simulation

Managing vaginal bleeding after childbirth

The purpose of this clinical simulation* is to help training participants practice problem-solving and decision-making skills in the management of vaginal bleeding after childbirth, emphasizing quick recognition and appropriate management.

Time: 60 minutes

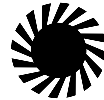
Instructions: Complete this activity outside the classroom in the labor and delivery area of a hospital, clinic, or maternity center. Before you begin, make sure that the necessary equipment and supplies are available.

- One participant plays the role of patient and another plays the role of a skilled provider. Other participants may be called to help the provider.
- The training facilitator will tell the participants what the provider has done, give information on the patient's condition, and then ask questions. The questions are in the left-hand column of the chart below.
- The participant must quickly assess the situation and respond as the facilitator provides new information and asks questions.
- The participant should role-play procedures (such as starting an IV and bimanual examination using the appropriate equipment).

Scenario 1	
Information provided and questions asked by the facilitator	**Key reactions and responses from participants**
1. Mrs. B is 24 years old and has just given birth to a healthy baby girl after seven hours of labor. The provider performed AMTSL, and the placenta and membranes were complete. The midwife who attended the birth left the hospital at the end of her shift, shortly after the birth. About 30 minutes later, a nurse rushes to tell you that Mrs. B is bleeding profusely. **What will you do?**	

* Adapted from *Managing Complications in Pregnancy and Childbirth. Learning Resource Package: Guide for Teachers*; JHPIEGO/Maternal & Neonatal Health.[6]

Scenario 1	
Information provided and questions asked by the facilitator	**Key reactions and responses from participants**
2. During the examination, Mrs. B's blood pressure is 102/72 mm Hg and pulse 102 beats/minute and weak. Her skin is not cold and clammy. **What is Mrs. B's likely diagnosis?** **What will you do now?**	
3. You find that Mrs. B's uterus is soft and not contracted. **What will you do now?**	
4. After five minutes, Mrs. B's uterus is well contracted, but she continues to bleed heavily. **What will you do now?**	
5. On further examination of the placenta, you find that it is complete. On examination of Mrs. B's cervix, vagina, and perineum, you find a cervical tear. She continues to bleed heavily. **What will you do now?**	
6. Forty-five minutes have passed since treatment for Mrs. B was started. You have just finished repairing Mrs. B's cervical tear. Her blood pressure is now 110/78 mm Hg, pulse 98 beats/minute, and respiration rate 24 breaths/minute. She is resting quietly. **What will you do now?**	

Individual learning activities

Read each question below and circle the letter corresponding to the **best answer**.*

12. Tears of the cervix, vagina, or perineum should be suspected when there is immediate PPH,
    a) a complete placenta, and a contracted uterus.
    b) an incomplete placenta, and a contracted uterus.
    c) a complete placenta, and an atonic uterus.
    d) an incomplete placenta, and an atonic uterus.

13. If the uterus is inverted following childbirth,
    a) the uterine fundus is not felt on abdominal palpation.
    b) there may be slight or intense pain.
    c) the inverted uterus may be apparent at the vulva.
    d) all of the above

14. AMTSL should be practiced
    a) only on women who have a history of PPH.
    b) only on the primipara.
    c) only on the multipara.
    d) on all women giving birth vaginally.

15. If an atonic uterus does not contract after fundal massage, the next step is to
    a) give additional uterotonic drugs.
    b) perform bimanual compression of the uterus.
    c) start an IV infusion.
    d) explore the uterus for remaining placental fragments.

16. If a retained placenta is undelivered 30 minutes after oxytocin administration and controlled cord traction, and the uterus is contracted,
    a) more aggressive controlled cord traction should be attempted.
    b) controlled cord traction and fundal pressure should be attempted.
    c) manual removal should be attempted.
    d) ergometrine should be given.

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* Adapted from *Managing Complications in Pregnancy and Childbirth. Learning Resource Package: Guide for Teachers*; JHPIEGO/Maternal & Neonatal Health.

17. Bimanual compression of the uterus involves
    a) placing a gloved fist into the anterior fornix and applying pressure against the anterior wall of the uterus, while the other hand presses against the posterior wall of the uterus through the abdomen.
    b) placing a gloved fist into the anterior fornix and applying pressure against the posterior wall of the uterus, while the other hand presses against the anterior wall of the uterus through the abdomen.
    c) placing both hands on the abdomen and applying pressure downward toward the spine.
    d) placing both hands on the abdomen and applying pressure upward toward the diaphragm.

18. When performing abdominal aortic compression to control PPH, the place to compress is
    a) just below and slightly to the right of the umbilicus.
    b) just below and slightly to the left of the umbilicus.
    c) just above and slightly to the right of the umbilicus.
    d) just above and slightly to the left of the umbilicus.

19. When performing cervical inspection after childbirth,
    a) a tenaculum should be used to grasp the cervix.
    b) all the edges of the cervix should be seen.
    c) the woman should be sedated.
    d) the cervix should be inspected visually and then the lower uterine segment should be explored manually.

20. PPH is traditionally defined as
    a) vaginal bleeding of any amount after childbirth.
    b) sudden bleeding after childbirth.
    c) vaginal bleeding in excess of 300 mL after childbirth.
    d) vaginal bleeding in excess of 500 mL after childbirth.

Answers to learning activities: Additional Topic 3
Managing complications during the third stage of labor

Classroom learning activities

Read each of the following case studies and determine if the woman is in shock. Write your answer in the right-hand column.

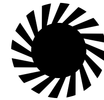
Assessing shock

Case studies	Shock? Yes / No
1. Ms. A gave birth at home about four hours ago. She has come to the health center because of heavy vaginal bleeding. **Vital signs**: pulse: 96 beats/minute; blood pressure: 110/70; respirations: 21/minute; temperature: 37°C; conjunctivae are pale; extremities are warm; she is conscious; she recently passed a large amount of urine.	***No***
2. You assisted Ms. B during childbirth. Labor was prolonged and she received an IV drip of oxytocin to augment uterine contractions. Ms. B gave birth soon after the IV was started and you performed AMTSL. Thirty minutes after delivery of the placenta, Ms. B is still bleeding heavily. **Vital signs**: pulse: 112 beats/minute; blood pressure: 80/40; respirations: 36/minute; temperature: 36°C; conjunctivae are pale; extremities are cold; Ms. B is very anxious; you don't recall the last time she urinated.	***Yes***
3. Mme. C is 38 weeks pregnant. She has come to the health center because of vaginal bleeding and severe abdominal pain. She thinks she is in labor. **Vital signs**: pulse: 82 beats/minute; blood pressure: 130/90; respirations: 24/minute; temperature: 37.5°C; fetal heart tones: absent; conjunctivae are pale; extremities are cold; Ms. C is very anxious; she can't remember the last time she urinated.	***No***
4. Mme. D gave birth in the health center last night. During rounds, you monitor her progress. **Vital signs**: pulse: 132 beats/minute; blood pressure: 70/-; respirations: 32/minute; temperature: 36°C; conjunctivae are pale; Ms. D appears confused and has cold clammy skin; she last urinated before giving birth.	***Yes***

Assessing excessive vaginal bleeding after childbirth

Read each of the following case studies and write the probable diagnosis in the right-hand column.

Case studies	Probable diagnosis
1. Ms. A gave birth 35 minutes ago. Her baby needed resuscitation, and because you were alone, you did not use AMSTL. The baby is fine, but Ms. A is now bleeding heavily and the placenta has not been expelled.	***Retained placenta***
2. Ms. B gave birth 20 minutes ago. You actively managed the third stage of labor and the placenta was complete. Ms B is bleeding heavily now, and her uterus is well-contracted.	***Genital lacerations***
3. Ms. C gave birth 40 minutes ago. You actively managed the third stage and think the placenta was complete. Her uterus is well-contracted and she has no vaginal or perineal tears.	***Cervical tear***
4. Ms. D gave birth 30 minutes ago. You actively managed the third stage, but she is now bleeding heavily and her uterus is soft. She has no vaginal or perineal lacerations. When you recheck the placenta, you see that one or more lobes is missing.	***Retained placental fragments + uterine atony***
5. Ms. E just gave birth and you have just completed controlled cord traction to deliver the placenta and want to massage the uterus. When you try to massage the uterus, you do not feel the uterine fundus.	***Inverted uterus***
6. Ms, F gave birth 15 minutes ago. You actively managed the third stage, the placenta was complete, and she has no vaginal or perineal lacerations. You find Ms. F in a pool of blood and her uterus is soft.	***Uterine atony***



Case study: Vaginal bleeding after childbirth—Answer Key

Read and carefully analyze this case study.* Consider the steps in clinical decision-making as you answer the questions.

> **Case study:** Mrs. B is a 30-year-old, para four, who just gave birth at the health center to a full-term, healthy newborn weighing 4.2 kg. She was given ergometrine 0.2 mg IM after birth of the newborn. The placenta was delivered 5 minutes later, without complications. However, half an hour after childbirth, Mrs. B reports heavy vaginal bleeding.

Assessment (history, physical examination, screening procedures, and laboratory tests)

1. What will you do in your initial assessment of Mrs. B, and why?
    - ***Mrs. B. should be told what is going to be done and listened to carefully. In addition, her questions should be answered in a calm and reassuring manner.***
    - ***At the same time, a rapid assessment should be done to check for signs of shock (rapid, weak pulse, systolic blood pressure less than 90 mm Hg, pallor and sweatiness, rapid breathing, confusion).***
    - ***The placenta should be checked thoroughly for completeness.***
2. What aspects of Mrs. B's physical examination will help you make an immediate diagnosis or identify her problems/needs, and why?
    - ***Mrs. B's uterus should be checked immediately to see whether it is contracted. If the uterus is contracted and firm, the most likely cause of bleeding is genital trauma. If the uterus is not contracted and the placenta is complete, the most likely cause of bleeding is an atonic uterus. The most important causes of bleeding can be suspected by palpating the uterus.***
    - ***Her perineum, vagina, and cervix should be examined carefully for tears.***

Diagnosis (identifying problems and/or needs)

You have completed your assessment of Mrs. B, and your main findings include the following:

> Mrs. B's **vital signs**: pulse: 88 beats/minute; blood pressure: 110/80 mm Hg; respiration: 18 breaths/minute; temperature: 37ºC. Her uterus is firm and well-contracted. The placenta is complete, and she doesn't have perineal trauma. Examination of the vagina and cervix is difficult because she continues to have heavy vaginal bleeding; therefore, tears of the cervix and vagina are possible.

3. Based on these findings, what is Mrs. B's diagnosis, and why?
    - ***Mrs. B's symptoms and signs (e.g., immediate postpartum hemorrhage, placenta complete, uterus well contracted) are consistent with genital trauma.***

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* Case study adapted from JHPIEGO/Maternal & Neonatal Health. *Managing Complications in Pregnancy and Childbirth Learning Resource Package: A Guide for Teachers*.

Care provision (Planning and Intervention)

4. Based on your diagnosis, what is your plan of care for Mrs. B, and why?
    - ***An IV should be started using a large-bore needle to replace fluid loss, using Ringer's lactate or normal saline.***
    - ***A careful speculum examination of the vagina and cervix should be conducted without delay, as tears of either the cervix and/or the vagina are the most likely cause of Mrs. B's bleeding.***
    - ***Any tears should be repaired immediately.***
    - ***Mrs. B's vital signs and fluid intake and output should be monitored.***
    - ***Her uterus should also be checked to make sure that it remains firm and well contracted.***
    - ***Blood should be drawn for hemoglobin and cross-matching, and blood for transfusion should be made available as soon as possible, in the event that it is needed.***
    - ***The steps taken to manage the complication should be explained to Mrs. B. She should be encouraged to express her concerns, listened to carefully, and provided emotional support and reassurance.***

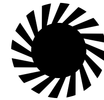
Evaluation

One hour after childbirth, Mrs. B has a cervical tear repaired.

5. Based on these findings, what is your continuing plan of care for Mrs. B, and why?
    - ***Mrs. B's vital signs and blood loss should continue to be monitored—every 15 minutes for 1 hour, then every 30 minutes for 1 hour, then every 4 hours for 24 hours. Her uterus should be checked to make sure that it remains firm and well contracted. In addition, she should be encouraged to breastfeed her newborn.***
    - ***Twenty-four hours after the bleeding has stopped, check her hemoglobin and hematocrit to assess for anemia.***
    - ***If Mrs. B's hemoglobin is below 7 g/dL, or her hematocrit is below 20% (indicating severe anemia), she should be given ferrous sulfate or ferrous fumarate 120 mg by mouth plus folic acid 400 µg by mouth once daily for 3 months. A blood transfusion is not needed if her vital signs are stable and no further bleeding occurs.***
    - ***If Mrs. B's hemoglobin is between 7 to 11 g/dL, she should be given ferrous sulfate or ferrous fumarate 60 mg by mouth plus folic acid 400 µg by mouth once daily for 6 months.***
    - ***The steps taken for continuing management of the complication should be explained to Mrs. B. She should be encouraged to express her concerns, listened to carefully, and provided continuing emotional support and reassurance.***
    - ***Mrs. B. should remain at the health center for an additional 24 hours, and before discharge, counseling should be provided about danger signs in the postpartum period (bleeding, fever, headache, blurred vision) and about compliance with iron/folic acid treatment and the inclusion in her diet of locally available foods rich in iron. In addition, counseling about breastfeeding and newborn care should be provided.***

REFERENCES

WHO. *Managing complications in pregnancy and childbirth: A guide for midwives and doctors*. Geneva: WHO, 2000. (pages S-25 to S-31)

Clinical Simulation: Management of Vaginal Bleeding After Childbirth

Purpose: The purpose of this clinical simulation* is to help training participants practice problem-solving and decision-making skills in the management of vaginal bleeding after childbirth, emphasizing quick recognition and appropriate management.[6]

Time: 60 minutes

Instructions: The activity should be carried out in the classroom, the labor and delivery area of a hospital, or clinic or maternity center. Make sure that the necessary equipment and supplies are available during the simulation activity.

- One participant should play the role of patient and a second participant the role of skilled provider. Other participants may be called on to assist the provider.
- The facilitator will give the participant playing the role of provider information about the patient's condition and ask pertinent questions, as indicated in the left-hand column of the chart below.
- The participant will be expected to assess the situation and react (intervene) rapidly when the facilitator provides information and asks questions. Key reactions/responses expected from the participant are provided in the right-hand column of the chart below.
- Procedures such as starting an IV and bimanual examination should be role-played, using the appropriate equipment.
- Initially, the facilitator and participant will discuss what is happening during the simulation in order to develop problem-solving and decision-making skills. The italicized questions in the simulation are for this purpose. Further discussion may take place after the simulation is completed.
- As the participant's skills become stronger, the focus of the simulation should shift to providing appropriate care for the life-threatening emergency in a quick, efficient, and effective manner. All discussion and questioning should take place after the simulation is over.

***Resources**: Reference Manual, blood pressure machine, stethoscope, equipment for starting an IV infusion, oxygen cylinder, mask and tubing, syringes and vials, speculum, sponge forceps, high-level disinfected or sterile surgical gloves.*

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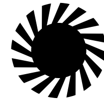
* Adapted from *Managing Complications in Pregnancy and Childbirth. Learning Resource Package: Guide for Teachers*; JHPIEGO/Maternal & Neonatal Health.[6]

Scenario 1	
Information provided and questions asked by the facilitator	**Key reactions and responses from participants**
1. Mrs. B is 24 years old and has just given birth to a healthy baby girl after seven hours of labor. The provider performed AMTSL, and the placenta and membranes were complete. The midwife who attended the birth left the hospital at the end of her shift, shortly after the birth. About 30 minutes later, a nurse rushes to tell you that Mrs. B is bleeding profusely. **What will you do?**	• Shouts for help to urgently mobilize all available personnel. • Makes a rapid evaluation of Mrs. B's general condition, including vital signs (pulse, blood pressure and respiration rate), level of consciousness, color and temperature of skin. • Explains to Mrs. B what is going to be done, listens to her, and responds attentively to her questions and concerns.
2. During the examination, Mrs. B's blood pressure is 102/72 mm Hg and pulse 102 beats/minute and weak. Her skin is not cold and clammy. **What is Mrs. B's likely diagnosis?** **What will you do now?**	• States that Mrs. B is not in shock from postpartum bleeding. • Palpates the uterus for firmness. • Asks one of the staff that responded to her shout for help to start an IV infusion, using a large-bore cannula and normal saline or Ringer's lactate at a rate of 1 L in 15–20 minutes with 10 units oxytocin. • While starting the IV, collects blood for appropriate tests (hemoglobin, blood typing, and cross-matching, and bedside clotting test for clotting disorder).
Discussion Question 1: *How would you know when a woman is in shock?*	*Expected Responses: Pulse is greater than 110 beats/minute; systolic blood pressure less than 90 mm Hg; cold, clammy skin; pallor; respiration rate greater than 30 breaths/minute; anxious and confused or unconscious.*
3. You find that Mrs. B's uterus is soft and not contracted. **What will you do now?**	• Massages the uterus to expel blood and blood clots and stimulate a contraction. • Starts oxygen at 6–8 L/minute. • Catheterizes bladder. • Covers Mrs. B to keep her warm. • Continues to monitor (or has assistant monitor) blood pressure, pulse, and blood loss.

Scenario 1	
Information provided and questions asked by the facilitator	**Key reactions and responses from participants**
4. After five minutes, Mrs. B's uterus is well contracted, but she continues to bleed heavily. **What will you do now?**	• Examines the cervix, vagina, and perineum for tears. • Asks one of staff assisting to locate placenta and examines for missing pieces.
5. On further examination of the placenta, you find that it is complete. On examination of Mrs. B's cervix, vagina, and perineum, you find a cervical tear. She continues to bleed heavily. **What will you do now?**	• *Prepares to repair the cervical tear.* • Tells Mrs. B what is happening, listens to what she has to say, and provides reassurance. • Has a staff member assisting check Mrs. B's vital signs.
Discussion Question 2: *What would you have done if examination of the placenta had shown a missing piece (placenta incomplete)?*	*Expected Responses:* • *Explain the problem to Mrs. B and provide reassurance.* • *Give pain medications and prophylactic antibiotics.* • *Use sterile or high-level disinfected gloves to explore the uterus for placental fragments and remove with hand, ovum forceps, or large curette.*
6. Forty-five minutes have passed since treatment for Mrs. B was started. You have just finished repairing Mrs. B's cervical tear. Her blood pressure is now 110/78 mm Hg, pulse 98 beats/minute, and respiration rate 24 breaths/minute. She is resting quietly. **What will you do now?**	• Adjusts rate of IV infusion to 1 L in 6 hours. • Continues to check for vaginal blood loss. • Continues to monitor blood pressure and pulse. • Checks that urine output is 30 mL/hour or more. • Continues with routine postpartum care, including breastfeeding of newborn.

Individual learning activities

Read each question below and circle the letter corresponding to the **best answer**.*

1. Tears of the cervix, vagina or perineum should be suspected when there is immediate PPH,

   a) ***a complete placenta and a contracted uterus***
   b) an incomplete placenta and a contracted uterus
   c) a complete placenta and an atonic uterus
   d) an incomplete placenta and an atonic uterus

2. If the uterus is inverted following childbirth,

   a) the uterine fundus is not felt on abdominal palpation
   b) there may be slight or intense pain
   c) the inverted uterus may be apparent at the vulva
   d) ***all of the above***

3. AMTSL should be practiced

   a) only on women who have a history of PPH
   b) only on the primipara
   c) only on the multipara
   d) ***on all women giving birth vaginally***

4. If an atonic uterus does not contract after fundal massage, the next step is to

   a) ***give additional uterotonic drugs***
   b) perform bimanual compression of the uterus
   c) start an IV infusion
   d) explore the uterus for remaining placental fragments

5. If a retained placenta is undelivered 30 minutes after oxytocin administration and controlled cord traction, and the uterus is contracted,

   a) more aggressive controlled cord traction should be attempted
   b) controlled cord traction and fundal pressure should be attempted
   c) ***manual removal should be attempted***
   d) ergometrine should be given

6. Bimanual compression of the uterus involves

   a) ***placing a gloved fist into the anterior fornix and applying pressure against the anterior wall of the uterus, while the other hand presses against the posterior wall of the uterus through the abdomen***
   b) placing a gloved fist into the anterior fornix and applying pressure against the posterior wall of the uterus, while the other hand presses against the anterior wall of the uterus through the abdomen
   c) placing both hands on the abdomen and applying pressure downward toward the spine
   d) placing both hands on the abdomen and applying pressure upward toward the diaphragm

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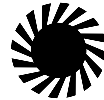
* Adapted from *Managing Complications in Pregnancy and Childbirth. Learning Resource Package: Guide for Teachers*; JHPIEGO/Maternal & Neonatal Health.

7. When performing abdominal aortic compression to control PPH, the place to compress is:
    a) just below and slightly to the right of the umbilicus
    b) just below and slightly to the left of the umbilicus
    c) just above and slightly to the right of the umbilicus
    d) ***just above and slightly to the left of the umbilicus***
8. When performing cervical inspection after childbirth
    a) a tenaculum should be used to grasp the cervix
    b) ***all the edges of the cervix should be seen***
    c) the woman should be sedated
    d) the cervix should be inspected visually and then the lower uterine segment should be explored manually
9. PPH is traditionally defined as
    a) vaginal bleeding of any amount after childbirth
    b) sudden bleeding after childbirth
    c) vaginal bleeding in excess of 300 mL after childbirth
    d) ***vaginal bleeding in excess of 500 mL after childbirth***