



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

Participant's Notebook

Core Topic 4: AMTSL



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POPHHI

Prevention of Postpartum
Hemorrhage Initiative

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Individual learning activities

1. Explain the purpose of AMTSL.
2. List the three main steps of AMTSL.
3. How do you help prevent the thin membranes from tearing off as the placenta delivers spontaneously?
4. What must the provider rule out before giving oxytocin for AMTSL?
5. To safely perform controlled cord traction for delivery of the placenta, the provider holds the clamped cord with one hand. With the other hand placed on the woman's abdomen above the pubic bone, the provider pushes the uterus upwards toward the woman's head. Why does the provider push the uterus upward?
6. Ms. C has just given birth to a healthy baby and you have safely completed AMTSL. The perineum is intact. How often should you monitor the amount of vaginal bleeding and firmness of the uterus? (Circle the correct answer).
 - a. Every 10 minutes.
 - b. Every 15 minutes.
 - c. Continuously.
7. Ms. B had a spontaneous vaginal birth and delivery of the placenta with AMTSL. When estimating Ms. B's blood loss, what is the expected normal blood loss?
8. What should you do if the placenta does not descend during 30 to 40 seconds of controlled cord traction?



True or False

In the space provided, write "T" for true or "F" for false for each statement.

- _____ 1. Fifty women will have to receive active rather than physiological management to prevent one PPH (blood loss >500 mL).
- _____ 2. Studies have shown that there are more complications (for example, ruptured cord, inverted uterus, and retained placenta) with AMTSL.
- _____ 3. If oxytocin is supplied in ampoules of 5 IU, only one ampoule is necessary for AMTSL when giving oxytocin intramuscularly (IM).
- _____ 4. Routine manual exploration of the uterus after AMTSL is not recommended and may be harmful.
- _____ 5. Delaying cord clamping by 2–3 minutes is beneficial for the baby.
- _____ 6. If there is an undiagnosed twin and the provider administers oxytocin, there is a theoretical risk that the twin could be trapped in the uterus.
- _____ 7. When uterotonic drugs are not available, controlled cord traction alone can reduce the incidence of PPH or severe PPH.
- _____ 8. Nipple stimulation can replace use of uterotonic drugs to prevent PPH.

Job Aid: Active Management of the Third Stage of Labor (AMTSL)

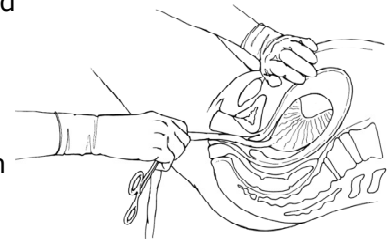
Offer to every woman...



mother

1: Dry the baby, assess the baby's breathing and perform resuscitation if needed, and place the baby in skin-to-skin contact with the

5: Perform controlled cord traction while, at the same time, supporting the uterus by applying external pressure on the uterus in an upward direction towards the woman's head.

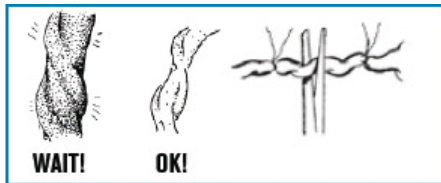


2: Administer a uterotonic (the uterotonic of choice is oxytocin 10 IU IM) immediately after birth of the baby, and after ruling out the presence of another baby.



6. Massage the uterus immediately after delivery of the placenta and membranes until it is firm.

3: Clamp and cut the cord after cord pulsations have ceased or approximately 2-3 minutes after birth of the baby, whichever comes first.



During recovery, assist the woman to breastfeed if this is her choice,

monitor the newborn and woman closely, palpate the uterus through the abdomen every 15 minutes for two hours to make sure it is firm and monitor the amount of vaginal bleeding. Provide PMTCT care as needed.



4: Place the infant directly on the mother's chest, prone, with the newborn's skin touching the mother's skin. Cover the baby's head with a cap or cloth.



...at every birth, by every skilled provider.



AMTSL practice checklist

Training facilitators or participants can use the following checklist to gauge progress while learning to perform AMTSL.

Checklist directions

Rate the performance of each step or task using the following rating scale:

1 = Performs the step or task completely and correctly.

0 = Unable to perform the step or task completely or correctly or the step/task was not observed.

N/A (not applicable) = Step was not needed.

Practice checklist: AMTSL steps	Date				
	Rating				
Emotional support					
1. Explain to the woman and her support person what will be done, and encourage their questions.					
2. Listen to what the woman and her support person have to say.					
3. Provide emotional support and reassurance, and keep the woman and her family informed throughout birth and during the immediate postpartum period.					
Preparation					
1. Wear a clean plastic or rubber apron, rubber boots, and eye goggles.					
2. Wash hands thoroughly with soap and water, and dry them with a clean, dry cloth (or air dry).					
3. Use sterile or high-level disinfected (HLD) surgical gloves on both hands.					
4. Place a sterile drape from the delivery pack under the woman's buttocks, another over her abdomen, and use a third drape to receive the baby.					
5. Prepare uterotonic drug (oxytocin is the uterotonic of choice).					
6. Prepare other essential equipment for the birth before onset of the second stage of labor.					
7. Ask the woman to empty her bladder when second stage is near (catheterize only if the woman cannot urinate and bladder is full).					
8. Assist the woman to assume the position of her choice (squatting, semi-sitting) and allow her to change position according to what's most comfortable for her.					

Practice checklist: AMTSL steps	Date				
	Rating				
Immediate care of the newborn					
1. Place the baby on the mother's abdomen. Thoroughly dry the baby while assessing the baby's breathing.					
2. If the baby is not crying or breathing at least 30 times per minute within 30 seconds of birth, call for help and begin resuscitation. Otherwise, the baby should remain with the mother.					
3. Place the baby in skin-to-skin contact with the mother to maintain warmth, and cover the baby—including the head—with a clean, dry cloth while keeping the face unobstructed.					
4. If the mother is not able to hold the baby , ask her companion or an assistant to care for the baby.					
AMTSL step 1: Administration of a uterotonic drug					
1. Palpate the uterus to make sure no other baby is present.					
2. If no other baby is present, administer a uterotonic drug (oxytocin 10 IU IM is the uterotonic of choice) within one minute of delivery. ¹					
AMTSL step 2: Controlled cord traction					
1. Wait approximately 2–3 minutes after the birth, then place one clamp 4 cm from the baby's abdomen. ²					
2. Gently milk the cord towards the woman's perineum and place a second clamp on the cord approximately 1 cm from the first clamp.					
3. Cut the cord using sterile scissors, covering the scissors with gauze to prevent blood spurts. Tie the cord after the provider performs AMTSL and completes initial care of the mother and baby.					
4. Place the palm of the other hand on the lower abdomen just above the woman's pubic bone to assess for uterine contractions (do not massage the uterus before the placenta is delivered).					
5. Keep slight tension on the cord and await a strong uterine contraction (2–3 minutes).					
6. When there is a uterine contraction, apply countertraction to the uterus with the hand above the pubic bone (apply pressure on the uterus in an upward direction—towards the woman's head).					
7. While applying countertraction to the uterus, apply firm, steady traction to the cord, pulling downward on the cord following the direction of the birth canal.					
8. If the placenta does not descend during 30 to 40 seconds of controlled cord traction and there are no signs of placental separation), stop controlled cord traction.					

1 If a woman has an IV, an option may be to give her 5 IU of oxytocin by slow IV push.

2 This action allows red blood cells to transfer from the placenta to the baby, decreasing the incidence of infant anemia.

IM = intramuscular; IV = intravenous



Practice checklist: AMTSL steps	Date				
	Rating				
9. Gently hold the cord and wait until the uterus is well contracted again. If necessary, clamp the cord closer to the perineum as it lengthens.					
10. When there is another contraction, repeat steps 6 through 9.					
Delivery of the placenta					
1. As the placenta delivers, hold it in both hands and gently turn it until the membranes are twisted.					
2. Slowly pull to complete the delivery. Move membranes up and down until they deliver.					
3. If the membranes tear , gently examine the upper vagina and cervix wearing sterile or HLD gloves and use a sponge forceps to remove any remaining pieces of membrane.					
4. Place the placenta in the receptacle provided (for later examination).					
AMTSL step 3: Uterine massage					
1. Immediately massage the fundus of the uterus through the woman's abdomen until the uterus is contracted (firm).					
2. Check that the uterus is firm after uterine massage is stopped. If the uterus is soft, repeat massage.					
3. Instruct the woman on how the uterus should feel and how to perform uterine massage.					
Examining the birth canal					
1. Direct a strong light onto the perineum.					
2. Gently separate the labia and inspect the lower vagina for lacerations.					
3. Inspect the perineum for lacerations.					
4. Repair lacerations if necessary.					
Examining the placenta					
1. Hold the placenta in the palms of the hands, with maternal side facing upwards.					
2. Check whether all of the lobules are present and fit together.					
3. Hold the cord with one hand and allow the placenta and membranes to hang down.					
4. Insert the other hand inside the membranes, with fingers spread out.					
5. Inspect the membranes for completeness.					

Practice checklist: AMTSL steps	Date				
	Rating				
6. If membranes or placenta are not complete, take immediate action.					
7. Consult the woman about her cultural practices, and then dispose of the placenta according to national protocols.					
Making the woman comfortable					
1. Rinse gloves with soap and water, if needed.					
2. Wash the woman's perineum, buttocks, and back gently and dry her with a clean, soft cloth.					
3. Place a clean cloth or pad on the woman's perineum.					
4. Remove soiled bedding and make the woman comfortable.					
5. Estimate and record blood loss.					
Infection prevention and decontamination					
1. While still wearing gloves, rinse outside surface of gloves with decontamination solution, then:					
• Dispose of gauze swabs and other waste materials in a leak-proof container or plastic bag.					
• Dispose of needles and sharps in a sharps-disposal container.					
• Clean apron with decontamination solution.					
• Place instruments in 0.5 percent chlorine solution for 10 minutes for decontamination.					
2. Immerse both gloved hands in 0.5 percent chlorine solution:					
• Remove gloves by turning them inside out.					
• If disposing of gloves, place in leak-proof container or plastic bag.					
• If reusing surgical gloves, submerge in 0.5% chlorine solution for 10 minutes to decontaminate.					
3. Wash hands thoroughly with soap and water and dry them.					
Documentation					
1. Record relevant details on the woman's record:					
• Time the baby is born.					
• Duration of third stage.					
• AMTSL details (including name of the provider, route and dosage of uterotonic drug used).					
Care after placenta is delivered					
1. If breastfeeding is the woman's choice for infant feeding, help the woman and baby to begin breastfeeding within one hour of birth.					



Practice checklist: AMTSL steps	Date				
	Rating				
2. Monitor the woman at least every 15 minutes (more often if needed) during the first two hours after birth:					
• Palpate the uterus to check for firmness.					
• Massage the uterus until firm.					
• Check for excessive vaginal bleeding.					
• Ask the woman to call for help if bleeding increases or her uterus becomes soft.					
• If excessive bleeding is detected, take action to evaluate and treat PPH immediately.					
3. Check the baby at the same time you check the mother—every 15 minutes for the first two hours after childbirth—to monitor:					
• Baby's breathing.					
• Baby's color.					
• Warmth, by feeling the baby's feet.					
• Bleeding at the cord site.					
• If a problem is detected, take action immediately.					
4. Continue with normal care for the woman and newborn, including exclusive breastfeeding within the first 30 to 60 minutes, if this is the woman's choice for infant feeding, and interventions for PMTCT of HIV/AIDS.					
5. Review possible danger signs with the woman and her family.					
6. Document all findings.					
7. Document all care provided.					



Answers to learning activities: Core Topic 4

Steps in AMTSL

1. Explain the purpose of AMTSL.
 - **Stimulate uterine contractions that will speed separation of the placenta from the uterine wall.**
 - **Speed the delivery of the placenta after it has separated from the uterine wall by using controlled cord traction.**
 - **Prevent uterine atony by stimulating uterine contractions and performing uterine massage.**
2. List the three main steps of AMTSL.
 - **Administration of a uterotonic within 1 minute after birth of the baby**
 - **Controlled cord traction with countertraction to the uterus**
 - **Uterine massage after delivery of the placenta**
3. What should you do to help prevent the thin membranes from tearing off as the placenta delivers spontaneously?
 - **As the placenta delivers, hold it in both hands and gently turn it until the membranes are twisted**
 - **Slowly pull to complete the delivery. Move membranes up and down until they deliver**
4. What must the provider rule out before giving oxytocin for AMTSL?
 - **An additional baby or babies**
5. To safely perform controlled cord traction for delivery of the placenta, the provider holds the clamped cord with one hand. With the other hand placed on the woman's abdomen above the pubic bone, the provider pushes the uterus upwards toward the woman's head. Why does the provider push the uterus upward?
 - **To stabilize the uterus and prevent uterine inversion**
6. Ms C has just given birth to a healthy baby and you have safely completed AMTSL. The perineum is intact. How often should you monitor the amount of vaginal bleeding and firmness of the uterus? (Circle the correct answer.)
 - a. every 10 minutes
 - b. every 15 minutes**
 - c. continuously
7. Ms B had a spontaneous vaginal birth and delivery of the placenta with AMTSL. When estimating Ms B's blood loss, what is the expected normal blood loss?
 - **Less than 500 mL**

8. What will you do if the placenta does not descend during 30-40 seconds of controlled cord traction?
- **Release tension on the cord while still holding the cord and then release pressure on the uterus. Wait for the next contraction.**
 - **Repeat controlled cord traction with counter-traction on the uterus with the next contraction.**

TRUE or FALSE

In the space provided, write "T" for true or "F" for False for each statement

1. Fifty women will have to receive active rather than physiological management to prevent one PPH (blood loss >500 mL).

False - For every 12 women receiving active, not physiological management, one PPH is prevented

2. Studies have shown that there are more complications (for example, ruptured cord, inverted uterus, and retained placenta) with AMTSL.

False - Trials have shown that there is not an increase in the number of cases of ruptured cord, inverted uterus, and retained placenta with AMTSL.

3. If oxytocin is supplied in ampoules of 5 IU, only one (1) ampoule is necessary for AMTSL when giving oxytocin intramuscularly (IM).

False - WHO now recommends administering 10 IU of oxytocin IM for the practice of AMTSL

4. Routine manual exploration of the uterus after AMTSL is not recommended and may be harmful.

True

5. Delaying cord clamping by 2-3 minutes is beneficial for the baby.

True

6. If there is an undiagnosed twin and the provider administers oxytocin, there is a theoretical risk that the twin could be trapped in the uterus.

True

7. When uterotonic drugs are not available, controlled cord traction (CCT) alone can reduce the incidence of PPH or severe PPH

False - controlled cord traction is not recommended if uterotonic drugs are not used

8. Nipple stimulation can replace use of uterotonic drugs to prevent PPH.

False - Research has not shown that nipple stimulation significantly helps to reduce the risk of PPH so this should not replace use of AMTSL to prevent PPH