



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

Participant's Notebook

Introduction



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Prevention of Postpartum Hemorrhage Initiative (POPPHI)

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About POPPHI

The Prevention of Postpartum Hemorrhage Initiative (POPPHI) is a USAID-funded, five-year project focusing on the reduction of postpartum hemorrhage, the single most important cause of maternal deaths worldwide. The POPPHI project is led by PATH and includes four partners: RTI International, EngenderHealth, the International Federation of Gynaecology and Obstetrics (FIGO), and the International Confederation of Midwives (ICM).

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Acronyms

AMTSL	active management of the third stage of labor
CCT	controlled cord traction
DIC	disseminated intravascular coagulopathy
FIGO	International Federation of Gynaecology and Obstetrics
HLD	high-level disinfected
ICM	International Confederation of Midwives
IM	intramuscular
IU	international units
MTCT	mother to child transmission of HIV/AIDS
PMTCT	prevention of mother to child transmission of HIV/AIDS
PMTSL	physiologic management of the third stage of labor
POPPHI	Prevention of Postpartum Hemorrhage Initiative
PPH	postpartum hemorrhage
PPPH	prevention of postpartum hemorrhage
TTI	time-temperature indicator
USAID	United States Agency for International Development
VVM	vaccine vial monitor
WHO	World Health Organization



Introduction

Efforts such as the Safe Motherhood Initiative and the World Health Organization (WHO) Making Pregnancy Safer Division and strategies to meet the United Nations Millennium Development Goals are supporting worldwide activities to reduce maternal and newborn mortality. Despite these efforts, hundreds of thousands of women and babies die or become disabled due to complications of pregnancy and childbirth every year; half of these maternal deaths occur within 24 hours of childbirth.¹

Postpartum hemorrhage (PPH) is the leading direct cause of maternal death in developing countries and results from problems during and immediately after the third stage of labor.² PPH is an **unpredictable** and **rapid** cause of maternal death worldwide, with two-thirds of women with PPH having no identifiable risk factors. Seventy to ninety percent of immediate PPH is attributed to uterine atony (failure of the uterus to properly contract after birth).^{3,4}

Fortunately, research shows that using simple, low-cost interventions can help avoid most of these tragic outcomes. Current evidence indicates active management of the third stage of labor (administration of uterotonic drugs, controlled cord traction, and fundal massage after delivery of the placenta) can reduce the incidence of postpartum hemorrhage by up to 60 percent in situations where:

- National guidelines support the use of active management of the third stage of labor (AMTSL).
- Health workers receive training in using AMTSL and administering uterotonic drugs.
- Injection safety is ensured.
- Necessary resources (uterotonic drugs and cold chain for storage of uterotonic drugs; equipment, supplies, and consumables for infection prevention and injection safety) are available.⁵

Ongoing research in various settings continues to identify the best approaches for preventing and managing postpartum bleeding and its complications. By developing national guidelines, training skilled birth attendants, improving work environments of skilled providers, and supporting the development of improved access to care, more women will have access to this life-saving intervention.

About the learning materials

POPPHI developed a learning package on the prevention of postpartum hemorrhage consisting of a reference manual, participant's notebook, and facilitator's guide. This learning package was developed for use by nurses, midwives, and doctors providing childbirth and immediate postpartum care.

Information about implementing AMTSL is featured in this reference manual as well as the corresponding participant's notebook and facilitator's guide. These documents comprise a set and should be used together. These resources are distinguished within the series by a corresponding icon located at the top of the right hand page:

Reference manual



Facilitator's guide



Participant's notebook



This course is designed to be utilized for in-service training, with the overall objective of providing updates about AMTSL use to equip nurses, midwives, and clinical and health workers to carry out the following:

- Provide safe, respectful, and friendly care to women, newborns, and their families. Women and families will then be more likely to utilize the health care system with confidence because they know they will receive competent, compassionate care.
- Follow an evidence-based protocol for safe care during active management of the third stage of labor and during the immediate postpartum period, including clear guidelines on when to refer mothers with complications, ensuring timely action is taken.
- Provide greater protection from infection for their clients and themselves.
- Store uterotonic drugs correctly to maintain their potency.

This course offers participants knowledge and skills to provide the crucial care needed to prevent PPH, improve clinical services, and train other providers.

Training objectives

This three-day clinical training provides the information needed to perform AMTSL and help prevent PPH and focuses on the following core topics:

- Review of the third stage of labor and evidence for use of AMTSL.
- Causes and prevention of postpartum hemorrhage.
- Uterotonic drugs.
- AMTSL.

Additional topics that some countries may include during the training include:

- Infection prevention.
- Birth preparedness and complication readiness.
- Managing complications during the third stage of labor.

Participants are encouraged to apply their knowledge and skills to improve clinical services and train other providers. Ultimately, this training will help improve the quality of care for women—mothers, wives, and vital members of the community—and help them stay healthy.



Training assessments

Throughout the three days, facilitators use questionnaires to assess participants' knowledge of various aspects of AMTSL and checklists to assess participants' clinical skills and other observable behaviors.

Sample agenda

A sample schedule for three days of training is shown in Table 1. Local facilitators may revise this schedule if additional topics are included.

Table 1. Sample training schedule

Day 0	Day 1	Day 2	Day 3
	Opening <ul style="list-style-type: none"> • Welcome. • Participant introductions. • Participant expectations. • Workshop norms. Course overview <ul style="list-style-type: none"> • Goals, objectives, schedule. • Approach to training. • Review of course materials. Pre-course questionnaire	Mid-course questionnaire Pre-clinical meeting (assessing competency on models before beginning clinical practice)	AMTSL in the clinical area When clients are not present, participants may work on learning activities in the clinical area.
	Break		
	Session 1: Review of the third stage of labor and evidence for use of AMTSL. Session 2: PPH causes and prevention.	Continued	
Lunch			
Participants arrive Pre-course skill assessment (Facilitators will assess skill level of participants with AMTSL experience.)	Session 3: Uterotonic drugs Session 4: AMTSL	AMTSL in the clinical area When clients are not present, participants may work on learning activities in the clinical area.	Final meeting Retake mid-course questionnaire (if needed)
	Break		Session 4: AMTSL (continued) Review frequently asked questions (FAQs)
			Workshop evaluation Closing session
Homework	Read core topics and work on learning activities for core topics 1-4. Prepare for mid-course questionnaire.	Work on learning activities for core topics.	

