



Policy Changes and a New Focus on AMTSL in Ghana

Promoting the use of a life-saving intervention—active management of the third stage of labor

In Ghana, active management of the third stage of labor (AMTSL) has long been a part of the standard care for delivery. However, the practice varied widely among providers, and most often it did not follow the new international guidelines for the practice.

In 2005, representatives from the Ghana Registered Midwives Association (GRMA) and the Society of Obstetricians and Gynaecologists of Ghana (SOGOG) attended a regional workshop on AMTSL sponsored by the Prevention of Postpartum Hemorrhage Initiative (POPPHI).

Upon their return to Ghana, the associations set about to accomplish two goals:

- Brief the Ministry of Health (MOH) and the Director of Reproductive Health on POPPHI and AMTSL.
- Organize two in-country workshops, one for the northern and one for the southern sector, including the regions of: Western, Central, Volta, Eastern, Greater Accra, Upper West, Upper East, Northern, Ashanti, and Brong Ahafo.

The associations trained over 80 people, all of whom had some knowledge of AMTSL. However, the participants found that they had to make many changes in their practice.

Dr. Kwasi Apea-Kubi, president of SOGOG, was initially not sure of the need for training in AMTSL. “I thought, why bother? But, now I have realized how important this is, that the emphasis

on AMTSL is worthwhile. We should continue to make this available to all providers. What we thought was happening was not really happening, even the common observation of the placenta. And, now people really understand what AMTSL is. Before, AMTSL was part of routine care, without special emphasis. Now, AMTSL has a place.”

Providers in Ghana have begun to change their ways and are following new standards for AMTSL. Since the training, providers are using oxytocin, the drug of choice for AMTSL, and there have been no complaints of shortages.

These workshops were really just the beginning of the two associations’ work toward preventing postpartum hemorrhage in Ghana. They have collaborated with the MOH to capture AMTSL information in monthly reports submitted by both public- and private-sector midwives. Midwives are now reporting on how many births receive oxytocin, the drug of choice for AMTSL.

The two groups have continued their efforts beyond the POPPHI grant and have continued to train their association members through other means. Events have included small workshops for midwives, a postpartum hemorrhage seminar at the teaching hospital, and continued work with the MOH on updating the national protocol.

An important outcome of these small grant activities is the strengthened ties between GRMA and SOGOG. The leadership of the associations is committed to continuing this relationship, as they are both working toward the same goal of reducing maternal mortality in Ghana.

About POPPHI

The POPPHI project is led by PATH and includes four partners: RTI International, EngenderHealth, the International Federation of Gynecology and Obstetrics, and the International Confederation of Midwives. With funding from the US Agency for International Development, POPPHI works to reduce postpartum hemorrhage (excessive bleeding after delivery)—the single most important cause of maternal deaths worldwide. Among its activities, POPPHI awards small grants to midwifery and obstetric/gynecologic associations to support activities that expand the use of AMTSL (use of a uterotonic drug, assisting with the delivery of the placenta, and massaging the uterus after delivery) and other evidence-based interventions that reduce PPH.



Grantee organizations have engaged in a number of activities: organizing national meetings and workshops on preventing PPH and improving provider skills in AMTSL and use and availability of uterotonic drugs.

POPPHI has awarded 15 grants to associations within Africa, Asia, and Latin America and the Caribbean. To learn more visit www.pphprevention.org.