

Active Management of the Third Stage of Labor

Simple steps to achieve impact
& prevent postpartum hemorrhage

WHO AMTSL Indicator Meeting

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Prevention of Postpartum Hemorrhage Initiative – PATH



USAID
FROM THE AMERICAN PEOPLE



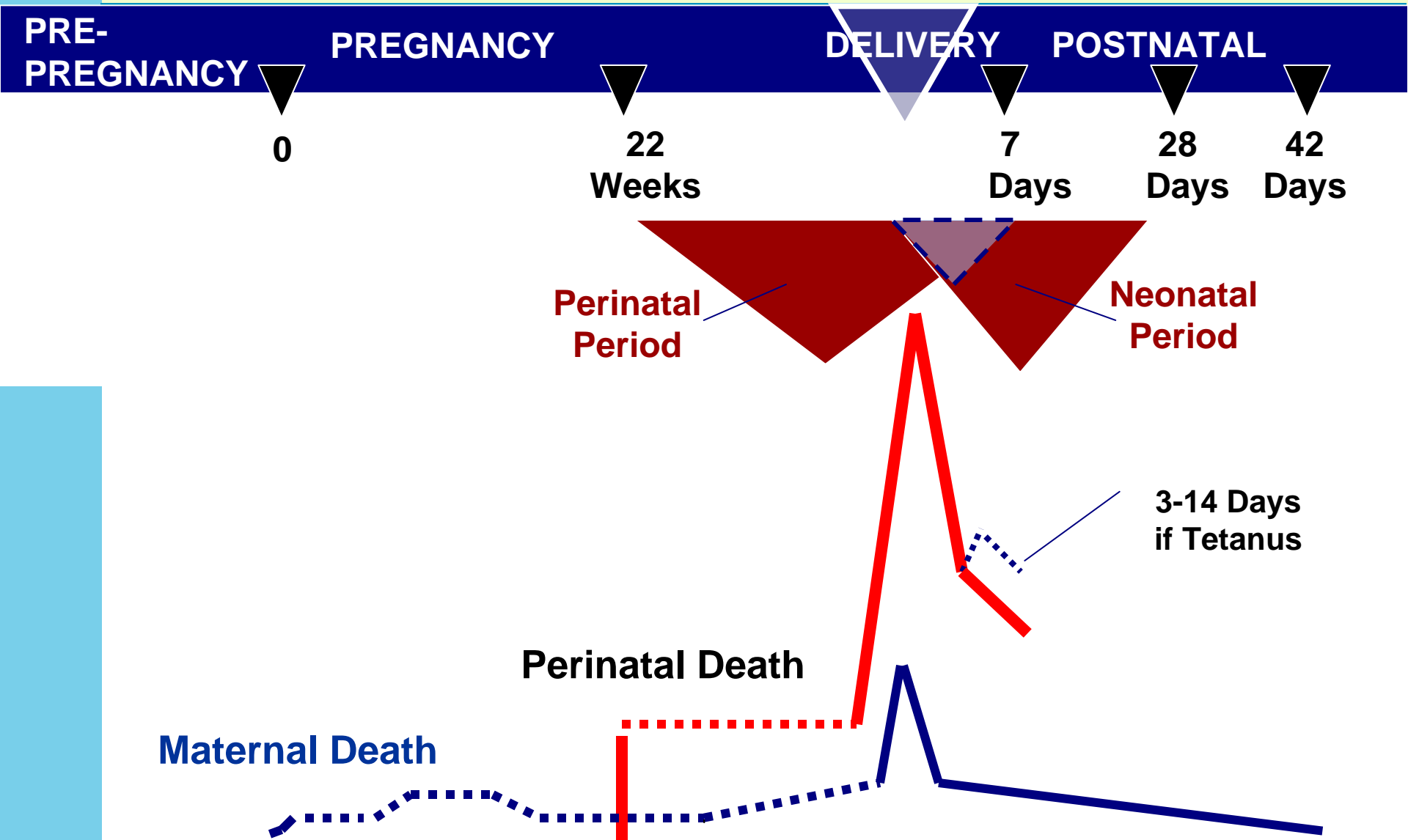
POPPHI
Prevention of Postpartum
Hemorrhage Initiative

What you should know...

- Maternal mortality is the most striking inequity in public health – 40 times higher for women in developing countries compared to women in developed countries



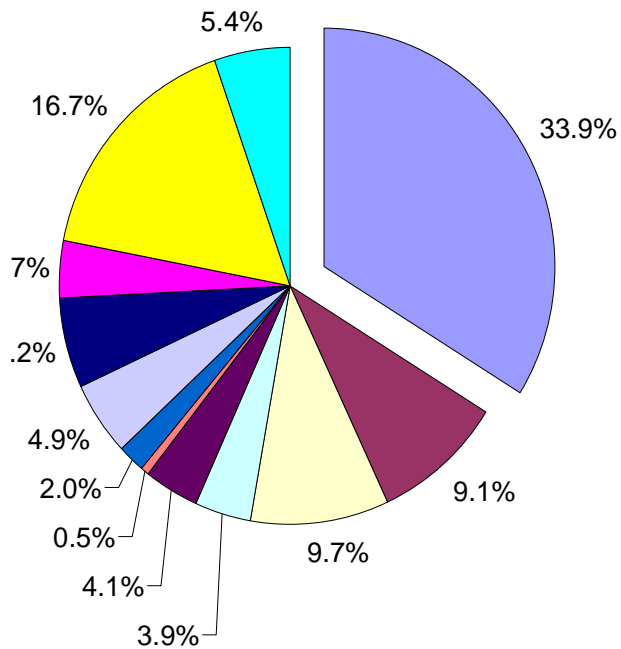
Timing of maternal and perinatal mortality is critical



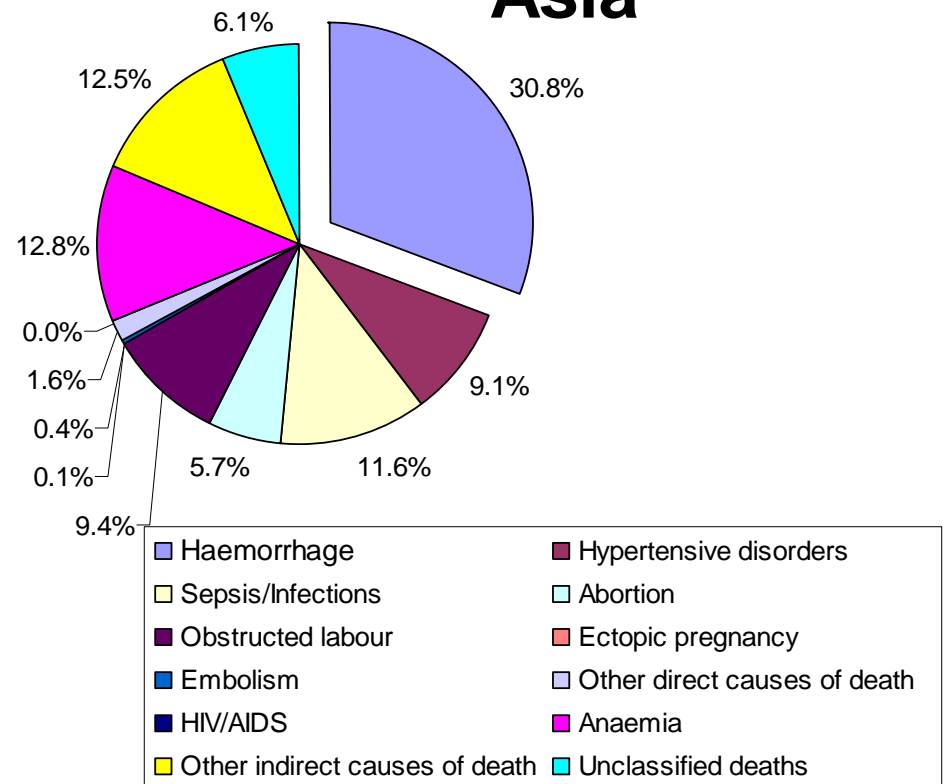
•Dashed line indicates there are no published data available to delineate exactly when these deaths occur. Source: USAID

Hemorrhage a leading cause of maternal death

Africa



Asia



- Haemorrhage
- Sepsis/Infections
- Obstructed labour
- Embolism
- HIV/AIDS
- Other indirect causes of death
- Hypertensive disorders
- Abortion
- Ectopic pregnancy
- Other direct causes of death
- Anaemia
- Unclassified deaths

What can be done to prevent PPH?

Skilled birth attendants can implement active management of the 3rd stage of labor (AMTSL):

- **Administer a uterus-contracting drug (uterotonic) within one minute after birth – oxytocin is drug of choice**
- **Apply controlled cord traction and counter traction to the uterus (to deliver the placenta)**
- **Massage the uterus through the abdomen after delivery of the placenta**

Monitor for further signs of bleeding

NOTE: early cord clamping (defined as clamping immediately after birth of the baby) is not part of the ICM/FIGO definition

Benefits of Active Management of the 3rd Stage

- **Uterine atony accounts for 70-90% of all PPH cases**
- **AMTSL reduces incidence of PPH by up to 60%**
- **Reduces the quantity of blood loss—thereby decreasing incidence and severity of anemia**
- **Reduce emergencies and related cost, transport**
- **Reduces the use of blood transfusion**

Evidence

Factors	Study	Management	
		Active	Physiologic
Postpartum Hemorrhage	Bristol	5.9%	17.9%
	Hinchingbrooke	6.8%	16.5%
3 rd Stage Labor Length (Average)	Bristol	5 minutes	15 minutes
	Hinchingbrooke	8 minutes	15 minutes

Evidence

Factors	Study	Management	
		Active	Physiologic
3 rd Stage Lasts Longer Than 30 Minutes	Bristol	2.9%	26%
	Hinchingbrooke	3.3%	16.4%
Blood Transfusion is Needed	Bristol	2.1%	5.6%
	Hinchingbrooke	0.5%	2.6%
Oxytocic Needed to Manage PPH	Bristol	6.4%	29.7%
	Hinchingbrooke	3.2%	21.1%

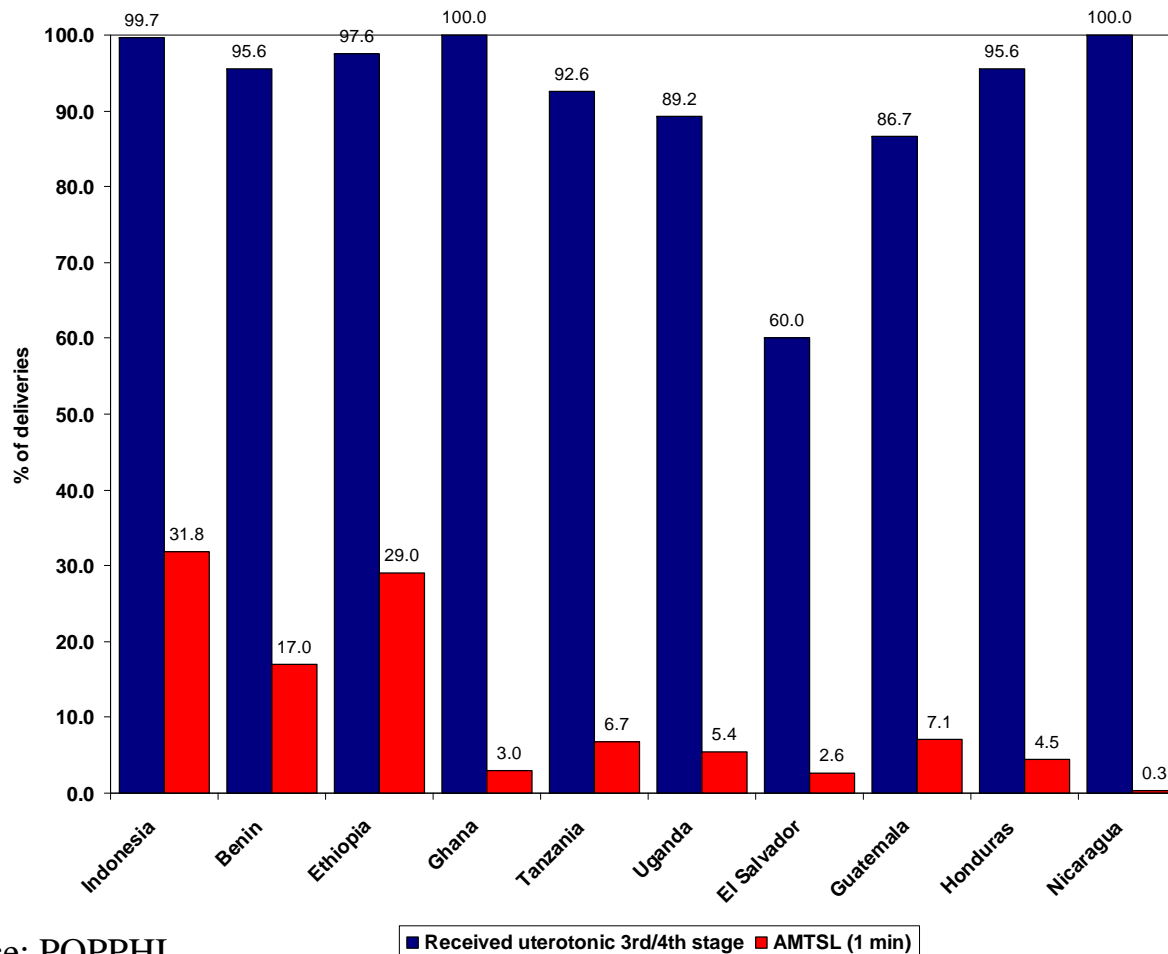
Evidence: Delayed Cord Clamping

Immediate clamping and cutting of the umbilical cord can decrease the red blood cells an infant receives at birth by more than 50%. Wait until 2 – 3 minutes after baby's birth. Delayed clamping and cutting of the umbilical cord is helpful to both term and preterm babies.

- Term babies have less anemia at 2 months of age and increased duration of early breastfeeding.
- Preterm babies have higher hematocrit and hemoglobin levels and have less need for transfusions in the first 4 to 6 weeks of life.

National AMTSL surveys in 10 countries

Percent of observed deliveries w/ uterotonic given during 3rd/4th stages of labor and correct use of AMTSL (uterotonic administration within 1 min)



Low AMTSL practice in national surveys served to inform and influence policy and strategies for scaling up PPH prevention activities

Global support



- WHO strongly recommends: AMTSL should be offered by skilled attendants to all women (Oct. 2006)**
- **International Federation of Obstetrics and Gynaecology and International Confederation of Midwives have a Joint Statement supporting AMTSL.**

Why do we need an AMTSL indicator

1. To track progress toward achieving 100% use of AMTSL
2. To include an AMTSL indicator in national health management information systems
3. To emphasize the importance of this evidence-based intervention, as recognized by WHO and other influential international bodies.

Thank you