



ACTIVE MANAGEMENT OF THIRD STAGE OF LABOR (AMTSL) To prevent Postpartum Hemorrhage (PPH).

Definition of Postpartum Hemorrhage (PPH):

“Vaginal bleeding more than 500ml (approximately 2 cupful) after childbirth, irrespective of placenta being delivered or not”.

Facts about PPH: Major cause of maternal mortality

- Uterine atony after delivery accounts for 70 to 90 % of all PPH.
- PPH can not always be predicted but can be prevented.
- Even small loss of blood of an anemic woman can be life threatening.

Active Management of Third Stage of Labour (AMTSL)

Purpose of AMTSL

To reduce incidence of PPH by preventing uterine atony

**Research and experience have proved that AMTSL
can prevent up to 60% of uterine atony**

AMTSL Includes

- Administration of Uterotonic drugs immediately after the birth of the baby.
- Controlled cord traction to aid expulsion of placenta.
- Counter traction applied to the uterus to prevent its inversion.
- Uterine massage after delivery of the placenta to prevent atony.



Advantages of AMTSL

- Reduces duration of third stage
- Decreases blood loss
- Reduces risk of Postpartum Hemorrhage (PPH)
- Minimizes the need for EmOC related to PPH
- Decreases the need for blood transfusion

Requirements:

- Availability of Uterotonic drugs and sterile preferably disposable syringes.
- A Birth Attendant with skills in:
 - Observation
 - Giving an injection
 - Controlled Cord Traction (CCT) and counter traction of the uterus.
 - Uterine massage

Note: It is better to have a trained helper with skills in immediate care of the newborn and resuscitation of the newborn.

Preparation for the procedure

When second stage of labour starts, draw up 10 Units of Oxytocin, in a sterile disposable syringe, Put the cover back on the needle and keep it within easy reach, ready for use.

Procedure:

- Within 1 minute of birth, palpate the mother's abdomen to rule out presence of another baby (unless multiple pregnancy has already been diagnosed).
- Inject 10 units oxytocin I/M to the mother in anterior aspect of the thigh. It acts within 2 to 3 minutes.
- Quickly pat the baby dry, put it on the mother's abdomen for skin-to-skin contact to prevent hypothermia and cover it with a thick towel or blanket. If the baby needs resuscitation then tie and cut the cord and hand over the baby to a trained helper.
- Carry out Controlled Cord Traction
 - Clamp the cord close to the perineum and hold the clamp from both the sides with cord in the middle for aiding control.

- Keep slight tension on the cord and await a strong uterine contraction.
- When uterus contracts, place the other hand just above the woman's pubic bone and stabilize the uterus by applying counter pressure (i.e. push the uterus upwards and backwards towards the woman's chest) to prevent uterine inversion.
- When the uterus becomes hard and round or the cord lengthens, gently pull downwards on the cord to deliver the placenta. If the cord is now long enough, wrap the cord around the clamp and apply gentle traction to the cord.
- Continue to apply counter traction to the contracted uterus
- If the placenta does not descend within 30-40 seconds, STOP pulling on the cord. Just keep a gentle hold on the cord and wait for the uterus to contract
- With the next contraction repeat controlled cord traction with counter pressure on the uterus as above.

Ensure that the uterus is well contracted before applying cord traction, and counter traction above the pubic bone.

- Immediately massage the fundus of the uterus and continue until it is contracted.
- Ensure that the uterus does not become relaxed (soft) after you stop massaging.

Continue to provide support and reassurance to the woman throughout the procedure

UTEROTONIC DRUGS FOR AMTSL

Name of the Drug	Advantages	Disadvantages
Oxytocin Injection	<ul style="list-style-type: none"> • Drug of choice for AMTSL • Acts within 2-3 minutes of I/M injection • Generally no side effects 	<ul style="list-style-type: none"> • More expensive than ergometrine • IM or IV preparations only • Not heat stable
Ergometrine Injection	<ul style="list-style-type: none"> • Low price • Effect lasts 2 –4 hours 	<ul style="list-style-type: none"> • Acts after 6- 7 minutes of I/M injection • Orally insufficiently effective • Can cause tonic uterine contractions • Increased risk of hypertension, vomiting, headache • Contraindicated in woman with hypertension or heart disease • Not heat stable
Syntometrine Injection	<ul style="list-style-type: none"> • Combined effect of rapid action of oxytocin and sustained action of ergometrine 	<ul style="list-style-type: none"> • Increased risk of hypertension, nausea and vomiting • Not heat stable
Misoprostol Tablets	<ul style="list-style-type: none"> • Can be given orally / sublingually/ rectally • Low price • Long shelf life and easy to store. 	<ul style="list-style-type: none"> • Takes longer to act than injectable uterotonics. • Shivering as a frequent side effect

For SOGP
 Razia Korejo
 JPMC
 Karachi.
 Tel:021-9201351

For MAP
 Imtiaz Kamal
 36-C, Street 14,
 D.H.A Phases 5
 Karachi. 75500
 Tel: 021-5341597-8

