

Planning tool for expanding access to active management of the third stage of labor (AMTSL):

A guide for program
managers and
donors



USAID
FROM THE AMERICAN PEOPLE



POPHHI
Prevention of Postpartum
Hemorrhage Initiative

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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
EOC	essential obstetric care
FIGO	International Federation of Gynecology and Obstetrics
ICM	International Confederation of Midwives
M & E	monitoring and evaluation
NGO	non-governmental organization
POPPHI	Prevention of Postpartum Hemorrhage Initiative
PPH	postpartum hemorrhage
SBA	skilled birth attendant
USAID	United States Agency for International Development
WHO	World Health Organization

Introduction

In 2003, the International Federation of Gynecology and Obstetrics (FIGO) and the International Confederation of Midwives (ICM) issued a joint statement that has prioritized universal access to active management of the third stage of labor (AMTSL) to respond to the urgent need to make real progress in reducing maternal mortality globally. Since then many countries and organizations have taken up the challenge to reduce deaths from postpartum hemorrhage (PPH) by increasing access to and uptake of AMTSL. The POPPHI Project is part of the United States Agency for International Development's (USAID's) broader Special Initiative to reduce postpartum hemorrhage, the single most important cause of maternal deaths worldwide, through expanded use of Active Management of the Third Stage of Labor (AMTSL).

This planning tool was developed by the POPPHI project team to assist governments and organizations to identify their place on the continuum of critical elements needed to ensure universal access to AMTSL, identify gaps between where they are and where they need to be to have an environment that promotes AMTSL, and identify the types of interventions needed to assist in increasing the percentage of women who are offered and receive AMTSL during vaginal deliveries.

AMTSL is defined as the following three elements:

- (1) Use of uterotonic drug within one minute of birth (oxytocin 10 IU/IM is the drug of choice).
- (2) Performance of controlled cord traction while supporting the uterus by applying pressure on the lower segment of the uterus in an upward direction towards the woman's head.
- (3) Performance of uterine massage after the delivery of the placenta.

Critical elements for expansion of AMTSL

Surveys on AMTSL prevalence and practice conducted in Benin, Nicaragua*, El Salvador*, Tanzania*, Guatemala*, and Ethiopia* have shown that it is extremely difficult to predict the country's AMTSL coverage. However, the following elements have been identified as critical for achieving greater than 50% coverage of AMTSL within a country – positive policy environment, providers empowered and trained to provide AMTSL, logistics in place to ensure the quality and availability of uterotonic drugs and other supplies needed to practice AMTSL, and a system in place to monitor and evaluate efforts undertaken to increase access to AMTSL.

If all of the following critical elements are in place, the country is more likely to have greater than 50% coverage for AMTSL:

- **Policy:**
 - National policy is in place to permit and promote the use of AMTSL:
 - All skilled birth attendants are permitted to perform AMTSL
 - All birth attendants performing AMTSL are authorized to administer uterotonic drugs for AMTSL
 - National policy is in place to increase access to AMTSL by promoting the use of misoprostol in situations where injectable uterotonic drugs are not available or birth attendants' skills are limited
- **Provider:**
 - **Practice:**
 - Percentage of women who are offered and receive AMTSL in facility births is increasing
 - Percentage of women who are offered and receive AMTSL in home births is increasing
 - Percentage of women who are offered and receive misoprostol, with or without AMTSL, with home births is increasing
 - **Capacity building:**
 - In-service training programs and pre-service education programs for physicians, midwives and other health providers attending births include AMTSL
 - In-service training and pre-service education programs for physicians, midwives and other health providers attending births include misoprostol use for AMTSL
 - In-service training programs are available to train providers to educate women and/or community-based health workers on proper use of misoprostol for home births in the absence of a skilled birth attendant (SBA)
 - **Advocacy:**
 - Champions for use of AMTSL are found
 - Champions are found who advocate for increasing access to AMTSL by promoting AMTSL by SBAs and/or misoprostol use for home births

* Reports of these surveys are available online at: http://pphprevention.org/briefs_newsletters.php

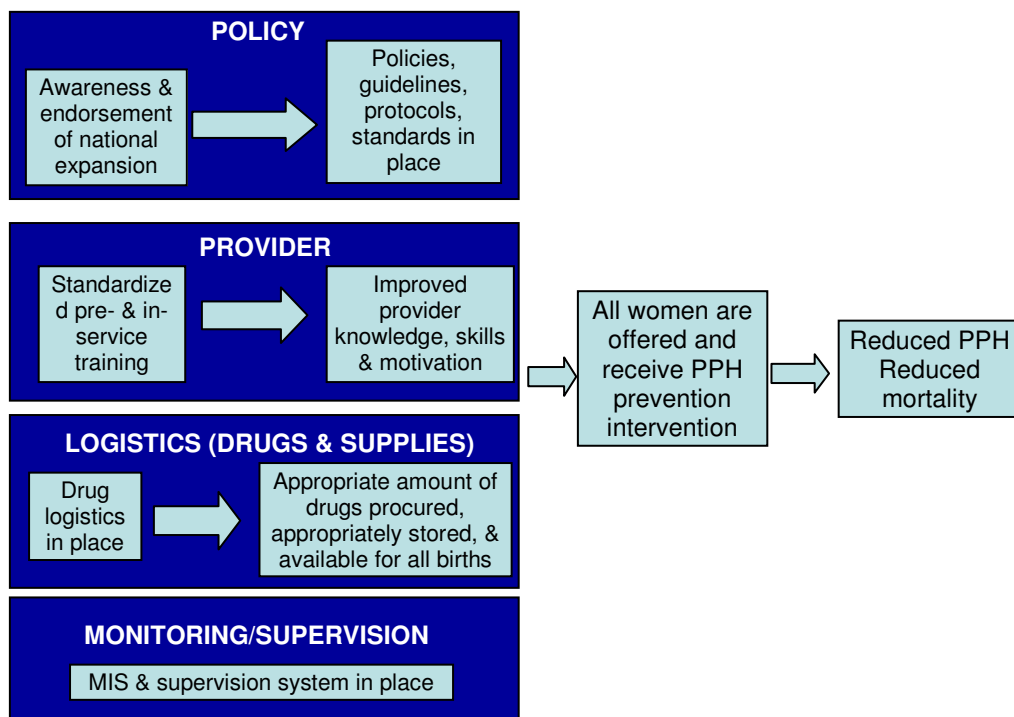
- **Logistics (drugs and supplies):**

- Oxytocin is on the Essential Medicine List; oxytocin is the first line drug for the practice of AMTSL and is included in the Standard Protocols and Guidelines for AMTSL
- Misoprostol is registered and on the Essential Medicine List for use to prevent and treat PPH; misoprostol is included in the Standard Protocols and Guidelines for AMTSL
- Protocols are developed for quantification and storage of all uterotonic drugs

- **Monitoring and Evaluation:**

- AMTSL at the facility and home level is included in national HMIS and supervision tools

Table 1. Critical elements for expanding AMTSL coverage



Situational analysis

Before a country identifies interventions to increase AMTSL coverage, it is important for decision-makers / stakeholders to understand:

- existing policies and programs
- realities at the health facility level and for health care providers
- current functioning of the pharmaceutical supply system
- the country's health goals and indicators.

A situational analysis can be conducted by a technical advisory group (TAG) made up of members from the Ministry of Health (MOH) and national and international partners at the national level. The scope of work for the TAG should include: conduct a situational analysis, develop a strategy, and follow progress of scale-up activities.

The TAG should conduct an analysis of policies and practice in AMTSL for the following elements:

Policy:

- Is there a national policy in place to permit and promote the use of AMTSL?
 - Are all skilled birth attendants permitted to perform AMTSL?
 - Are all birth attendants performing AMTSL authorized to administer uterotonic drugs for AMTSL?
- Is there a national policy in place to increase access to AMTSL by promoting the use of misoprostol in situations where injectable uterotonic drugs are not available or birth attendants' skills are limited?
- Are national protocols and policies available at all health facilities?
- Is there a mechanism for disseminating changes in policies and protocols to all private and public health facilities?
- Are there national champions for the use of AMTSL?
- Are there national champions for increasing access to AMTSL by promoting AMTSL by SBAs and/or misoprostol use for home births?

Provider:

- What percentage of delivery facilities is using AMTSL?
- What percentage of women having home and facility births is offered and receives AMTSL?
- Do in-service training programs and pre-service education programs for physicians, midwives and other health providers attending births include AMTSL?
- Do in-service training and pre-service education programs for physicians, midwives and other health providers attending births include misoprostol use for AMTSL?
- Are in-service training programs available to train providers to educate women and/or community-based health workers on proper use of misoprostol for home births in the absence of a skilled birth attendant (SBA)?

- Are job aids available for birth preparedness plans, AMTSL, and monitoring in the immediate postpartum period?

Logistics (Drugs and Supplies):

- Is oxytocin on the Essential Medicine List (EML)?
- Is oxytocin the first line drug for AMTSL?
- Is oxytocin included in the Standard Protocols and Guidelines for AMTSL?
- Is misoprostol registered?
- Is misoprostol on the EML for use to prevent and treat PPH?
- Is misoprostol included in the Standard Protocols and Guidelines for AMTSL?
- Are protocols developed for quantification of all uterotonic drugs?
- Are protocols developed for transport of all uterotonic drugs?
- Are protocols developed for storage of all uterotonic drugs?
- Are job aids available for quantification and storage of all uterotonic drugs?

Monitoring and Evaluation:

- Is AMTSL at the facility and home level included in national Health Management Information System (HMIS)?
- Is AMTSL at the facility and home level included in supervision tools?
- Is there a way to record AMTSL on the partogramme?
- Is there a way to record AMTSL in the delivery log?
- Is there a way to record uterotonic drugs used in the delivery room (stock cards or notebook to record rotation of uterotonic drugs)?
- Is there any supportive supervision in place for AMTSL?

After conducting the situation analysis, the TAG can use Table 2, below, to identify their place on the continuum of critical elements, identify gaps between where they are and where they need to be to have an environment that promotes AMTSL, and identify the types of interventions needed to assist in increasing AMTSL coverage.

Table 2. Relationship of critical elements for scale-up to AMTSL coverage

Policy	No policy on AMTSL →			Clear policy on AMTSL		
	No policies in place	National policy not clear		National policy for AMTSL in place		
	Focus on treatment, not prevention with AMTSL	Some support for AMTSL using oxytocin	Some SBAs authorized to practice AMTSL	All SBAs authorized to practice AMTSL		
		Oxytocin use limited to selected cadres	Some SBAs authorized to use oxytocin for AMTSL	All SBAs authorized to use all uterotonic drugs for AMTSL		
Provider	AMTST not practiced →			Majority of births with AMTSL		
	Occasional champion using AMTSL in some facilities	Most major hospitals and some district hospitals using AMTSL	Major and district hospitals using AMTSL	Most delivery facilities using AMTSL		
	Providers not authorized to practice AMTSL at home births	Some community-based providers using AMTSL for home births	Some pregnant women being provided with misoprostol and educated on use after birth	Most women having home births are offered and receive AMTSL		
	Providers not trained in AMTSL →			All SBAs trained in AMTSL		
	No officially recognized in-service training programs	Some in-service programs available	Standardized in-service programs available			
	AMTSL not integrated into pre-service education programs	AMTSL integrated into some but not all pre-service education programs	Pre-service education includes AMTSL			
Logistics (Drugs and supplies)	Limited use of uterotonic drugs for AMTSL →			All uterotonic drugs registered for use with AMTSL		
	Oxytocin and misoprostol for prevention and treatment of PPH may or may not be in National Essential Drug List (EDL)		Oxytocin and misoprostol for prevention and treatment of PPH in National EDL			
	If uterotonic used for PPH prevention, it is used in the 4 th stage of labor (immediately after delivery of the placenta)	Oxytocin use limited to selected cadres and facility levels including major hospitals	Oxytocin not always first line drug for AMTSL	Oxytocin is first line drug and ergometrine is the second line drug for AMTSL for all SBAs		
		Ergometrine is the first line drug outside of major hospitals	Ergometrine commonly used for AMTSL	Misoprostol is used for PPH prevention in situations where no oxytocin is available or birth attendants' skills are limited		
		Misoprostol use limited to induction and augmentation by physicians; not registered	Misoprostol use for AMTSL limited to physicians working in facilities with operating theater			Protocols developed for quantification and storage of all uterotonic drugs
Misoprostol registered for use in PPH prevention and treatment						

Monitoring and Evaluation	AMTSL use not monitored → AMTSL use monitored nationally			
	AMTSL not included in national HMIS			
	AMTSL at facility level may or may not be included in selected project goals but data not routinely collected	AMTSL at facility level included in selected project goals; data may or may not be regularly collected on AMTSL activities	AMTSL at facility level included in selected project goals; data regularly collected on AMTSL activities	AMTSL at facility level included in country goals
AMTSL at home level may or may not be included in selected project goals but data not routinely collected	AMTSL at home level included in selected project goals; data may or may not be regularly collected on AMTSL activities	AMTSL at home level included in selected project goals; data regularly collected on AMTSL activities	AMTSL at home level included in country goals	

Potential interventions to scale-up AMTSL activities

After identifying gaps, decision-makers / stakeholders will need to prioritize which gaps to address, as more than one will likely be identified. Once gaps have been described, the next step is to determine the cause of those gaps. The decision-makers / stakeholders group will need to participate in an analysis to uncover the policy, provider, drugs/logistics, and monitoring/evaluation factors that are impeding greater than 50% AMTSL coverage. The decision-makers / stakeholders group next selects interventions that will address the causes discovered during the analysis.

During the implementation stage, stakeholders recruit additional expertise as needed, assure organizational readiness, apply the interventions, and help enable and monitor organizational change. Through monitoring and evaluation, stakeholders measure the change in the gaps identified. Whenever possible, stakeholders develop an evaluation method that can be integrated into workplace processes and remain in the workplace after the interventions as a feedback device for workers and managers. The final evaluation should re-measure the gaps and assess the extent to which they have closed as a result of the interventions and to what extent interventions have led to increased AMTSL coverage.

The following are potential interventions that could increase AMTSL coverage. The interventions chosen will need to respond to gaps identified by stakeholders.

Policy

1. Hold national and provincial meetings among policy/decision makers to inform them about the following:
 - a. Importance of postpartum hemorrhage (PPH) as the biggest maternal killer
 - b. Definition of AMTSL: AMTSL includes three components: administration of a uterotonic drug (oxytocin 10 International Units intramuscular is the drug of choice) within one minute *after* the birth of the baby, controlled cord traction, and uterine massage after delivery of the placenta
 - c. Effectiveness of active management of the third stage of labor (AMTSL) where there are skilled birth attendants (SBAs)
 - d. Importance of all birth attendants having the legal authority to practice AMTSL and administer uterotonic drugs for AMTSL
 - e. Importance of doing an AMTSL assessment in the country to understand provider practice, barriers to AMTSL, etc.
 - f. Importance of developing a strategy to expand AMTSL in the country
 - g. Importance of developing a strategy for reaching women who do not have access to SBAs or give birth in the home
2. Develop national strategies to increase access to AMTSL:
 - a. Decree that AMTSL should be routinely practiced for all births with SBAs
 - b. Promote AMTSL by setting up a network of champions and government and private sector development partners

- c. Promote policies that deploy skilled birth attendants to rural areas
 - d. Support innovative strategies to offer AMTSL to the greatest number of women, including community-based interventions
 - e. Sensitize and educate all women, not only those who receive antenatal care, about the benefits of AMTSL by working with community-based non-governmental organizations (NGOs)
 - f. Promote financing schemes / health insurance plans that will reduce economic barriers to seeking care during pregnancy, childbirth, and in the postpartum period
3. Update policies to authorize all cadres of skilled birth attendants to perform AMTSL and give them legal authority to use injectable (oxytocin and ergometrine) and non-injectable (misoprostol) uterotonic drugs
 4. Update service delivery guidelines to include:
 - a. AMTSL for all births using oxytocin as the first line drug
 - b. AMTSL for births using ergometrine or syntometrine when oxytocin is not available and there are no contraindications to their use
 - c. AMTSL for births using misoprostol in situations where injectable uterotonic drugs are not available or birth attendants' skills are limited

Providers

1. Standardize AMTSL in in-service and pre-service training programs. Ideally AMTSL should be part of essential obstetric care (EOC) training but it is possible to conduct a stand-alone AMTSL training if needed
2. Promote the ongoing revision of policies, norms, and procedures to reflect updated clinical information on prevention and treatment of PPH
3. Update all skilled birth attendants' knowledge and skills
4. Provide each public and private maternity with at least one copy of updated service delivery guidelines / protocols
5. Develop a system for informing public and private providers about updates and changes in protocols for prevention and treatment of PPH
6. Develop a country training strategy that gives priority to front line providers who are assigned to attend births
7. Develop alternate training strategies to reduce cost, increase effectiveness, and increase access to training activities
8. Where needed, develop behavior change interventions to address the continued lack of AMTSL provision even after skilled attendants have been updated on AMTSL
9. Link managers, pharmacists, and clinicians to ensure that supplies and drugs are available to practice AMTSL safely
10. Use lessons learned from other countries or other health zones to improve practice of and access to AMTSL
11. Promote a "collaborative approach" between health zones and countries

12. Develop and disseminate simple and adapted job aids for developing a birth preparedness plan (including speaking to the importance of giving birth with an SBA so as to receive AMTSL), AMTSL, monitoring in the immediate postpartum, storage of uterotonics, quantification for uterotonics

Logistics (Drugs and Supplies)

1. Revise essential medicine list to include oxytocin (10 IU) as the first line drug and misoprostol as an alternative drug for the prevention of PPH
2. Revise essential medicine list to include oxytocin and misoprostol for the treatment of PPH
3. Include central drug supply staff, pharmaceutical managers and pharmacists as key partners in efforts to expand AMTSL
4. Update pharmaceutical managers and pharmacists on uterotonic drugs and the appropriate use *and* indications of these drugs
5. Integrate or piggy-back injectable uterotonics into existing cold chain system (at lowest level of the health system) or use an alternative system to ensure cold chain
6. Update drug management policies for oxytocin and other uterotonic drugs
7. Develop systems to ensure that there is quality data for adequate procurement and distribution
8. Include a uterotonic drug security plan in the RH commodity security plan
9. Improve information for providers on storage of uterotonics by developing and distributing job aids and posters explaining storage conditions clearly and precisely

Monitoring and Evaluation

1. Develop relevant indicators for monitoring and evaluating the practice of AMTSL¹

Minimum indicators

- Number and percent of women within a specified time period in facilities and homes where the woman was offered and received AMTSL by skilled birth attendants
- Number and percentage of facilities providing AMTSL
- Number and percentage of districts providing AMTSL

Other indicators that may be included

- Number and percent of providers trained in AMTSL
- Percent decrease in number of PPH cases

2. Set a goal coverage for AMTSL activities

The **% facility coverage² at start of scale up** includes the percent of women in facilities where the woman was offered and received AMTSL by SBAs³ in a specified time period

¹ http://www.pphprevention.org/monitoring_evaluation.php includes Indicator Reference sheets and sample data collection forms for use in AMTSL M&E

² Percentage of women receiving AMTSL

³ <http://www.who.int/healthinfo/statistics/indbirthswithskilledhealthpersonnel/en/> - refer to WHO definition of SBA. For trained health cadres outside this WHO definition of SBA, please contact the POPPHI project.

(six months or one year). This includes vaginal deliveries only.⁴ The percentage increase indicates what the percentage increase for AMTSL would need to be to achieve the final country goal coverage when scale-up is achieved. This is tracking the percentage at a national level, including all facilities where deliveries occur.

Table 3. Percentage increase needed to achieve goal AMTSL coverage

% facility coverage⁵ at start of scale up	% increase	Goal coverage
>50%+	50% Increase	75%+
>30%+	75% Increase	60%+
25–30%	75% increase	50%
10–25%	50-100% increase	25%
<10%	50-100% increase	10%

3. Conduct AMTSL baseline and endline assessments

Refer to http://www.pphprevention.org/briefs_newsletters.php for more details on the Global AMTSL survey that can be used at baseline and endline to measure the AMTSL coverage percentage at a national level. Using this methodology at baseline, if the % increase is greater than 30%, it is possible to use a sub-sample from the original baseline sample to measure endline AMTSL percentages. It is also possible to use the LQAS methodology to measure whether a country has exceeded (or not exceeded) a specific AMTSL threshold at any point in time as well as to measure baseline and endline AMTSL thresholds, whether a country has exceeded (or not) a specific AMTSL percentage.

4. Integrate documentation of AMTSL into existing tools, medical records, and registers:

- Use of AMTSL is noted in patient’s chart or on partograph
- Use of AMTSL is marked in the delivery book or log
- Use of AMTSL at the facility and home levels are included in monthly reports

5. Integrate documentation of oxytocin availability (stock-outs per year) into existing tools

6. Integrate AMTSL into existing supervisory tools (the supervision system should include random observation of births to monitor quality of AMTSL)

7. Use lessons learned to develop a plan to follow providers, and ensure an efficient strategy of clinical and managerial support

8. Introduce quality assurance techniques to reinforce the practice of AMTSL at health care facilities

⁴ Does not include Caesarean -Section or abortion

⁵ Percentage of women who were offered and received AMTSL

Implementation plan to scale-up AMTSL activities

The following pages provide the broad outline for a sample “generic” project proposal that could serve as a template for organizations or ministries of health seeking to increase the uptake of AMTSL in both home and facility births.

Goal:

To reduce postpartum hemorrhage by increasing the number and percentage of women who were offered and received active management of the third stage of labor (AMTSL)

Objectives

The project goal can be attained by implementing a national strategy for scale-up, based on the needs identified in the situational analysis, with the following objectives:

1. Facilitate a policy environment that authorizes all birth attendants to practice AMTSL and/or use uterotonic drugs for the prevention of PPH.
2. Facilitate the creation of a work environment that enables birth attendants to practice AMTSL.
3. Improve logistics systems for drugs and supplies necessary for the practice of AMTSL.
4. Develop a system to monitor and evaluate the implementation of AMTSL scale-up activities.

Objective 1: Facilitate a policy environment that authorizes all birth attendants to practice AMTSL and/or use uterotonic drugs for the prevention of PPH

Objective 1: Facilitate a policy environment that authorizes all birth attendants to practice AMTSL and/or use uterotonic drugs for the prevention of PPH

Activity 1.1 Hold national and provincial meetings among policy/decision makers to inform them about the importance of postpartum hemorrhage (PPH) as the biggest maternal killer and the effectiveness of active management of the third stage of labor (AMTSL) where there are skilled birth attendants (SBAs)

Activity 1.2 Advocate that all birth attendants are authorized to perform AMTSL

Objective 1: Facilitate a policy environment that authorizes all birth attendants to practice AMTSL and/or use uterotonic drugs for the prevention of PPH

- Activity 1.3 *Update policies to authorize all cadres of skilled birth attendants to perform AMTSL and give them legal authority to use injectable (oxytocin and ergometrine) and non-injectable (misoprostol) uterotonic drugs*
- Activity 1.4 *Develop clear national protocols (service delivery guidelines) for AMTSL and use of uterotonic drugs for prevention of PPH*
- Activity 1.5 *Develop national strategies to increase access to AMTSL*
- Activity 1.6 *Work with professional organizations to develop a statement on prevention of PPH*

Objective 2: Facilitate the creation of a work environment that enables birth attendants to practice AMTSL

Objective 2: Facilitate the creation of a work environment that enables birth attendants to practice AMTSL

- Activity 2.1 *Reach consensus with all organizations conducting either pre- or in-service training programs in maternal health about the importance of including AMTSL and PPH prevention activities in their learning materials*
- Activity 2.2 *Standardize all in-service learning materials that include training in AMTSL; ensure inclusion of training in AMTSL in safe motherhood curricula used for in-service education*
- Activity 2.3 *Ensure inclusion of AMTSL in pre-service education programs for all skilled birth attendants*
- Activity 2.4 *Develop and disseminate simple and adapted job aids for developing a birth preparedness plan (including speaking to the importance of giving birth with an SBA so as to receive AMTSL), AMTSL, monitoring in the immediate postpartum, storage of uterotonics, quantification of uterotonic drugs*
- Activity 2.5 *Identify one person at the national level and on the regional and district health management teams that will be the point person for AMTSL activities at those levels*
- Activity 2.6 *Choose district-level clinical training sites and select point persons for each district that will be responsible for training activities.*
- Activity 2.7 *Develop a training strategy for SBAs in each district*
- Activity 2.8 *Work with community-based organizations and women's groups to reinforce key messages promoting AMTSL and birth with a skilled attendant*

Objective 3: Improve logistics for drugs and supplies necessary for the practice of AMTSL

Objective 3: Improve logistics for drugs and supplies necessary for the practice of AMTSL

- Activity 3.1 *Revise essential medicine list to include oxytocin (10 IU) as the first line drug and misoprostol as an alternative drug for the prevention of PPH; revise essential medicine list to include oxytocin and misoprostol for the treatment of PPH*
- Activity 3.2 *Facilitate the creation and functioning of a Quantification Committee to estimate needs for all uterotonics*
- Activity 3.3 *Update drug management policies for oxytocin and other uterotonic drugs, including integrating or piggy-backing injectable uterotonics into existing cold chain system (at lowest level of the health system) or using an alternative system to ensure cold chain*
- Activity 3.4 *Develop systems to ensure that there is quality data for adequate procurement and distribution*
- Activity 3.5 *Include a uterotonic drug security plan in the RH commodity security plan*
- Activity 3.6 *Develop protocols and job aids for storage of uterotonic drugs in the pharmacy and delivery room and assist with their dissemination*
- Activity 3.7 *Develop a training strategy for central drug supply staff and pharmaceutical managers and pharmacists at the national, regional, and district levels to update them on the appropriate use, indications, contraindications, side effects, storage, management, and quantification of uterotonic drugs*
- Activity 3.8 *Work with facility administrators and health committees to ensure purchase of necessary medications and supplies*

Objective 4: Develop a system to monitor and evaluate the implementation of scale-up activities

Objective 4: Develop a system to monitor and evaluate the implementation of scale-up activities

Develop relevant indicators for monitoring and evaluating the practice of AMTSL⁶

Minimum indicators

Activity 4.1 *Number and percent of women within a specified time period in facilities and homes where the woman was offered and received AMTSL by skilled birth attendants*

- *Number and percentage of facilities providing AMTSL*
- *Number and percentage of districts providing AMTSL*

Other indicators that may be included

- *Number and percent of providers trained in AMTSL*
- *Percent decrease in number of PPH cases*

Activity 4.2 *Set a goal coverage for AMTSL activities*

Activity 4.3 *Conduct baseline and endline assessments to evaluate achievement of goals for AMTSL coverage and management of uterotonic drugs*

Integrate documentation of AMTSL into existing tools, medical records, and registers:

- Activity 4.4
- *Use of AMTSL is noted in patient's chart or on partograph*
 - *Use of AMTSL is marked in the delivery book or log*
 - *Use of AMTSL at the facility and home levels are included in monthly reports*

Activity 4.5 *Integrate AMTSL and availability / storage of uterotonic drugs into the management information system and into the monitoring and supervisory activities*

Activity 4.6 *Use lessons learned to develop a plan to follow providers, and ensure an efficient strategy of providing clinical and managerial support for the practice of AMTSL and the supply and storage of uterotonic drugs*

Activity 4.7 *Introduce quality assurance techniques to reinforce the practice of AMTSL at health care facilities*

⁶ http://www.pphprevention.org/monitoring_evaluation.php includes Indicator Reference sheets and sample data collection forms for use in AMTSL M&E