

SECTION A

CALL TO ACTION



Joint Statement
Management of the Third Stage of Labour to Prevent Post-partum Haemorrhage

International Confederation of Midwives (ICM)
International Federation of Gynaecologists and Obstetricians (FIGO)

ICM and FIGO are key partners in global Safe Motherhood efforts to reduce maternal death and disability in the world. Their mission statements share a common commitment in promoting the health, human rights and well-being of all women, most especially those at greatest risk for death and disability associated with childbearing. FIGO and ICM promote evidence-based, effective interventions that, when used properly with informed consent, can reduce the incidence of maternal mortality and morbidity in the world.

Severe bleeding is the single most important cause of maternal death worldwide. More than half of all maternal deaths occur within 24 hours of delivery, mostly from excessive bleeding. Every pregnant woman may face life-threatening blood loss at the time of delivery; women with anaemia are particularly vulnerable since they may not tolerate even moderate amounts of blood loss. Every woman needs to be closely observed and, if needed, stabilized during the immediate post-partum period.

Upon review of the available evidence, FIGO and ICM agree that active management of the third stage of labour is proven to reduce the incidence of post-partum haemorrhage, the quantity of blood loss, and the use of blood transfusion.

Active management of the third stage of labour should be offered to women since it reduces the incidence of post-partum haemorrhage due to uterine atony.

Active management of the third stage of labour consists of interventions designed to facilitate the delivery of the placenta by increasing uterine contractions and to prevent PPH by averting uterine atony. The usual components include:

- Administration of uterotonic agents
- Controlled cord traction
- Uterine massage after delivery of the placenta, as appropriate.

Every attendant at birth needs to have the knowledge, skills and critical judgment needed to carry out active management of the third stage of labour and access to needed supplies and equipment.

In this regard, national professional associations have an important and collaborative role to play in:

- Advocacy for skilled care at birth;
- Dissemination of this statement to all members of the organisation and facilitation of its implementation;
- Public education about the need for adequate prevention and treatment of post-partum haemorrhage;
- Publication of the statement in national midwifery, obstetric and medical journals, newsletters and websites;
- Address legislative and other barriers that impede the prevention and treatment of post-partum haemorrhage;
- Incorporation of active management of the third stage of labour in national standards and clinical guidelines, as appropriate;
- Incorporation of active management of the third stage into pre-service and in-service curricula for all skilled birth attendants;
- Working with national pharmaceutical regulatory agencies, policymakers and donors to assure that adequate supplies of uterotonics and injection equipment are available.

MANAGEMENT OF THE THIRD STAGE OF LABOUR TO PREVENT POST-PARTUM HAEMORRHAGE

HOW TO USE UTEROTONIC AGENTS

- Within one minute of the delivery of the baby, palpate the abdomen to rule out the presence of an additional baby(s) and give oxytocin 10 units IM. Oxytocin is preferred over other uterotonic drugs because it is effective 2-3 minutes after injection, has minimal side effects and can be used in all women.
- If oxytocin is not available, other uterotonics can be used such as: ergometrine 0.2 mg IM, syntometrine (1 ampoule) IM or misoprostol 400-600 mcg orally. Oral administration of misoprostol should be reserved for situations when safe administration and/or appropriate storage conditions for injectable oxytocin and ergot alkaloids are not possible.
- Uterotonics require proper storage:
 - Ergometrine: 2-8°C and protect from light and from freezing.
 - Misoprostol: room temperature, in a closed container.
 - Oxytocin: 15-30°C, protect from freezing
- Counselling on the side effects of these drugs should be given.

Warning! Do not give ergometrine or syntometrine (because it contains ergometrine) to women with pre-eclampsia, eclampsia or high blood pressure.

HOW TO DO CONTROLLED CORD TRACTION

- Clamp the cord close to the perineum (once pulsation stops in a healthy newborn) and hold in one hand.
- Place the other hand just above the woman's pubic bone and stabilize the uterus by applying counter-pressure during controlled cord traction.
- Keep slight tension on the cord and await a strong uterine contraction (2-3 minutes).
- With the strong uterine contraction, encourage the mother to push and very gently pull downward on the cord to deliver the placenta. Continue to apply counter-pressure to the uterus.
- If the placenta does not descend during 30-40 seconds of controlled cord traction do not continue to pull on the cord:
 - Gently hold the cord and wait until the uterus is well contracted again;
 - With the next contraction, repeat controlled cord traction with counter-pressure.

Never apply cord traction (pull) without applying counter traction (push) above the pubic bone on a well-contracted uterus.

- As the placenta delivers, hold the placenta in two hands and gently turn it until the membranes are twisted. Slowly pull to complete the delivery.
- If the membranes tear, gently examine the upper vagina and cervix wearing sterile/disinfected gloves and use a sponge forceps to remove any pieces of membrane that are present.
- Look carefully at the placenta to be sure none of it is missing. If a portion of the maternal surface is missing or there are torn membranes with vessels, suspect retained placenta fragments and take appropriate action (ref Managing Complications in Pregnancy and Childbirth).

HOW TO DO UTERINE MASSAGE

- Immediately massage the fundus of the uterus until the uterus is contracted.
- Palpate for a contracted uterus every 15 minutes and repeat uterine massage as needed during the first 2 hours.
- Ensure that the uterus does not become relaxed (soft) after you stop uterine massage.

**In all of the above actions, explain the procedures and actions to the woman and her family.
Continue to provide support and reassurance throughout.**

References:

WHO, UNFPA, UNICEF, World Bank. Managing Complications in Pregnancy and Childbirth. WHO/RHR/00.7, 2000.
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ICM/FIGO GLOBAL INITIATIVE ON THE PREVENTION OF POST-PARTUM HAEMORRHAGE

“This initiative will lead to fewer maternal deaths while increasing the chance of child survival as more children will have a mother caring for them”

Caroline Weaver, ICM president
November 2003, Hong Kong

“We need to stop the deaths of 200,000 women each year from bleeding during childbirth”

Arnaldo Acosta, FIGO President
October 2003, Santiago

TEN KEY ACTIONS

ICM and FIGO will:

1. Disseminate the joint statement to all national associations of midwives and societies of obstetrician-gynaecologists, and encourage the national groups to disseminate it to their members.
2. Obtain support for the joint statement from agencies in the field of maternal and neonatal health care, such as UN agencies, development and others.
3. Recommend that this Global Initiative on the prevention of PPH be integrated into the curricula of midwifery, medical and nursing schools.
4. Recommend that the Global Initiative be adopted by health policy makers and politicians.

ICM and FIGO will work toward ensuring that:

5. Every mother giving birth anywhere in the world will be offered active management of the third stage of labour for the prevention of PPH.
6. Every skilled attendant will have training in active management of the third stage of labour and in techniques for the treatment of PPH.
7. Every health facility where births take place will have adequate supplies of uterotonic drugs, equipment and protocols for both the prevention and treatment of PPH.
8. Blood transfusion facilities are available in centres that provide comprehensive health care (secondary and tertiary levels of care).
9. Physicians are trained in simple conservative techniques such as compression sutures and devascularisation.
10. Promising new drugs and technologies for the prevention and treatment of PPH, such as the tamponade technique, are evaluated.



International Confederation of Midwives

Prevention of post-partum haemorrhage: A global initiative

In September 2000, 189 member states of the United Nations committed themselves to achievement of the Millennium Development Goals. One of these is a significant reduction in the number of women who lose their lives due to causes related to pregnancy or childbirth.

It is clear that both midwives and obstetricians must take a key role in this work. Therefore since that time the International Confederation of Midwives (ICM) and the International Federation of Obstetricians and Gynaecologists (FIGO) have been working together, first, to identify the most urgent priority for their members; second, to design and implement a plan of action that can be disseminated to frontline health workers in every country.

The specific challenge identified by both organisations was to prevent deaths of women from post-partum haemorrhage (PPH). The collaborative Joint Statement addressing this problem, issued by ICM and FIGO in October 2003 is based on a rigorous review of the available evidence and includes detailed guidance for skilled attendants at birth. It is based on the conclusion that – where appropriately trained birth attendants, necessary equipment and injection safety can be ensured – active management of the third stage of labour will significantly reduce the incidence of PPH. It is acknowledged that these conditions are not in place in every birth setting and therefore part of the plan of action is to work towards expanded training of medical and midwifery birth attendants and provision of adequate supplies of uterotonic drugs and equipment in every health facility.

In the six months since the launch of the campaign, both ICM and FIGO have taken forward their plans in many areas. The statement and associated materials have been widely distributed elsewhere and reports on the campaign have been published in a number of midwifery and obstetrics journals. The initiative was launched at the ICM Asia-Pacific Regional Conference in Hong Kong in November 2003, where ICM President Caroline Weaver urged the midwives of this region to join the campaign and include the guidance from the Joint Statement in their health policies and midwifery training. A half day collaborative workshop on the prevention of post –partum haemorrhage was also organised during the conference. The ICM will continue to address this issue during regional conferences and at the next Triennium Congress. ICM and FIGO will continue to work together and have greatly welcomed support from their international partners.

The next phase of the initiative will be to ensure that this important message is taken seriously at national level. ICM will support this initiative by working with its member associations to develop ways in which this detailed message is communicated to midwives. At the same time, ICM will continue to work with its partners to ensure that midwives who are involved with policy-making and the planning of education curricula are aware of this initiative. These are steps, that when achieved, will open the gateway for individual midwives worldwide to enhance their practice and make the difference that will save women's lives.

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