



## Ugandan National Policies Increase Use of AMTSL

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

Recent changes to national policies in Uganda are paving the way to saving women's lives. Until 2006, the national protocols in Uganda did not allow for midwives to administer oxytocin, and ergometrine was the only drug recommended for use in active management of the third stage of labor (AMTSL). The Ministry of Health took important steps to change these protocols, now including oxytocin along with ergometrine, and misoprostol for prevention of postpartum hemorrhage and granting midwives the right to administer oxytocin.

With a small grant from the Prevention of Postpartum Hemorrhage Initiative (POPPHI) project, the Uganda Private Midwives Association (UPMA) and the Association of Obstetricians and Gynaecologists of Uganda (AOGU) are working together to ensure that all providers in Uganda in both the public and private sectors are trained according to these new protocols with emphasis on using oxytocin, the drug of choice for AMTSL. In 2006, they trained 74 midwives in AMTSL in two districts of Uganda. Since the training, the associations have conducted supervisory visits to the facilities in order to evaluate the effectiveness of the training and assist

the providers with any questions or problems they might have.

Since these trainings, providers have been changing to oxytocin. The health facilities are working through their stock of ergometrine and are committed to using oxytocin in the future.

An important additional outcome of the small grant activities is the strengthened relationship between the two associations. Dr. Beyeza Jolly Kashesya, a member of AOGU, stated that before working on this small grant project, "there was quite a gap; the associations were two separate entities. [This grant] has strengthened the connection between the organizations."

The groups have also worked to distribute POPPHI posters and fact sheets to their members. These serve as important job aids for the providers in delivery rooms. UPMA and AOGU are also working with the Ministry of Health to disseminate the new protocols on prevention of postpartum hemorrhage.

The associations are enthusiastic about continuing their work together to save women's lives. Dr. Jolly stated, "Our work with POPPHI was an eye-opener that we could do something. We believe that improving care during delivery with AMTSL will go a long way to reduce the very high numbers of maternal deaths in Uganda."

### 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](http://www.pphprevention.org).