

## Active Management of the Third Stage of Labor for Prevention of Postpartum Hemorrhage: A Fact Sheet for Policy Makers and Program Managers

### WHAT?

Active management of the third stage of labor (AMTSL) includes three steps:

1. Administration of a uterotonic drug (oxytocin, 10 IU injection, is the drug of choice)
2. Controlled cord traction
3. Uterine massage after delivery of placenta

### WHY?

Every year, there are 14 million cases of postpartum hemorrhage (PPH), or excessive bleeding that occurs after childbirth. PPH accounts for approximately 25% of maternal deaths worldwide<sup>1</sup> and for up to 60% of deaths in some countries.<sup>2</sup> PPH also causes significant long-term morbidity.<sup>3</sup> Research has validated AMSTL as a best practice that reduces:

- The incidence of PPH from uterine atony (i.e., the failure of the uterus to contract after delivery) by up to 60%<sup>4</sup>
- The need for blood transfusion (with medical risks, hospital stay, and attendant costs)<sup>5</sup>
- Ultimately, death and ill health from PPH<sup>3</sup>

### *Active management of the third stage of labor is:*

- A safe, cost-effective, and sustainable intervention
- More humane and ethical than having to deal with the complications of PPH, especially for women who already may be anemic or malnourished<sup>2</sup>
- A practice that can save facilities money, according to studies conducted in Guatemala, Vietnam, and Zambia<sup>6,7</sup>
- A way to increase the effectiveness and economic impact of maternal and child health programs
- A practice that has been adopted by many types of providers, after relatively short training sessions that include practical experience

### WHEN?

AMTSL should be offered to every woman, at every birth, by every provider, because:

- The vast majority of cases of PPH cannot be predicted in advance,<sup>2</sup> but they can be prevented with AMTSL.
- The health status of many women is compromised by anemia at the time of delivery, making even a small amount of blood loss dangerous, so reducing blood loss at birth could be life-saving.

### WHAT can be done to increase the use of active management of the third stage of labor?

#### *Advocacy:*

- Create policy support for the routine use of AMTSL as one of the most effective interventions to prevent PPH—the major killer of women in childbirth—and save women's lives.
- Introduce international research findings and guidelines into national policy dialogue and development—e.g., the International Confederation of Midwives (ICM)/ International Federation of Gynecology and Obstetrics (FIGO) joint statement on AMTSL<sup>8</sup> and the World Health Organization (WHO) guideline.<sup>9</sup>
- Promote community- and facility-based commitment for routine availability and use of AMTSL for all women during childbirth.
- Partner with regional task forces, civil society, and professional associations to promote local commitment.
- Collaborate with the U.S. Agency for International Development (USAID), WHO, United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), and other donors and cooperating agencies to gain support for including AMTSL at all levels and integrating it into service-delivery guidelines.

### **Training:**

- Include AMTSL in appropriate preservice and in-service curricula and trainings.
- Provide support for training (e.g., through audiovisuals, anatomic models, reference materials, job aids, and training supplies).
- Carry out training follow-up, monitoring, and supervision.
- Confirm authorization and legal authority of provider cadres who can deliver AMTSL and related services, including injections. (Consider facility and community level.)
- Integrate AMTSL into comprehensive safe motherhood training programs. (Skills training in AMTSL alone is possible when a comprehensive training is not possible or was recently completed.)

### **Service delivery:**

- Ensure adequate infrastructure, labor/delivery space, and utilities (e.g., running water, toilets, and electrical power), if possible.
- Support training using job aids, supervision, and monitoring.
- Make available logistics system support (e.g., cold or cool chain with light protection for drug commodities and appropriate packaging and dosage for prophylaxis and treatment, including oxytocin and/or ergometrine or syntometrine, on the Essential Drugs List).
- Support cross-cutting issues (e.g., quality improvement, infection prevention, and access to skilled assistance at delivery).
- Provide supplies (e.g., oxytocin, needles, and syringes).

### **REFERENCES**

1. World Health Organization (WHO) Department of Reproductive Health and Research. 2004. *Maternal mortality in 2000: Estimates developed by WHO, UNICEF, and UNFPA*. Geneva. Available at: [www.childinfo.org/maternal\\_mortality\\_in\\_2000.pdf](http://www.childinfo.org/maternal_mortality_in_2000.pdf).
2. AbouZahr, C. 1998. Antepartum and postpartum haemorrhage. In *Health dimensions of sex and reproduction*, ed. by C.J.L. Murray and A.D. Lopez AD. Boston: Harvard University Press, pp. 165–190.
3. WHO. 1994. *Mother-baby package: Implementing safe motherhood in countries*. WHO/FHE/MSM/94.11. Geneva.
4. Prendiville, W.J., et al. 1988. The Bristol third stage trial: active versus physiological management of third stage of labour. *British Medical Journal* 297(6659):1295–1300.
5. McCormick, M.L., et al. 2002. Averting maternal death and disability: Preventing postpartum hemorrhage in low-resource settings. *International Journal of Gynecology and Obstetrics* 77(3):267–275.
6. Fogarty, L., et al. 2005. *Is active management of third stage of labor cost effective for health facilities? A case-comparison study in Guatemala and Zambia*. Baltimore, MD: JHPIEGO.
7. Tsu, V., et al. 2005. *Reducing postpartum hemorrhage in Vietnam: Assessing the effectiveness of active management of third-stage labor*. Hanoi/Seattle: Vietnam Ministry of Health/PATH.
8. International Confederation of Midwives and International Federation of Gynecology and Obstetrics. 2003. *Joint statement: Management of the third stage of labour to prevent postpartum haemorrhage*.
9. WHO, UNFPA, UNICEF, and World Bank. 2000. *Managing complications in pregnancy and childbirth*. WHO/RHR/00.7. Geneva.



**USAID**  
FROM THE AMERICAN PEOPLE

RTI International   PATH   EngenderHealth  
International Confederation of Midwives  
International Federation of Gynecology and Obstetrics (FIGO)



**POPPHI**  
Prevention of Postpartum Hemorrhage Initiative