Active Management of the Third Stage of Labor (AMTSL)
Offer to every woman at every delivery

1. Palpate the uterus to rule out additional babies
2. Give uterotonic drug within 1 minute of childbirth

Oxytocin Available?

- YES
  - Give Oxytocin 10 IU IM even if labor was induced or augmented

- NO
  - Contraindication?
    - (Severe anaemia, pre-eclampsia/eclampsia, cardiac problems)
      - YES
        - Give Misoprostol, 600 mcg (3x200mcg tablets), orally
      - NO
        - Give Ergometrine 0.25mg IM

Deliver the placenta by controlled cord traction on the umbilical cord and counter-pressure to the uterus

Massage the uterus until firm and contracted, then every 15 minutes for 2 hours by provider or client herself

Examine placenta
Measure blood loss
Monitor blood loss and manage accordingly
**Management of Primary Post-Partum Haemorrhage (PPH)**

- **SHOUT FOR HELP!**

**IS PLACENTA OUT?**

- **YES**
  - Examine: Is the placenta complete?
  - Perform digital evacuation of the uterus
  - Is the uterus well contracted?
    - **YES**
      - Suture perineal or vaginal tears
      - Monitor patient
    - **NO**
      - Are there cervical, vaginal or perineal tear(s)?
        - **YES**
          - Suture perineal or vaginal tears
          - Monitor patient
        - **NO**
          - REFER with IV R/L

- **NO**
  - Deliver by controlled cord traction.
    - **YES**
      - If it fails:
        - Perform manual removal of the placenta
        - Give oxytocin 20 IU IV in 1L DS or NS to run for 4-6 hours
        - Give broad spectrum antibiotics
        - Observe for 24 hours
      - If manual removal of placenta fails:
        - REFER with running IV fluids
    - **NO**
      - Massage and squeeze clots
      - Perform bimanual compression of the uterus
      - Give oxytocin 20 IU IV in 1L DS or NS to run for 4-6 hours

**BLEEDING CONTROLLED?**

- **YES**
  - REFER with IV drip while compressing uterus
  - Monitor patient and continue with oxytocin
  - Refer for blood transfusion if very pale
- **NO**
  - REFER with IV R/L

**At Hospital:**

- Continue resuscitation with IV R/L or N/S, insert urethral catheter
- Give blood transfusion if very pale
- Identify cause of bleeding and manage appropriately
Managing Severe Pre-Eclampsia and Eclampsia with Magnesium Sulphate (MgSO₄)

**SHOUT FOR HELP!**

Inform client she may feel warmth when given MgSO₄

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**Loading Dose**

Prepare 4gm MgSO₄, IV as 20% from 50% solution:

- Using one 20mL syringe:
  - Draw 8mL of 50% MgSO₄
  - Add 12mL of water for injection to make it 20mL of 20%
- Give IV slowly over 5 minutes

Follow promptly with 10gm as 50% MgSO₄ deep IM:

- Using two 10mL syringes:
  - Draw 10mL of 50% MgSO₄ into each syringe
  - Add 1mL of 2% Lignocaine in each syringe
  - Give deep IM in each buttock (5gm in 10mL)

If fits occur within 15 minutes:

- Using one 10mL syringe:
  - Draw 4mL of 50% MgSO₄ (2gm)
  - Add 6mL of water for injection to make it 10mL of 20%
  - Give IV slowly over 5 minutes

Health Centres and Dispensaries: Refer to Hospital after loading dose

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**Maintenance Dose**

5gm as 50% MgSO₄, in alternate buttocks every 4 hours:

- Using one 10mL syringe:
  - Draw 10mL of 50% MgSO₄
  - Add 1mL of 2% Lignocaine
  - Give deep IM in each alternate buttock every 4 hours
  - Continue same treatment for 24 hours after delivery or last fit, whichever is last

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**Monitor for Toxicity**

Withhold or delay MgSO₄, if any of the following:

- Respiratory rate less than 16/minute
- Patellar reflexes absent
- Urine output less than 30mL/hr

If respiratory arrest occurs:

- Assist ventilation with bag and mask OR call anesthetist for intubation
- Give Calcium Gluconate 1gm (10mL of 10%) IV slowly over 2-5 minutes until respiration begins