

Helping Mothers Survive

Bleeding after Birth



Key points



- There are two people who need care, mother and baby.
- Survival of the baby can be dependent on survival of mother.
- Each training will build skills and knowledge to provide safe and effective care for mother and baby.
- Practicing the skills after the training is very important.

Key knowledge

- During pregnancy, labor, delivery, and the time after birth, there are two people who need care, mother and baby.
- The Bleeding after Birth and Helping Babies Breathe programs work together to build skills and knowledge for the care of mothers and babies during and after birth.
- Each training program will focus on one area of concern, where specific actions by the provider can make the difference between life and death.
- The trainings will involve simulation, skill building, and discussion.

Quick check

**Why is it important for the health and survival of the baby that the mother is cared for?
If the mother dies, the baby is at great risk of dying, too.**

Facilitation Note

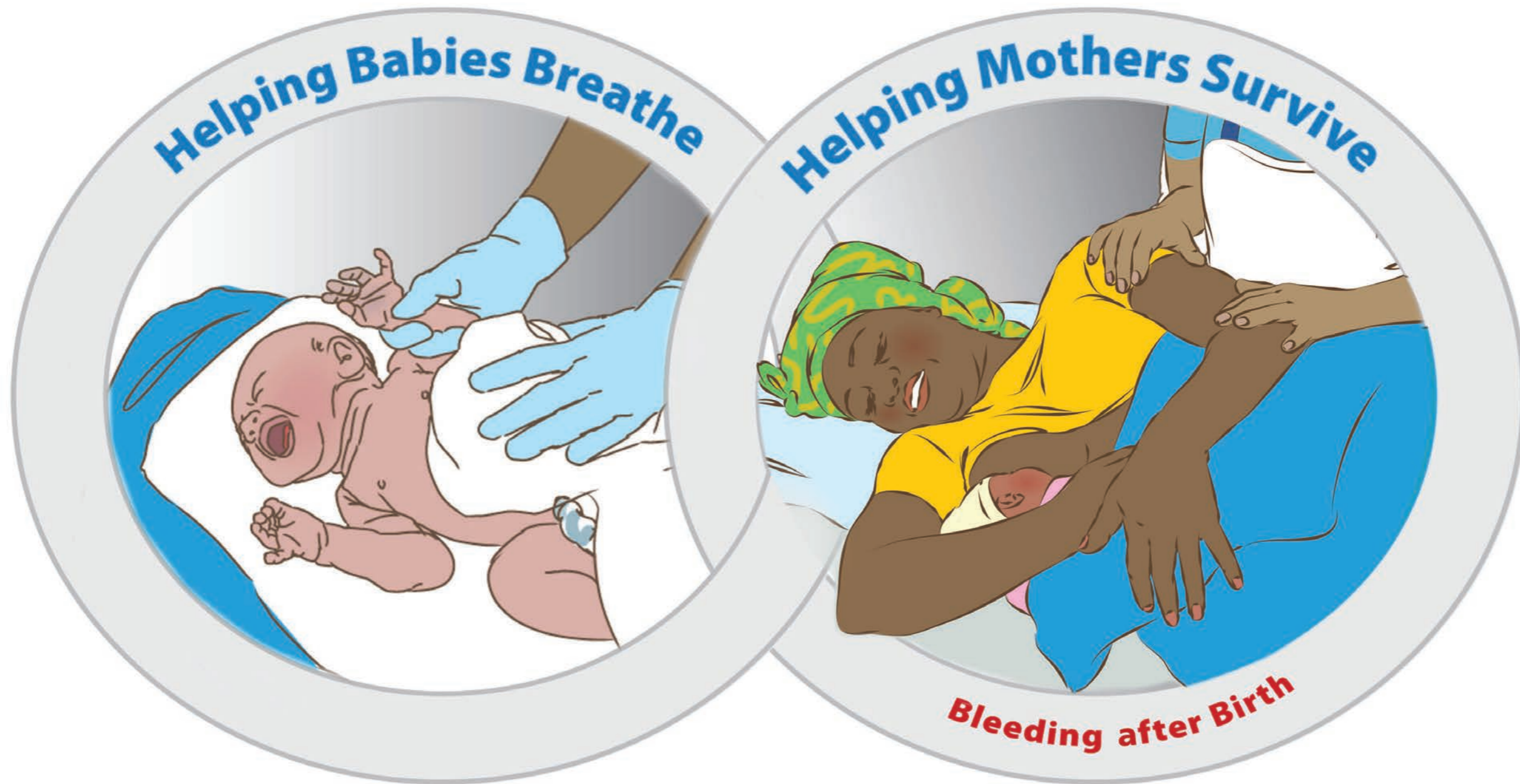
Have chart open to this page at the start of training. Prior to the training, all supplies necessary for a clean and safe delivery should be out and ready. See page 4b for list. Open training with a role play of a normal birth that progresses to a postpartum hemorrhage that leads to death. If you are facilitating alone, ask the learners for help. This will give you an idea of how learners usually practice and what to emphasize during training.

After the role play, guide discussion:

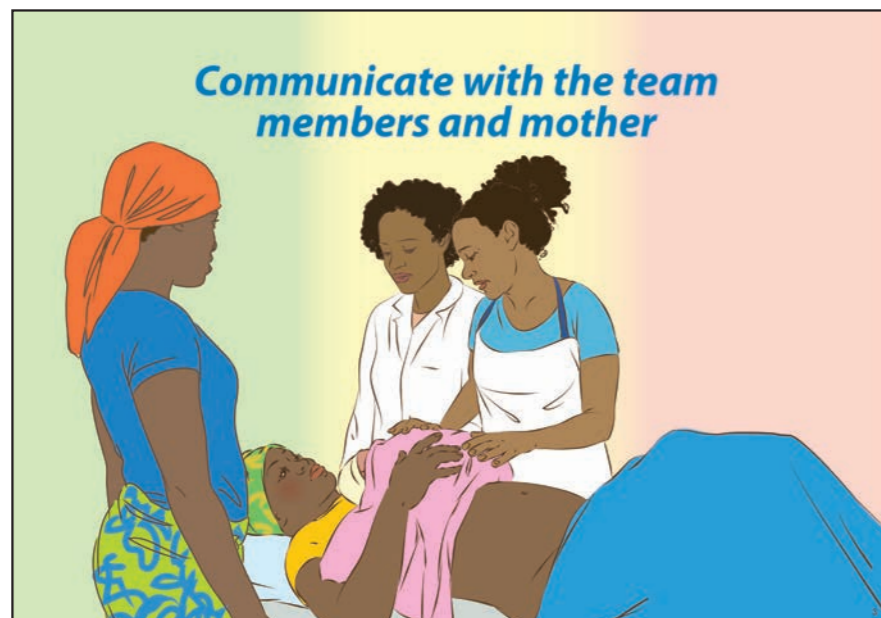
- Did you ever see someone die from bleeding after birth?
- What happened?
- Was there anything else that could have been done if the mother had been somewhere else?



Saving lives at birth



Key points



- Good communication can save lives.
- Know whom to call for help.
- Assign each member a role.
- Have an emergency plan in place.
- Alert others as the birth approaches.

Knowledge and skills

- Good communication can save lives.
- Communicate with everyone involved.
- Knowing your team is important.
- Make sure you know how to contact each other.
- Having a plan facilitates communication.
- Anxiety and fear can block communication.
- Speak loudly and clearly. Others cannot read your thoughts.
- Ensure everyone knows what to do.

Facilitation note

During all practice and demonstration on the simulator, be sure to role model good communication with mother and team members.

Communicate with the team members and mother



Key points



- Make the birth area private, warm, and well lit.
- You must have the right equipment ready for use before birth.
- For EVERY BIRTH, always have the uterotonic drawn up and ready to give.
- Test the function of the bag and mask.
- Handwashing and using sterile or high-level disinfected gloves and equipment reduce the risk of infection.
- Note time of birth.
- Mother and baby should always be kept together.

Key skills

- Knowing how to use available equipment to make what is needed will reduce stress and improve care.
- Careful handwashing, wearing sterile or high-level disinfected gloves and using sterile instruments helps prevent infection.
- Wearing an apron, mask, and eye shield protects the provider from infection.
- Double gloving prior to delivery allows for the provider to remove the dirty pair before cutting and clamping the cord. This helps protect the baby from infection.
- Communicating what you are going to do and why will keep the mother and birth team informed and help them to stay calm.
- After birth, keeping mother and baby together is important for both.

Facilitation note

Have supplies for birth laid out neatly for demonstration. As you begin, be sure you talk to the operator as if she is a mother giving birth, being respectful and informative.

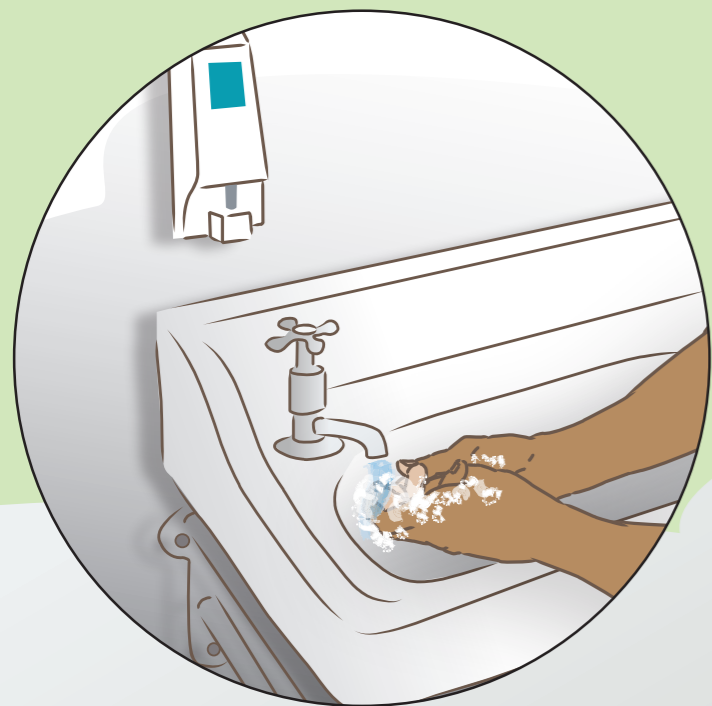
Simulation supplies

- Sterile gloves
- Apron
- Scissors
- Cloths
- Ties
- Hemostats or clamps
- Timer
- Medication
- Suction bulb
- Bag and mask
- Stethoscope

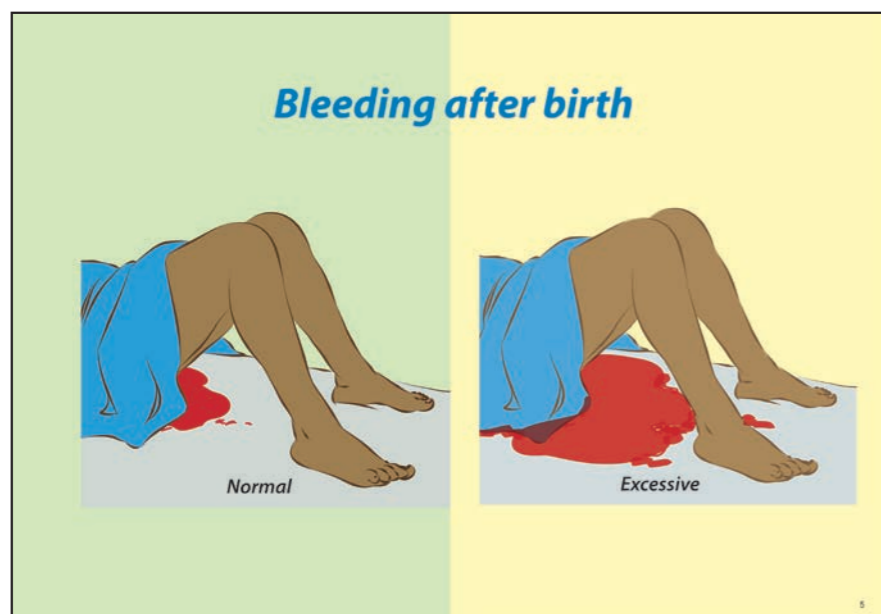
It is very important that oxytocin is drawn up into the syringe or misoprostol is ready to give BEFORE THE BABY IS BORN. This will allow you to give the medicine quickly to prevent the mother from bleeding and will reduce delays in life saving care if the baby is not breathing.



Prepare for clean and safe delivery



Key points

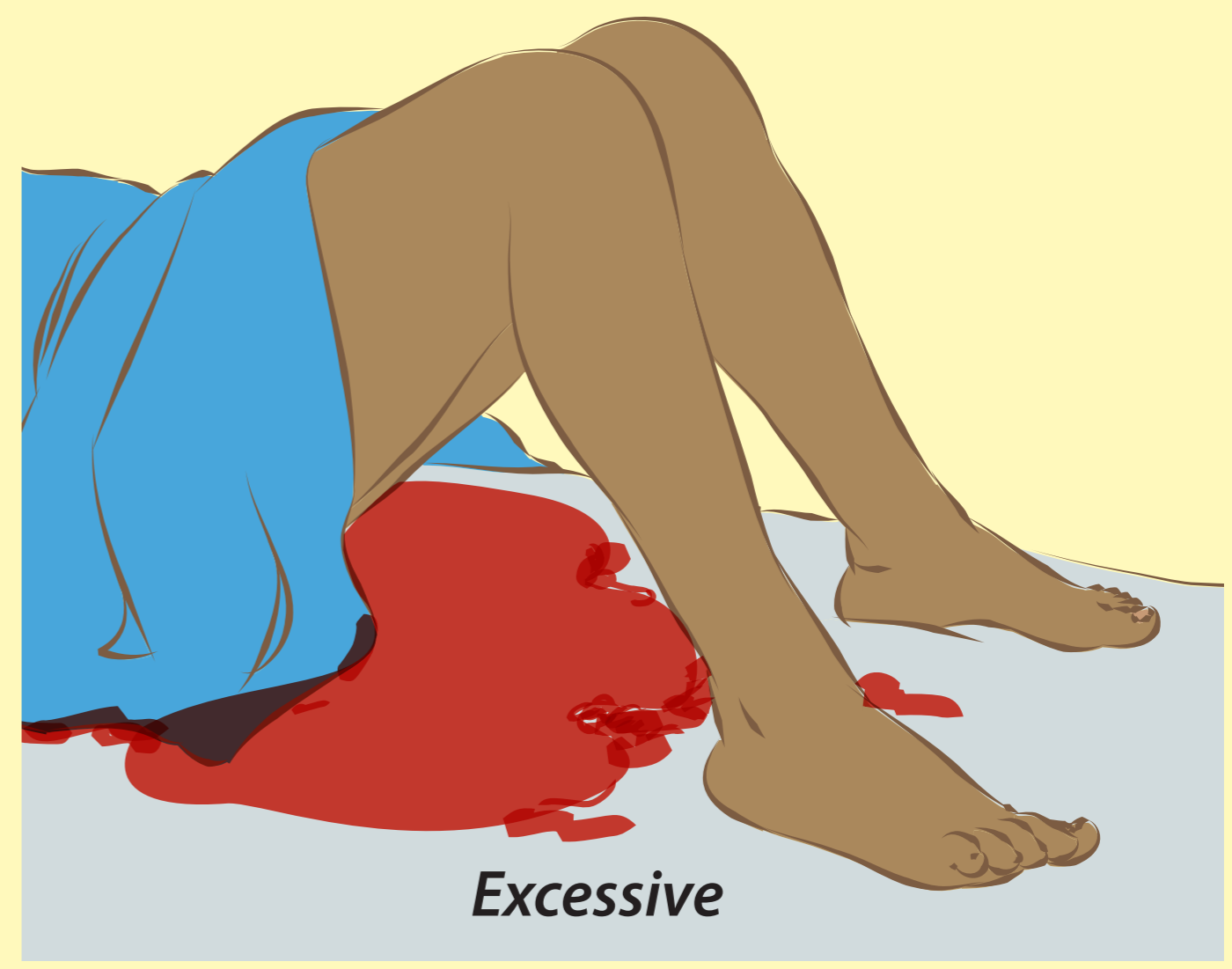
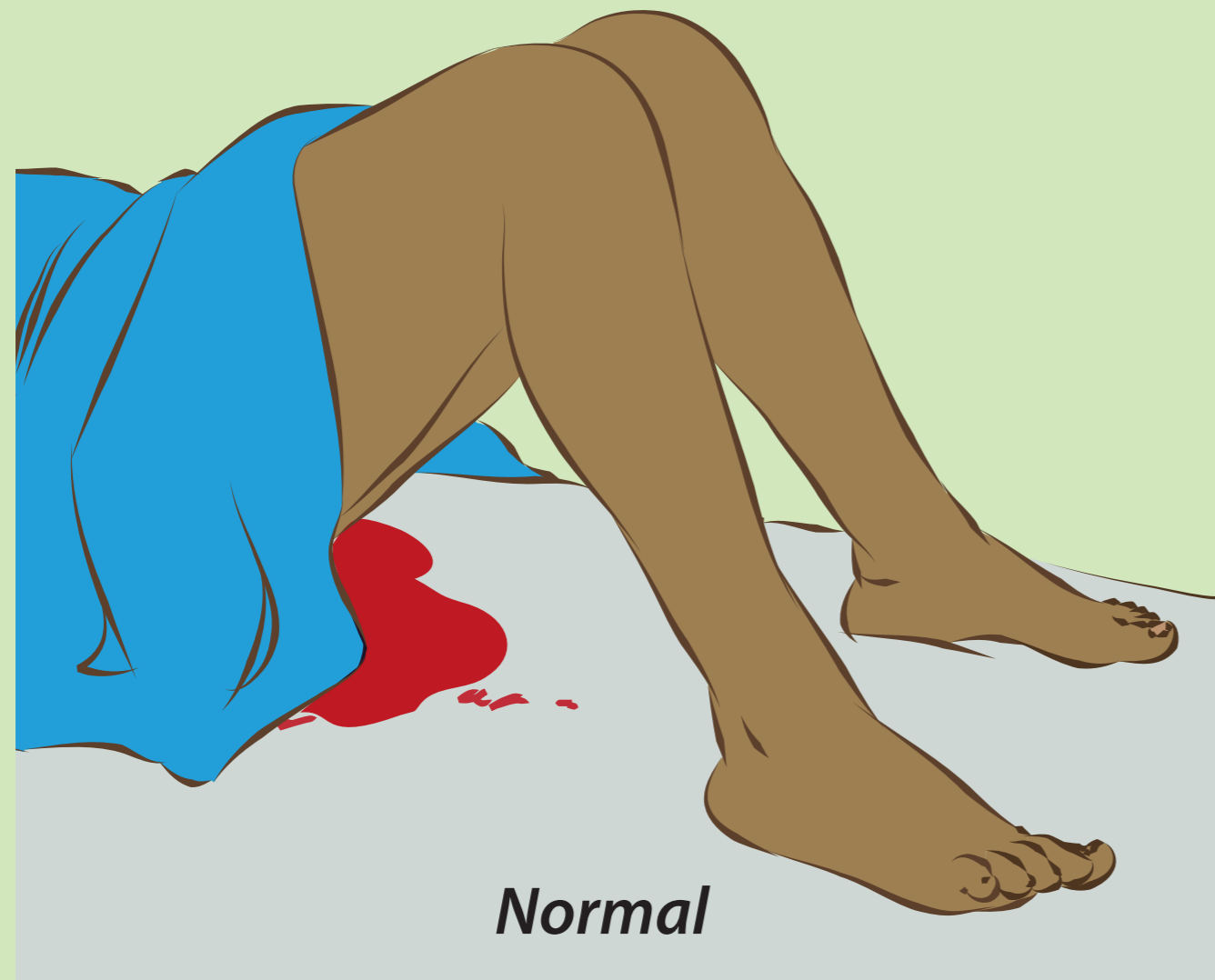


- Anyone can bleed too much after birth.
- All bleeding can be life-threatening.

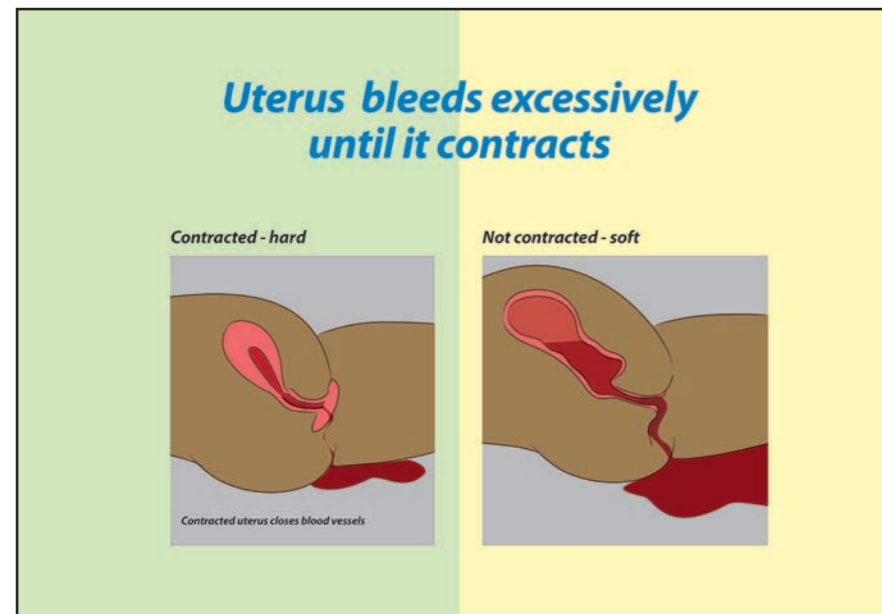
Key knowledge

- Any bleeding can be life-threatening.
- All women are at risk for bleeding after birth.
- There are three main causes of bleeding after birth: poor tone, tears, and retained tissue. This training will re-enforce the skills needed to prevent, identify, and manage bleeding after birth.
- Bleeding after birth can be a slow, constant trickle, or a large gush and both can be dangerous.
- Losing more than 500 ml is considered a hemorrhage.
- Some women can lose less than this and still die.

Bleeding after birth



Key points



- Poor tone, tears, and retained tissue are the three main causes of bleeding after birth.
- Most bleeding after birth is caused by a uterus that will not get hard (poor tone).

Key knowledge

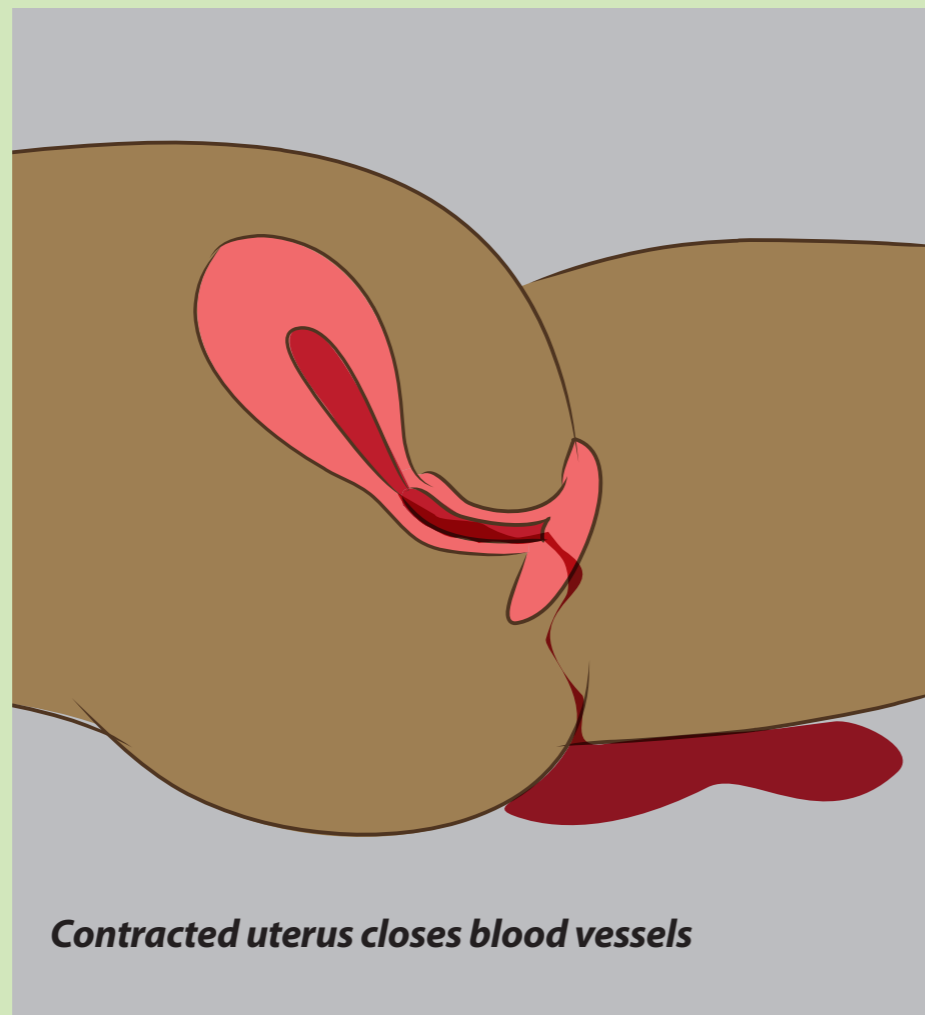
- The vast majority of bleeding after birth is due to the uterus not contracting or not getting hard after delivery.
- If the uterus does not contract, blood vessels will continue to pump blood into the empty uterus.
- Large babies, a long labor, or many pregnancies can make it more difficult for the uterus to contract.
- If the mother's bladder is full, the uterus may not contract.
- Every mother is at risk for a uterus that won't contract.

Quick check

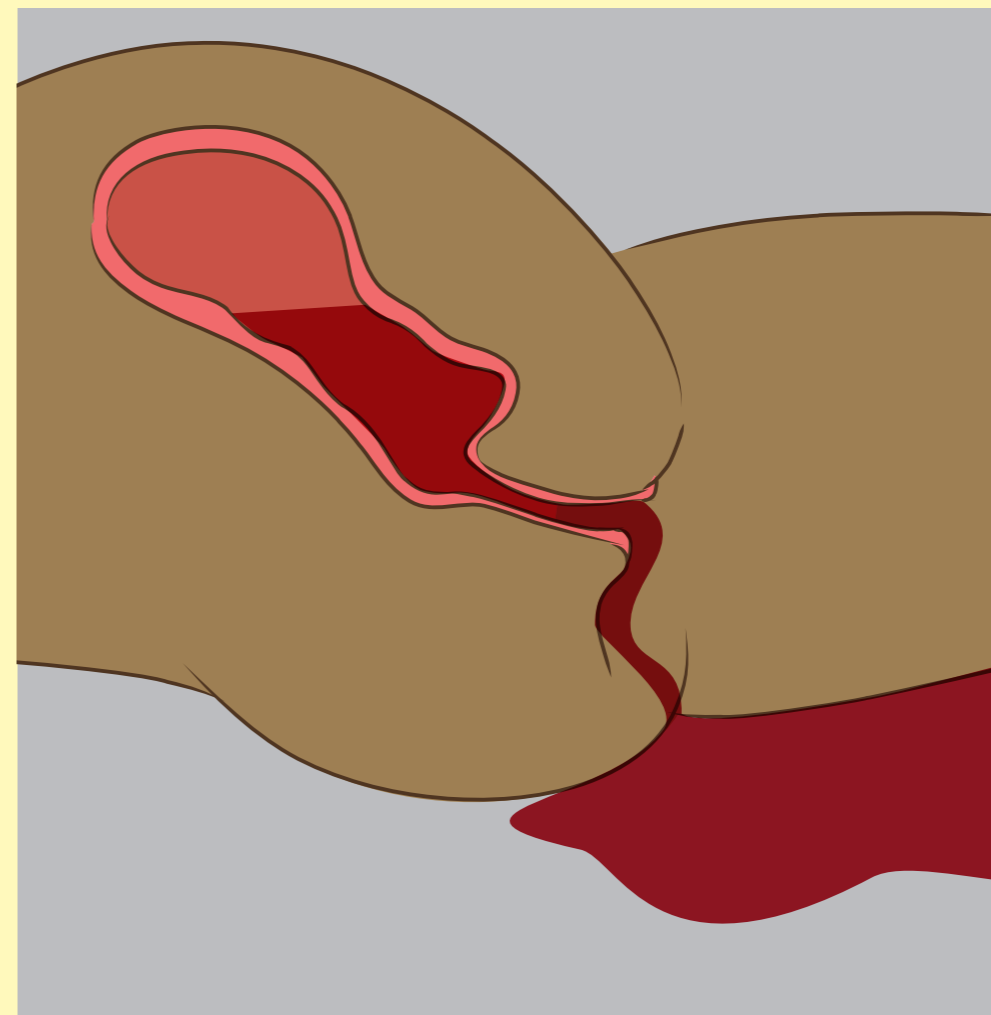
Who is at risk for bleeding?
All women

Uterus bleeds excessively until it contracts

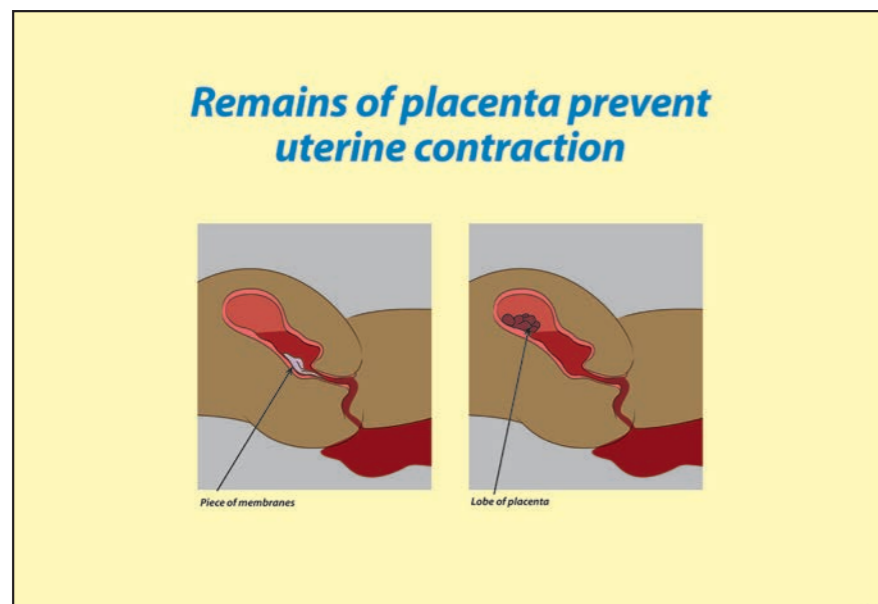
Contracted - hard



Not contracted - soft



Key points



- Tissue from the placenta or membranes that stays inside the uterus can cause bleeding.

Key knowledge

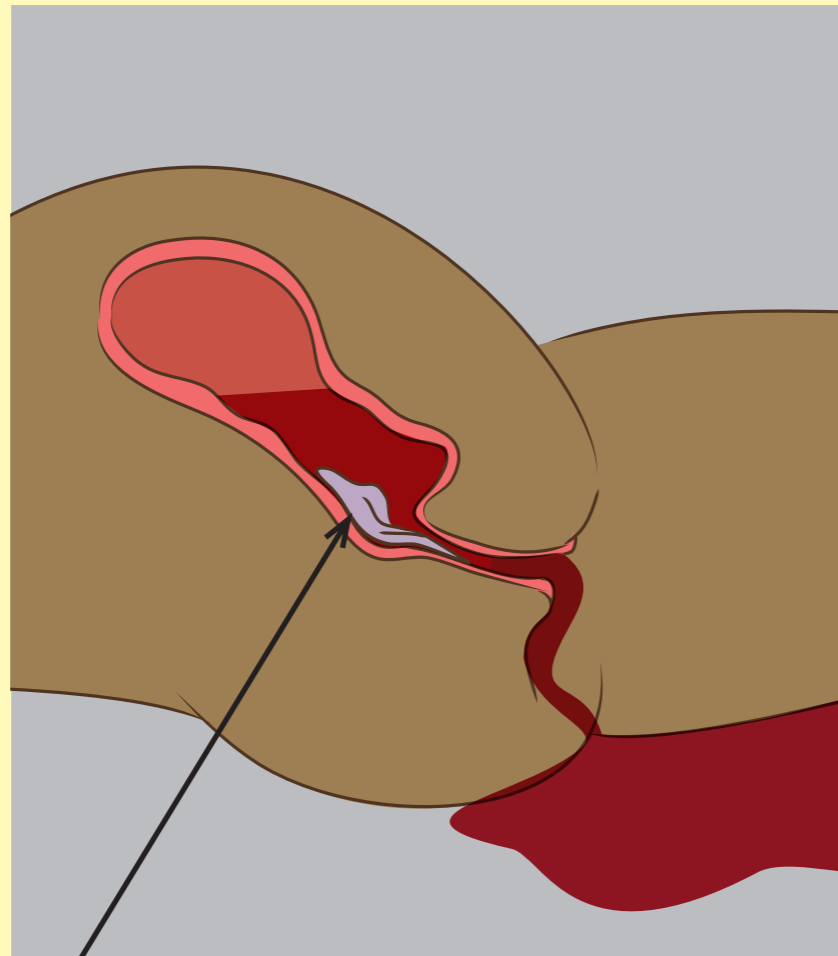
- Retained tissue from the placenta or amniotic membranes can also cause bleeding after birth.
- If a piece of the placenta or membranes is left behind, the uterus may not contract and the mother may bleed too much or she may get infected.
- Inspecting the placenta after it is delivered is important to be sure it is complete.

Quick check

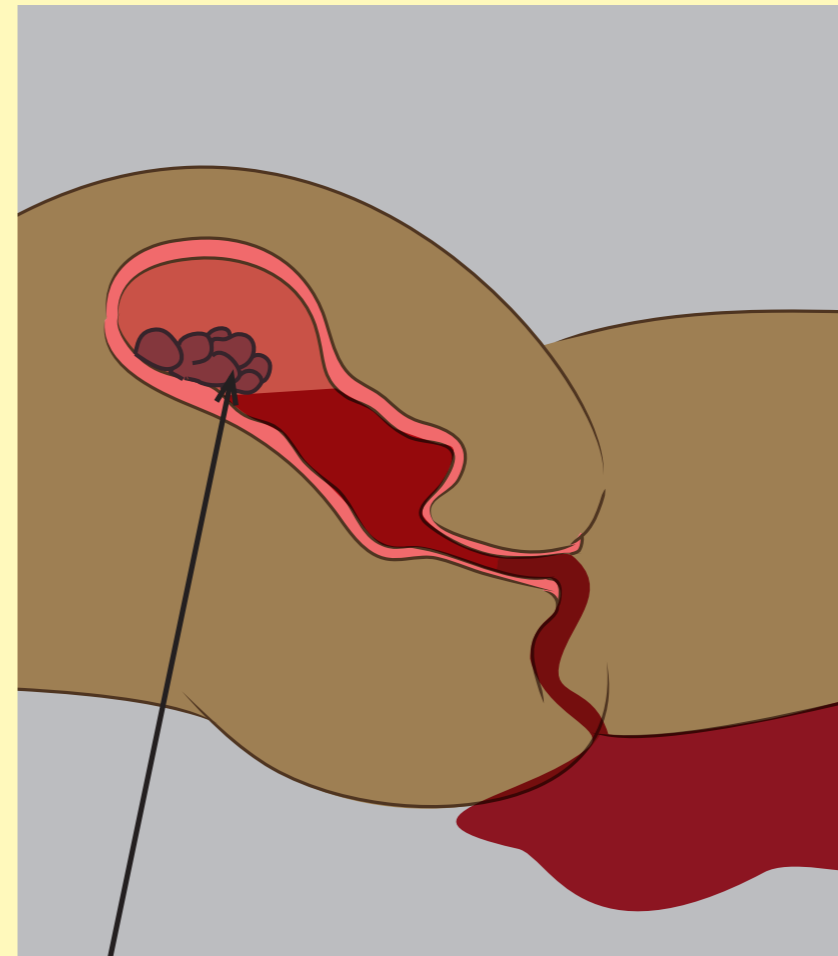
Why is it important to check the placenta and membranes?

To be sure there are no pieces left inside the mother

Remains of placenta prevent uterine contraction



Piece of membranes



Lobe of placenta

Key points



- Tears can also cause bleeding after birth.
- Episiotomies and female circumcision increase the risk for tearing.

Key knowledge

- Another common source of bleeding after birth is tears caused by trauma.
- Tears can be big or small, inside or outside the vagina.
- Episiotomies will cause increased tearing and bleeding; they should not be cut routinely.
- Women who have been circumcised are also more likely to tear.

Advanced Care Note

If learners have additional training and authorization to provide more advance levels of care, they should act within their scope of practice. This may include cutting an episiotomy if the mother has been circumcised.

Quick check

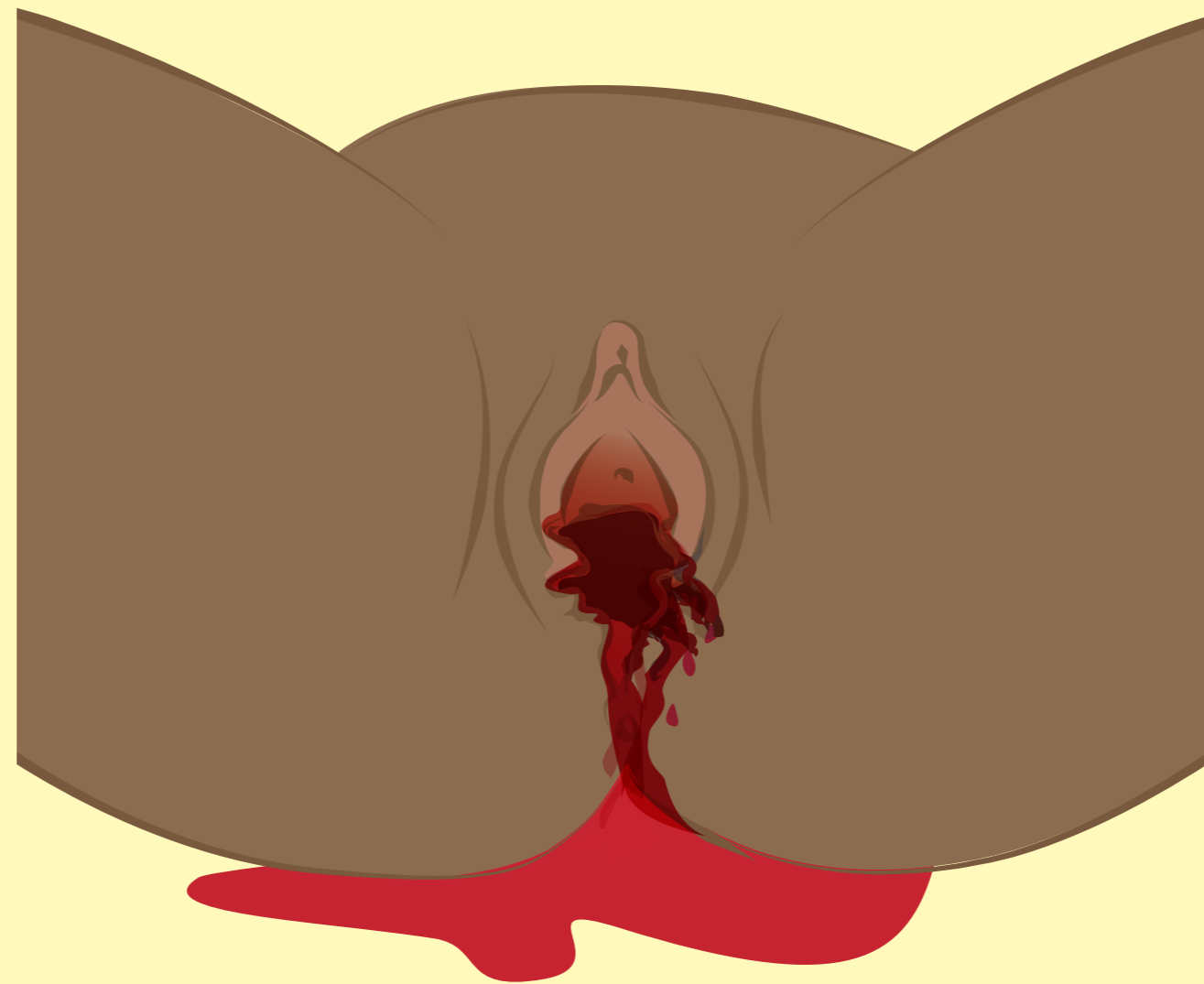
What are the three main causes of bleeding after birth?

Poor uterine tone, retained tissue, and tears

If your patient is bleeding too much, what is the first thing you should check?

Check if the uterus is contracted.

Tears can also cause bleeding



Key points

Actively make decisions for mother and baby



- Signs of changing conditions for mother and baby must be monitored.
- Signs like blood loss, fundal tone, and infant breathing should guide your decisions.
- Actively looking for signs, making decisions, and acting quickly are essential to helping mothers and babies survive.
- Act quickly to save lives!

Knowledge and skills

- After birth, things can change quickly for both mother and baby.
- Monitoring for signs of change and deciding on a course of action are critical to managing hemorrhage.
- For the mother, this means actively looking for excessive bleeding, beginning from the moment of birth, as you await the placenta, and every 15 minutes for the first two hours. It also means feeling the top of the uterus to check if it is contracted and observing the mother for signs that she may be losing too much blood – increased pulse, dropping blood pressure, or pale, clammy skin.
- For the baby, this means actively watching for the baby to begin breathing and responding to your touch as you dry. If the baby is not breathing, keep him warm and follow guidelines for resuscitation.
- For both, it means using what you see, feel, and hear to actively make decisions on what the best next steps are for mother and baby.

Quick check

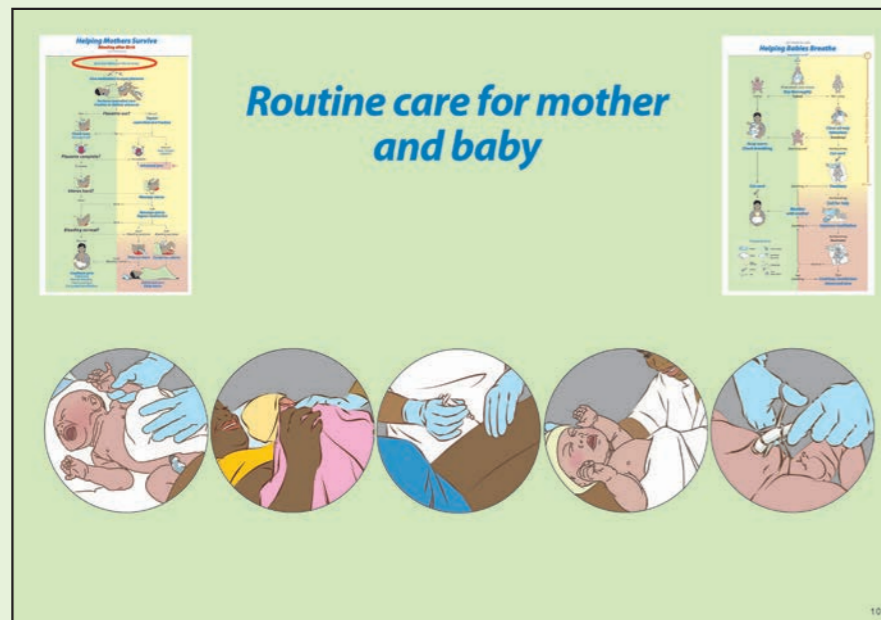
What routine checks should be carried out in the first two hours after birth for the mother?
Feel the uterus for tone, look at the amount of bleeding and watch for signs such as pale skin, low blood pressure, high pulse.

How often should you check on the mother in the first two hours?
Every 15 minutes.

Actively make decisions for mother and baby



Facilitators will demonstrate the routine care of mother and baby



Key points

- Third stage of labor - the time between the birth of the baby and the placenta.
- The three steps of active management are: give uterotonic, provide controlled cord traction if skilled birth attendant, check for tone of uterus.
- Active management of this stage can reduce bleeding after birth.
- The first minute is the critical time to be sure the baby is breathing well.

Facilitation Note and Demonstration

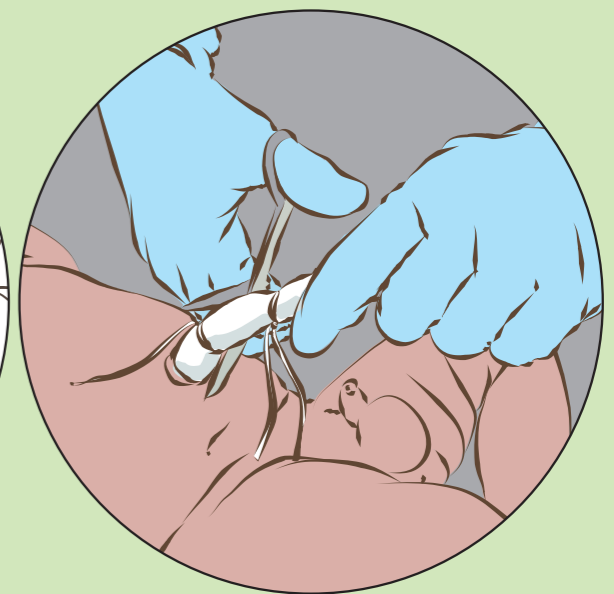
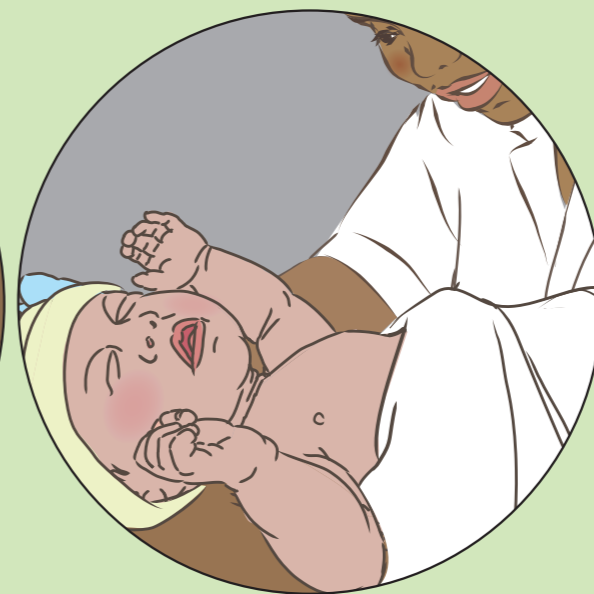
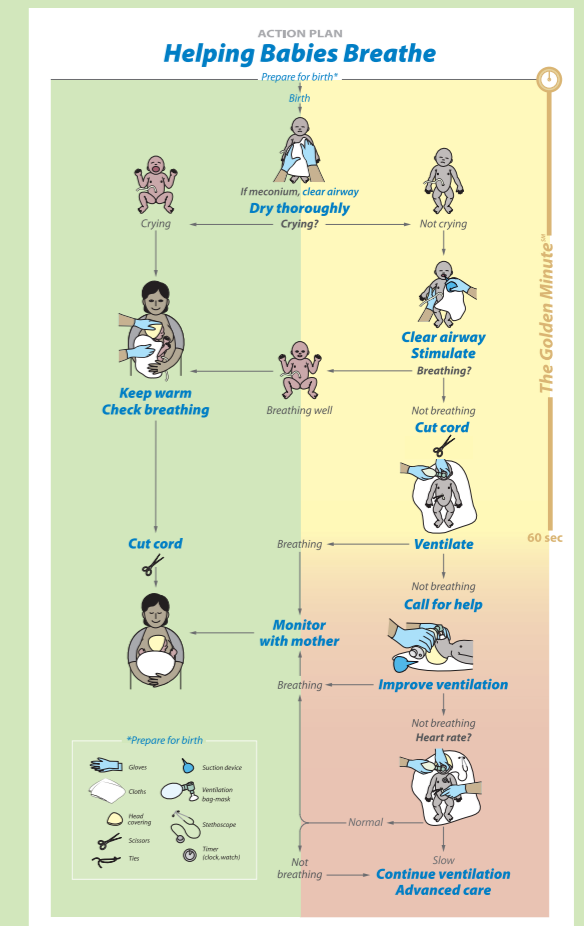
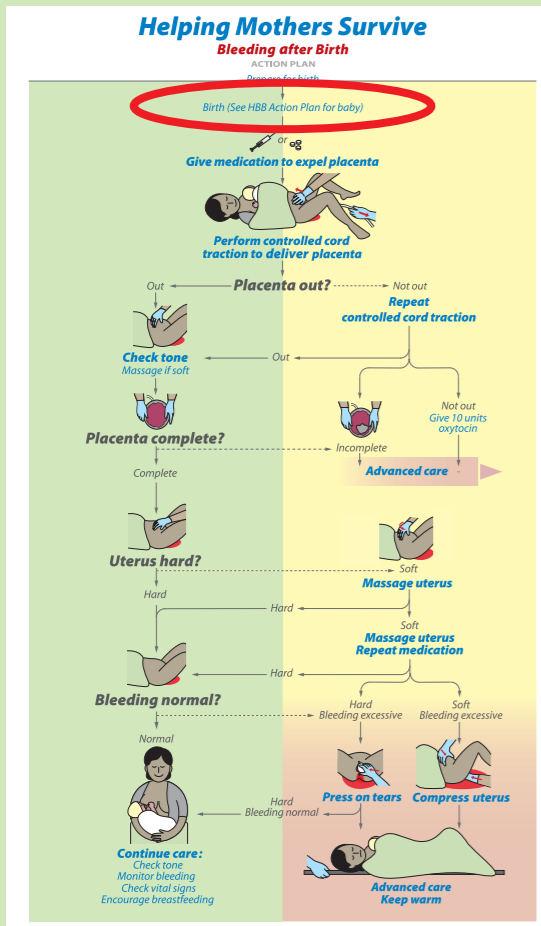
Begin this page with an introduction of the Action Plan and the twin modules. Next, introduce the simulator with which you will conduct the training. Take a moment to briefly show the workings of the simulator. If you are conducting the training alone, choose the most skilled provider to assist with the demonstration of a normal birth, showing routine care for mother and baby. If this is the case, have the learner take on the role of the mother, so that you are able to demonstrate management of the third stage of labor. Go through the next 10 pages in the Flip Book, demonstrating each step as you go. Emphasize each action from the Action Plan and the decision being made to support it.

Checklist

- Deliver baby onto mother's stomach
.....
- Dry baby thoroughly and assess for crying or breathing; cover with a dry cloth
.....
- Check for second baby; if none, proceed with third stage care while continuing to observe baby
.....
- Give oxytocin or misoprostol to mother within one minute of delivery
.....
- While awaiting the placenta, remove first pair of gloves if double gloved or change gloves and clamp and cut the cord between 1-3 minutes after birth
.....
- Perform controlled cord traction during contractions
.....
- Feel the uterus once the placenta delivers and massage if soft
.....
- Check placenta for completeness
.....
- Check the amount of bleeding
.....
- Continue to closely observe mother and baby and provide routine care
.....



Routine care for mother and baby



Key points



- Oxytocin causes the uterus to contract.
- Check for a second baby before giving the medicine!
- Oxytocin is given in the muscle and must be kept at 25° C or less.
Dosage: 10 units.
- Misoprostol is a tablet, and is taken by mouth. It does not need to be kept cold. Dosage: 600 mcg (three 200 mcg tablets).
- Give medicine within one minute of birth.

Knowledge and skills

Show and tell how to safely give medication.

- Oxytocin is a medication that causes contractions.
- Oxytocin should be kept at 25°C or less.
- Always check to see if there is another baby before giving medication. If this dose of oxytocin is given with a baby in the uterus, it can cause the uterus to contract too strongly which can kill both mother and baby.
- The correct dose of oxytocin is 10 units in IM injection.
- It should be given within one minute of delivery of the last baby.

Be sure to have oxytocin drawn up in the syringe BEFORE THE BIRTH!

Demonstration

- Simulate giving oxytocin safely and effectively.

Demonstration supplies

- Simulated oxytocin (liquid in vial)
- Syringe with needle
- Receptacle for disposal
- Gloves

Quick check

What are the three main causes of bleeding after birth?

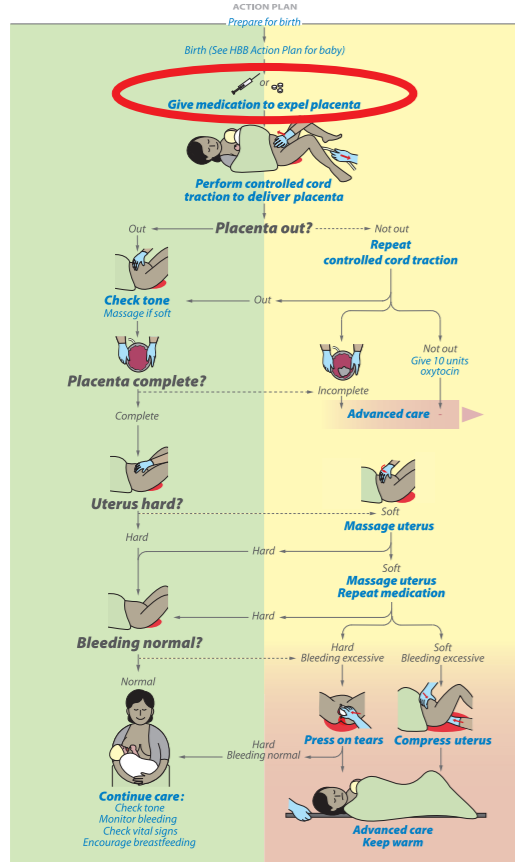
Poor uterine tone, tissue remaining inside the uterus, tears

Which cause(s) does giving medication address?

Poor uterine tone

Helping Mothers Survive

Bleeding after Birth



Immediately after birth, check for second baby

**Give medication
to minimize bleeding
- Oxytocin**



Key points



- Where oxytocin is not available, misoprostol should be used.
- Misoprostol also causes the uterus to contract.
- Check for a second baby before giving the medicine!
- Misoprostol is a tablet, and is taken by mouth. It does not need to be kept cold. Dosage: 600 mcg (three 200 mcg tablets).
- Give medicine within one minute of birth.

Knowledge and skills

- Misoprostol can be used where oxytocin is not available, or where the provider is not able to give injections.
- Misoprostol is a medication that also causes the uterus to contract and does not need to be kept less than 25° C.
- The correct dose of misoprostol is 600 mcg orally – It comes in 200 mcg tablets. You must give 3 tablets.
- It should be given within one minute of delivery of the last baby.
- Always check to see if there is another baby before giving misoprostol.
- Misoprostol has side effects that do not last long and are not harmful, but the mother should be told what to expect. They are: shivering, nausea, diarrhea, and fever.

Be sure to have the misoprostol out and ready to give BEFORE THE BIRTH!

Demonstration

- Simulate giving misoprostol safely and effectively.

Demonstration supplies

- Simulated misoprostol (pills, candy)

Discussion

- Ask learners which uterotonic they use. Discuss with them any issues they may have regarding use: stock-outs, storage, comfort with use, acceptance by women.
- If ergometrine is used, ask if oxytocin is available. Explain that ergometrine is more sensitive to light and heat. Review side effects of vomiting, high blood pressure, and retained placenta.

Helping Mothers Survive

Bleeding after Birth

ACTION PLAN

Prepare for birth

Birth (See HBR Action Plan for baby)

Give medication to expel placenta

Perform controlled cord traction to deliver placenta

Placenta out?

Out

Check tone
Massage if soft

Placenta complete?

Complete

Uterus hard?

Hard

Bleeding normal?

Normal

Continue care:
Check tone
Monitor bleeding
Check vital signs
Encourage breastfeeding

Not out

Repeat controlled cord traction

Not out

Give 10 units oxytocin

Advanced care

Soft

Massage uterus

Soft

Massage uterus
Repeat medication

Hard

Hard

Hard

Hard

Hard

Hard

Hard

Hard

Hard

Hard

Hard

Hard

Hard

Hard

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Hard

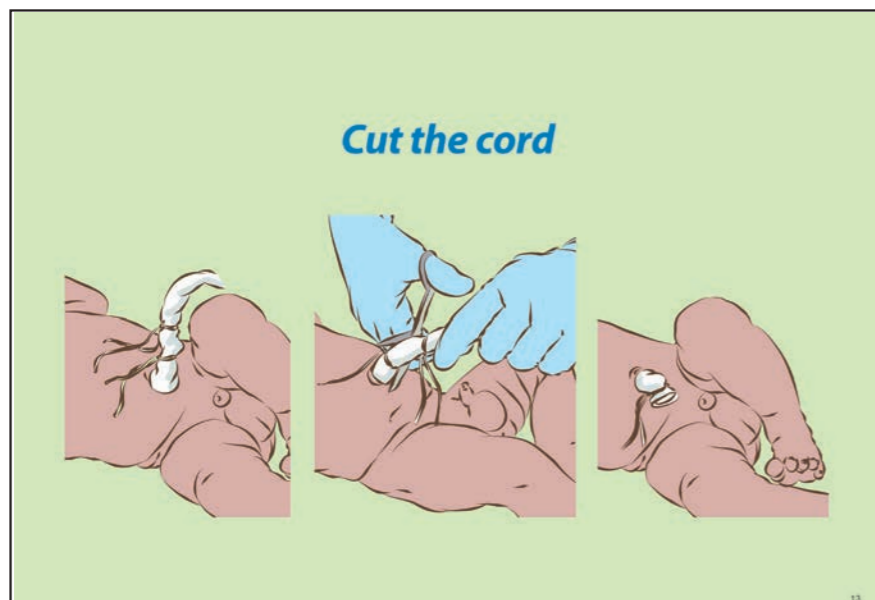
Hard

Immediately after birth, check for second baby

Give medication to minimize bleeding - Misoprostol



Key points



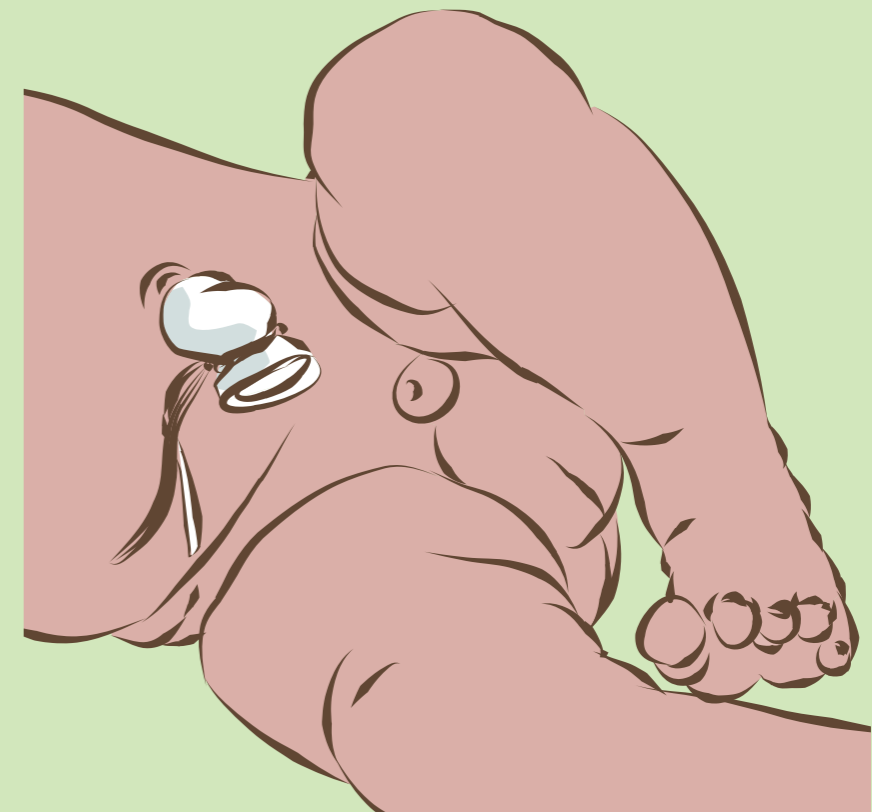
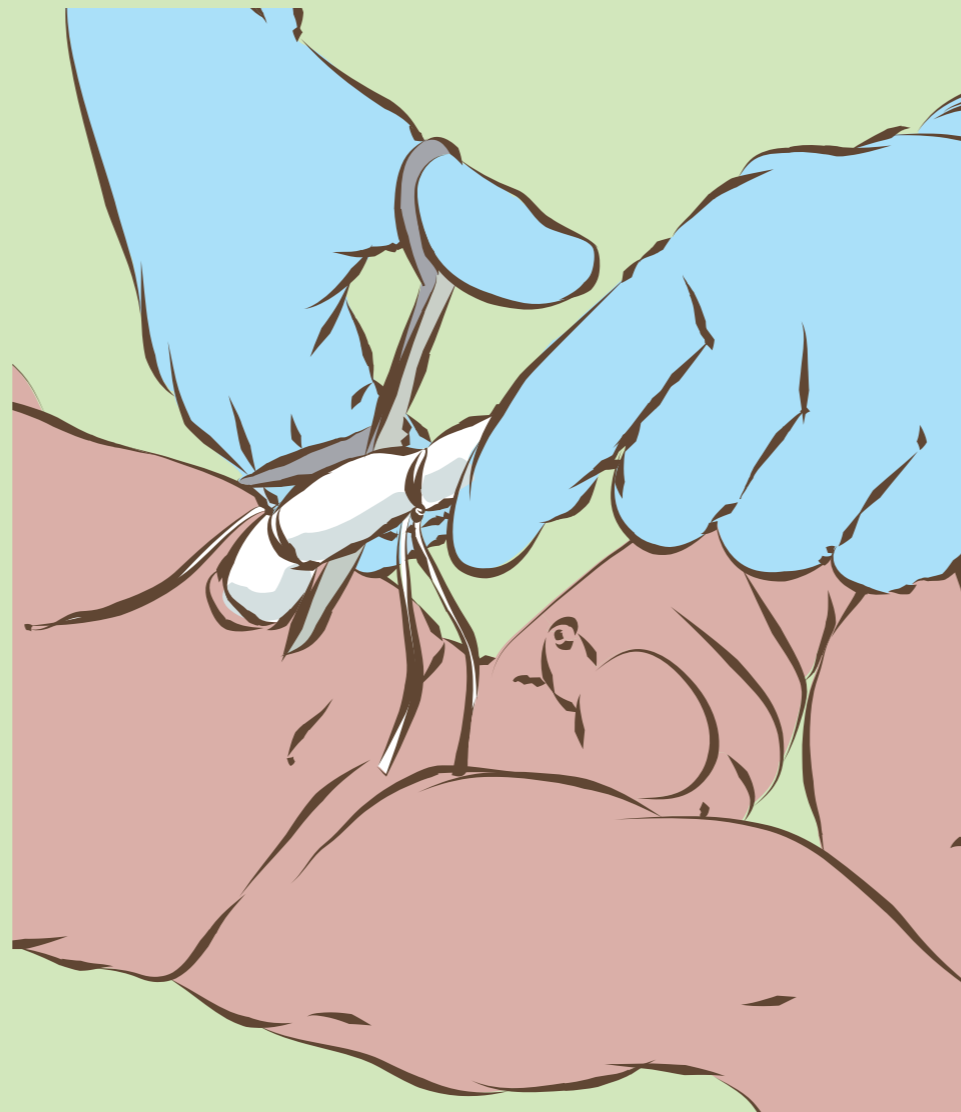
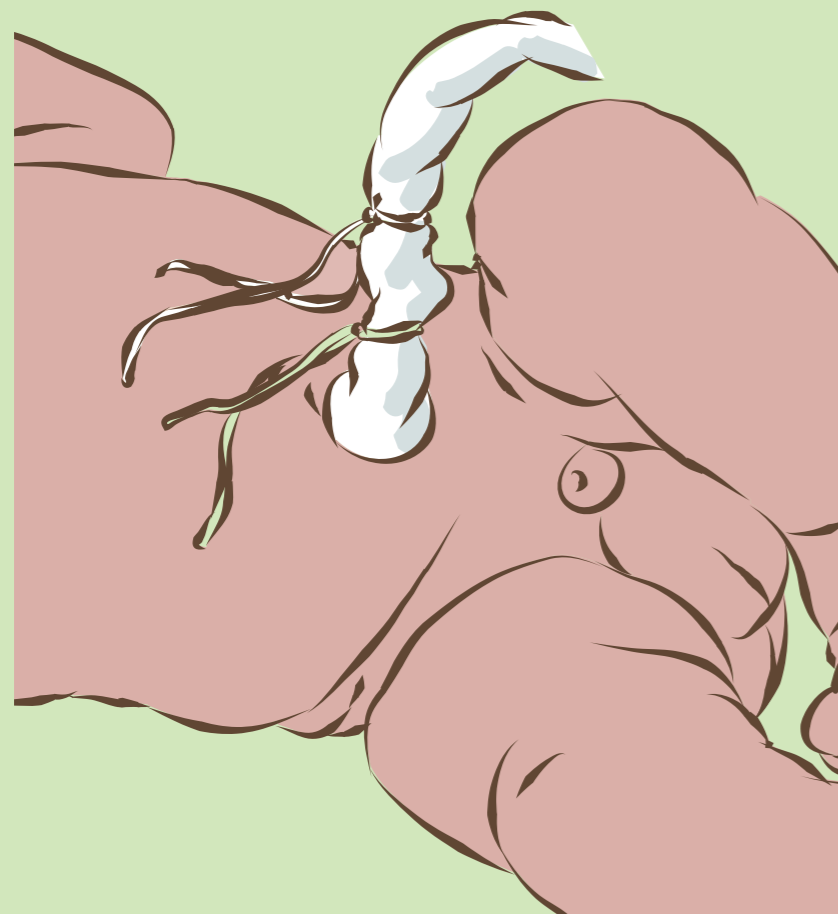
- If the baby is breathing well, cut the cord between one and three minutes after birth.
- Before cutting the cord, remove your first pair of gloves if doubled gloved, or change gloves.
- Place two ties or clamps and cut between them.

Knowledge and skills

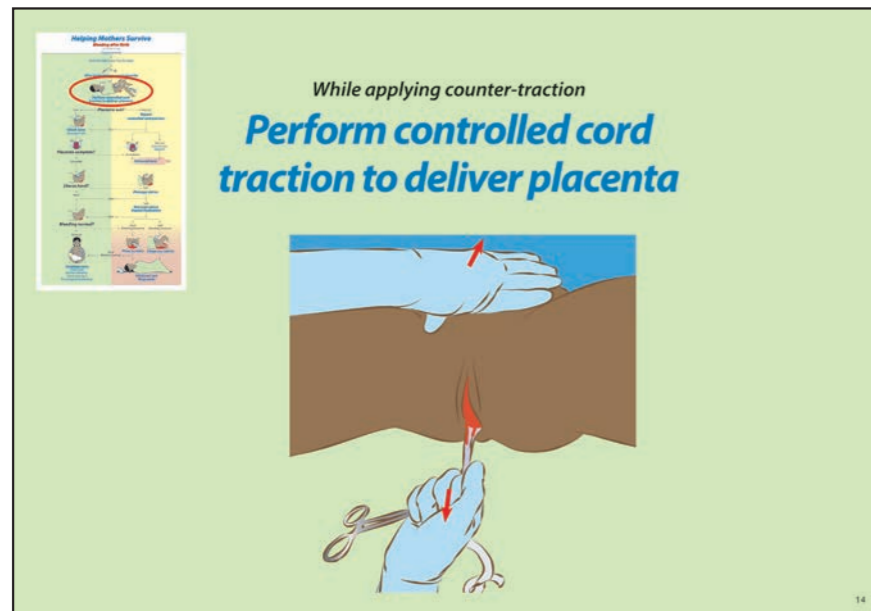
- Timing of cutting the cord depends on the condition of both mother and baby. If they both are doing well, cut the cord between one and three minutes after birth. This gives time to give medication to prevent bleeding. If the mother is bleeding heavily or if the baby is not breathing well, cut the cord sooner and call for help.
- Cleanliness is important to prevent infection of the cord. Double glove before birth so that one pair may be removed before you cut the cord. All supplies should be sterile or disinfected.
- To cut the cord place 2 clamps or ties around the cord. Place the first clamp or tie around the cord about 2 fingerbreadths from the baby's abdomen. Place another clamp or tie about 5 fingerbreadths from the abdomen.
- When cutting the cord, be sure to shield your face from blood splashing by covering the area with a thin piece of sterile gauze.



Cut the cord



Key points



- Controlled cord traction should be done only by skilled birth attendants.
- Controlled cord traction must be gentle.
- Only provide controlled cord traction during contractions.
- Always stabilize the uterus when providing controlled cord traction.
- Never pull on the cord if you feel resistance.
- Pulling hard or when you feel resistance can harm the mother.
- Only pull the cord in a steady, downward direction. Do not pull suddenly or in other directions.

Knowledge and skills

Show and tell how to safely provide controlled cord traction.

- Clamp cord close to perineum and wait for contraction.
- Provide counter-traction to stabilize the uterus.
- Pull gently down on the cord while guarding the uterus.
- Release all traction between contractions.
- Active management of the third stage of labor can be critical to reducing bleeding after birth.
- However, if it is not done properly, it can make things worse.
- Performing controlled cord traction to deliver the placenta is the second step of active management of the third stage of labor.

Simulation

- Simulate safe controlled cord traction with simulator.

Simulation supplies

- Gloves
- Cord clamp
- Simulator

Advanced Care Note

If learners have additional training and authorization to provide more advanced levels of care, they should act within their scope of practice. This may include performing controlled cord traction described here.

Quick check

How does giving medicine help the placenta deliver?

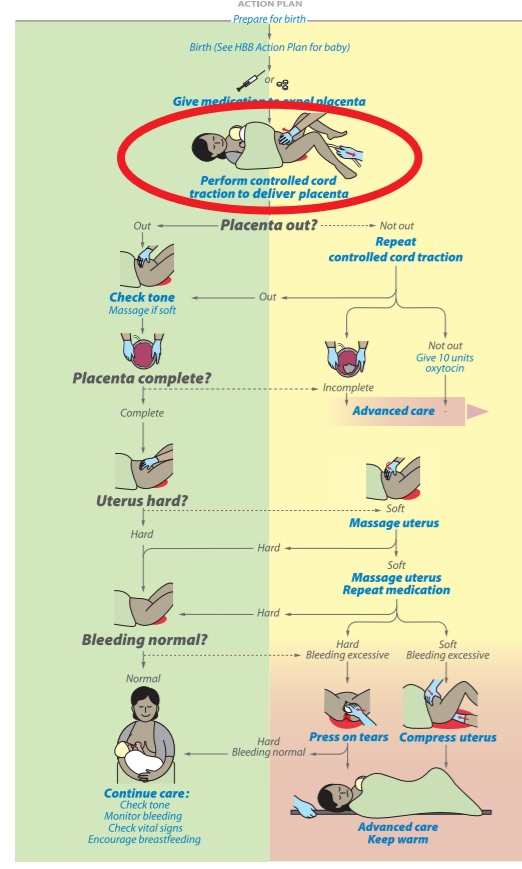
By causing contractions, it helps the placenta separate.

When you do controlled cord traction, why is it important to guard the uterus?

So you don't pull the uterus out

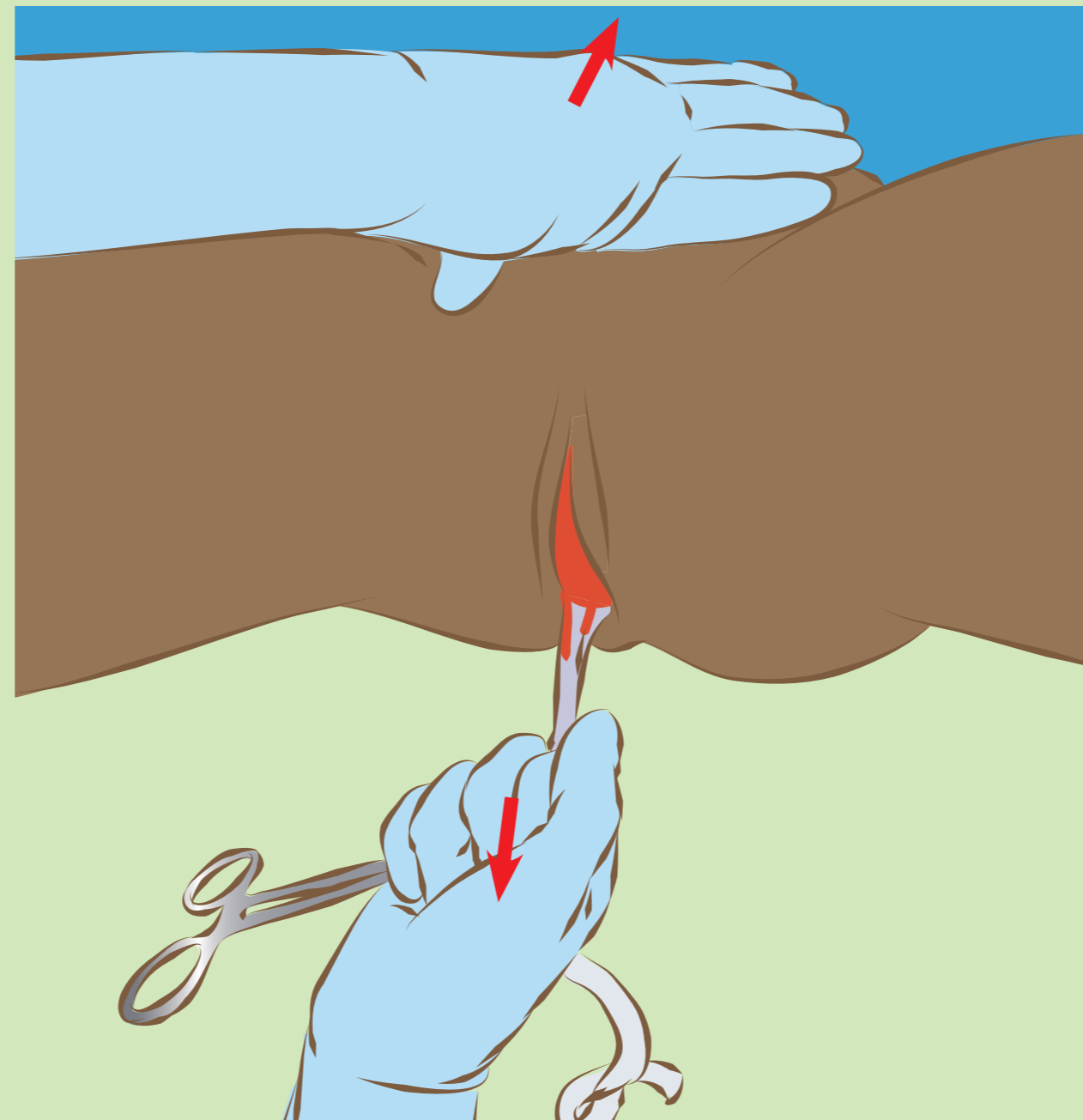
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Bleeding after Birth

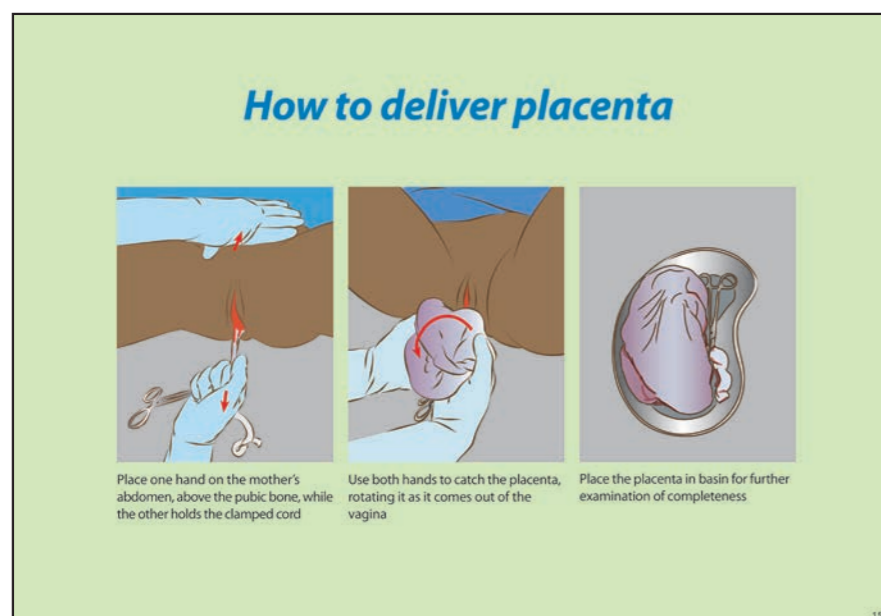


While applying counter-traction

Perform controlled cord traction to deliver placenta



Key points



- Tissue left inside can cause hemorrhage and infection.
- Gentle twisting of the placenta as it comes out helps keep the membranes whole.

Knowledge and skills

Show and tell how to safely deliver the placenta

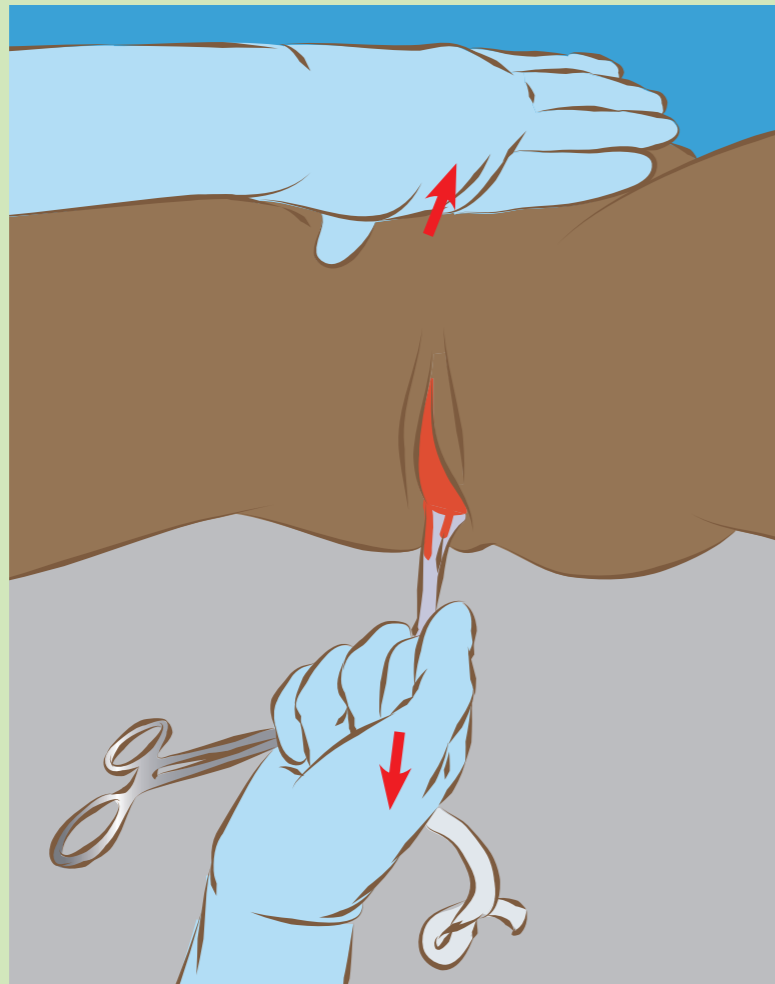
- When the placenta is visible in the vagina, gently lifting the hand holding the cord upward and out will guide the placenta out.
- As the placenta delivers, hold it with both hands.
- Gently turn the placenta during delivery.
- Tissue left inside can cause bleeding and infection.

Quick check

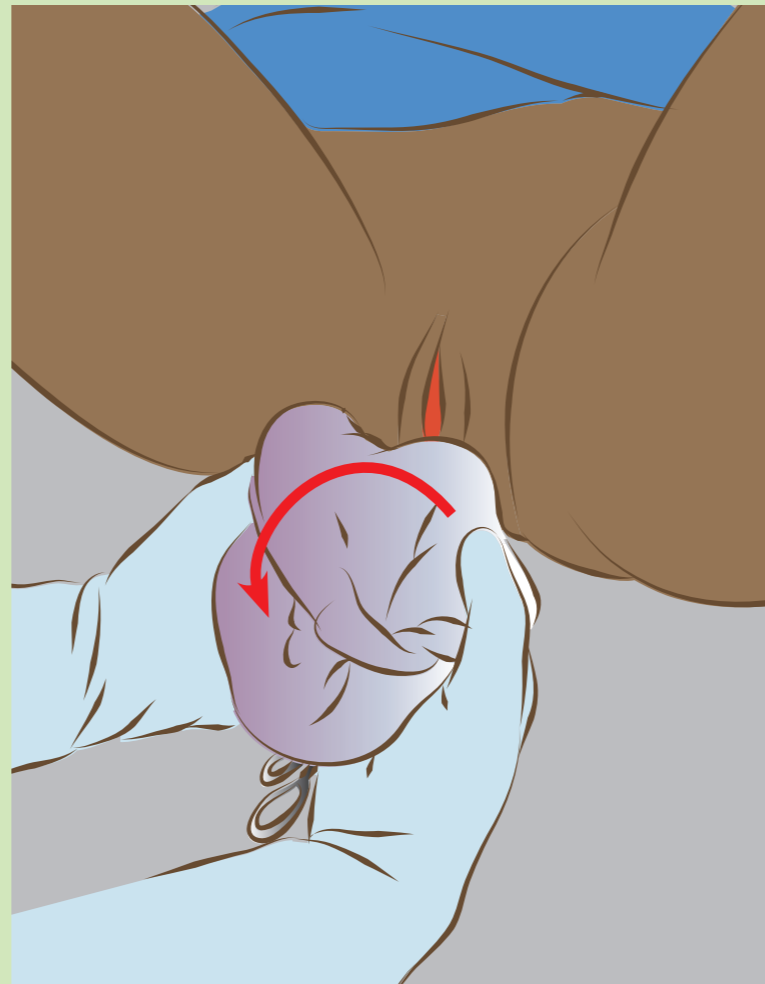
Why should you never pull on the placenta or cord when resistance is felt?
Because you might tear the cord off or pull the uterus out.

How does turning the placenta reduce the risk of leaving tissue behind?
It helps it form a rope with the membranes, which is stronger and less likely to leave pieces behind.

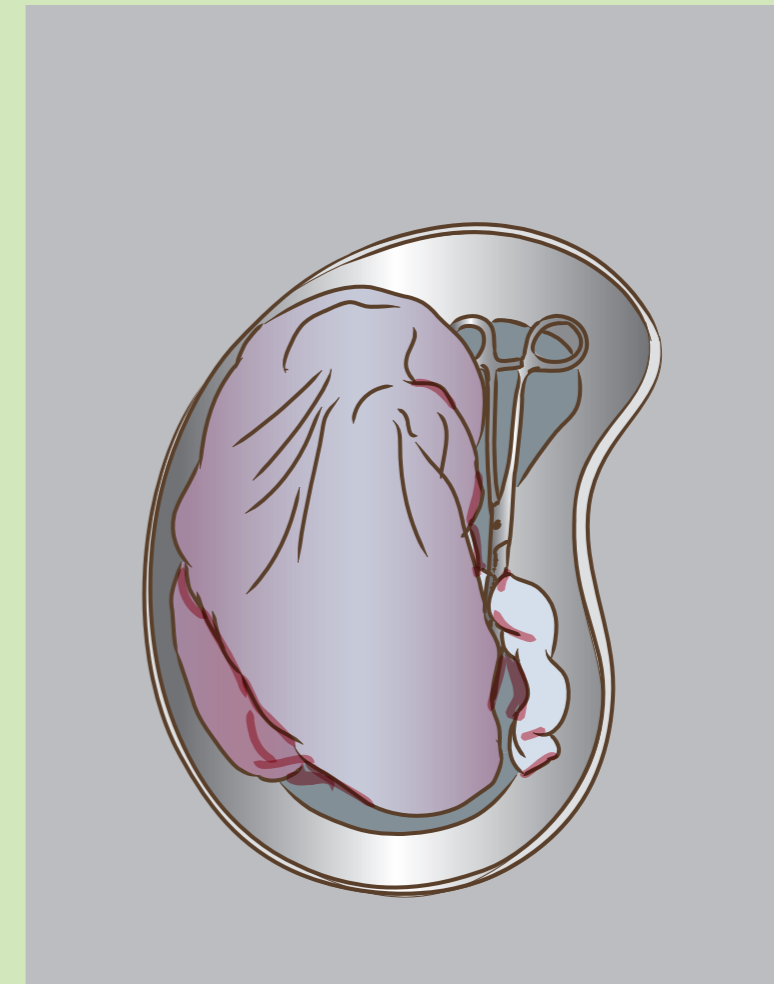
How to deliver placenta



Place one hand on the mother's abdomen, above the pubic bone, while the other holds the clamped cord

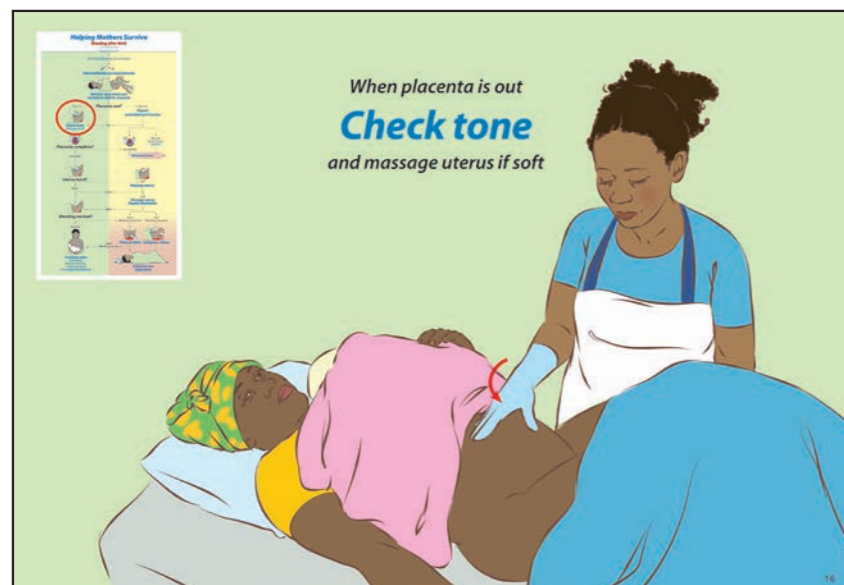


Use both hands to catch the placenta, rotating it as it comes out of the vagina



Place the placenta in basin for further examination of completeness

Key points



- A soft uterus is the number one cause of bleeding after birth.
- Massaging the uterus when it is soft will make it contract or get hard.
- Massaging the uterus when it is soft is an important step in stopping hemorrhage.

Knowledge and skills

Show and tell how to assess the uterus for tone and massage it if it is soft.

- Telling the difference between a soft and hard uterus is important to know when massage is needed.
- A hard uterus should feel like your forehead.
- A soft uterus feels like your nose.
- Uterine massage is important, but may be uncomfortable to the mother.
- It is important to tell the mother why you are massaging her uterus.
- Checking for tone and massaging the uterus if soft is the third step of active management of the third stage of labor.

Simulation

- Simulate checking the uterus for tone and demonstrate massaging if it is soft.

Supplies

- Simulator
- Gloves

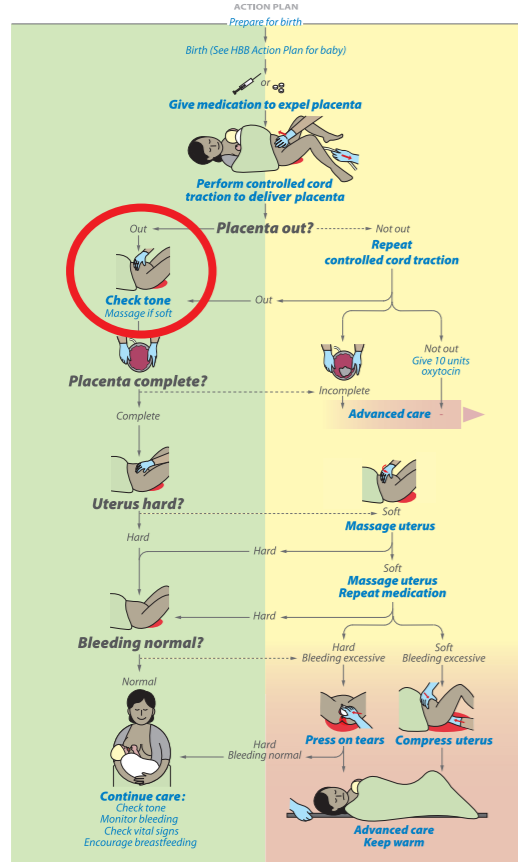
Quick check

Why is it important to keep checking the tone of the uterus?

If the uterus is soft, it is not contracted and the mother will bleed. If it is soft, you can massage it to make it contract.

Helping Mothers Survive

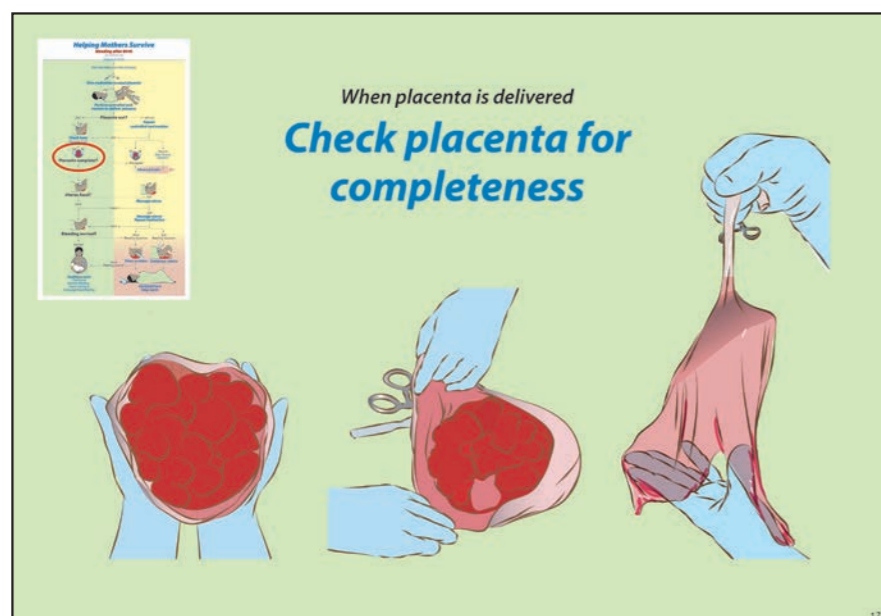
Bleeding after Birth



When placenta is out
Check tone
and massage uterus if soft



Key points



- Both sides of the placenta and membranes must be checked for completeness.
- Tissue left inside the mother can cause hemorrhage and infection.

Key skills

Show and tell how to check the placenta for completeness.

Have learners practice:

- Identifying the two sides of the placenta.
- Checking both sides of the placenta and the membranes.
- Checking for bleeding and hardness of uterus. The uterus can still be hard if a piece is missing.

Simulation

- Simulate checking the placenta and membranes.

Supplies

- Simulator
- Gloves
- Placenta
- Cellophane bag or gauze to represent membranes
- Strip of cellophane to represent retained membranes

Quick check

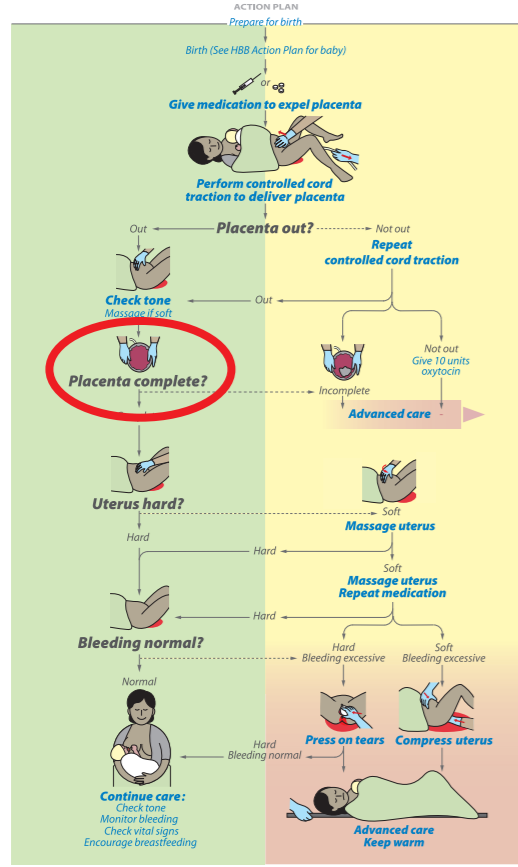
When is it safe to touch the placenta to remove it?
When it is visible at the opening of the birth canal

If a piece of the placenta gets stuck, why does the mother bleed more?

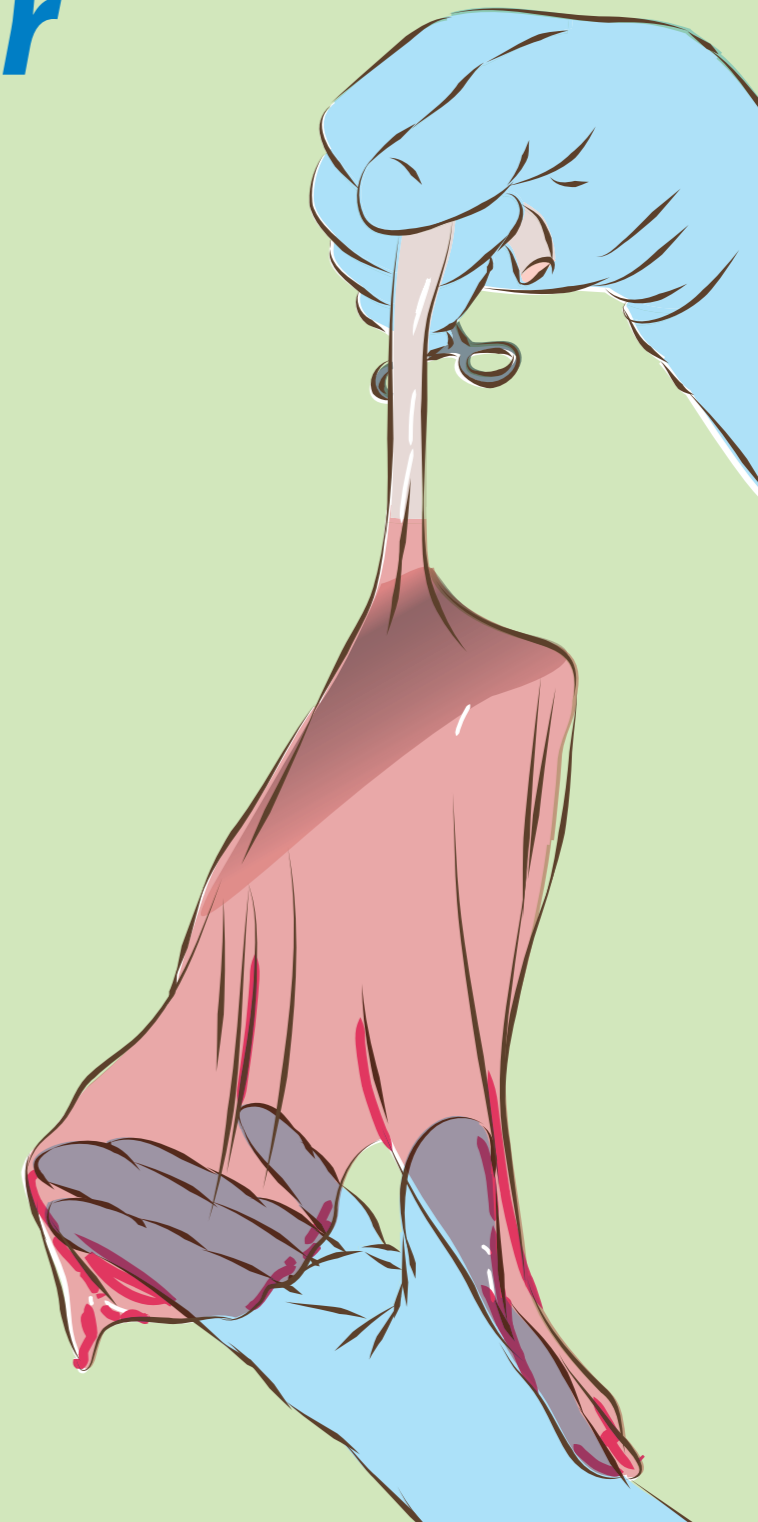
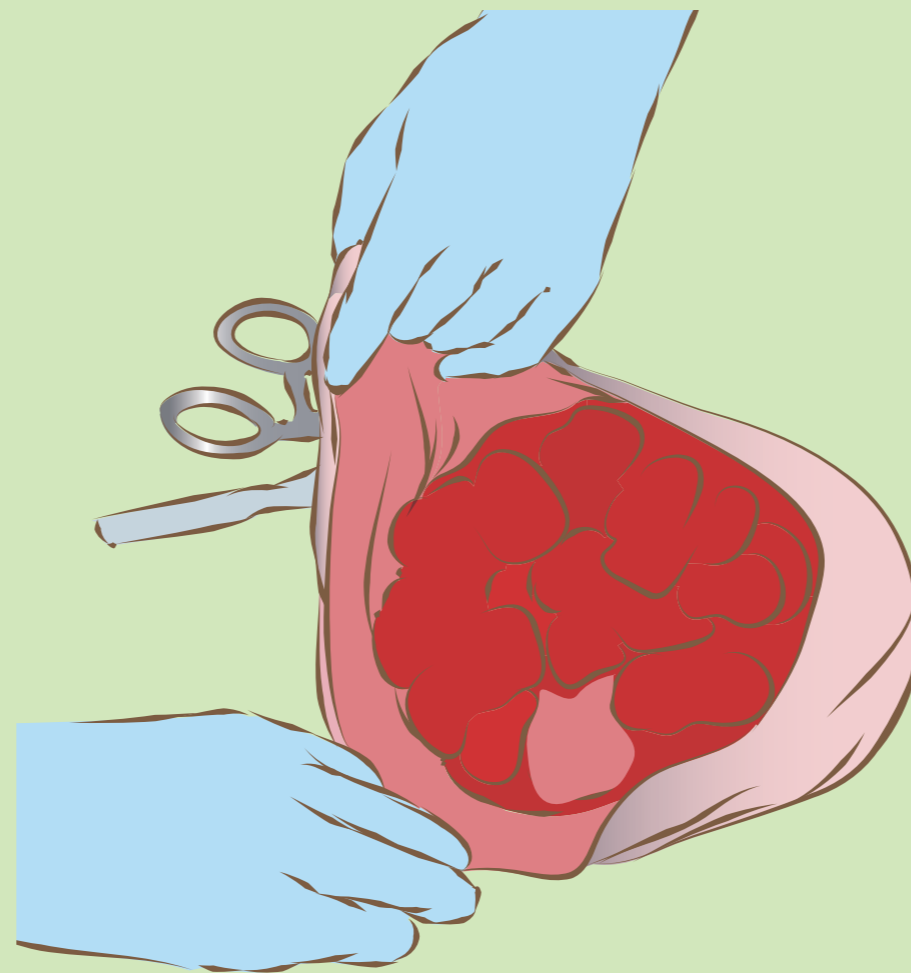
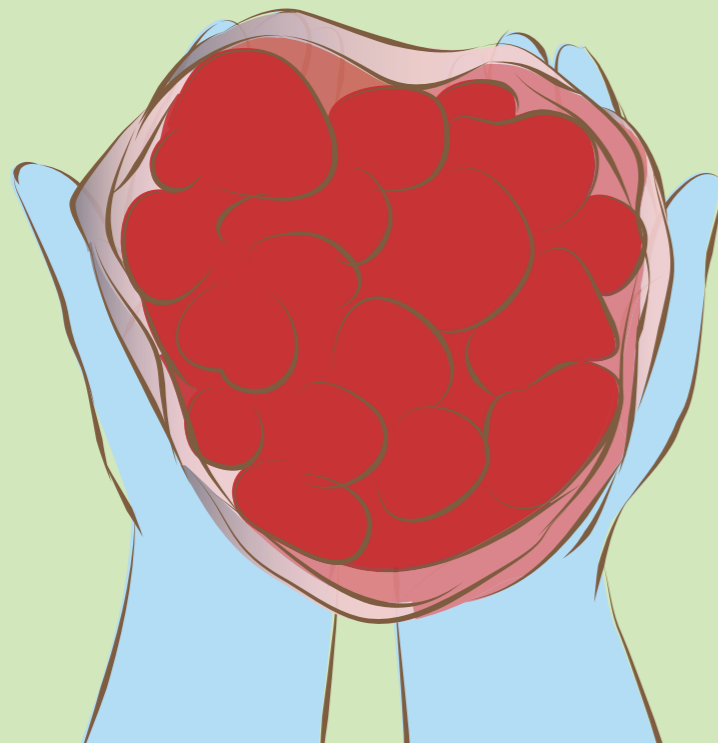
The uterus cannot contract to squeeze the blood vessels and stop the bleeding.

Helping Mothers Survive

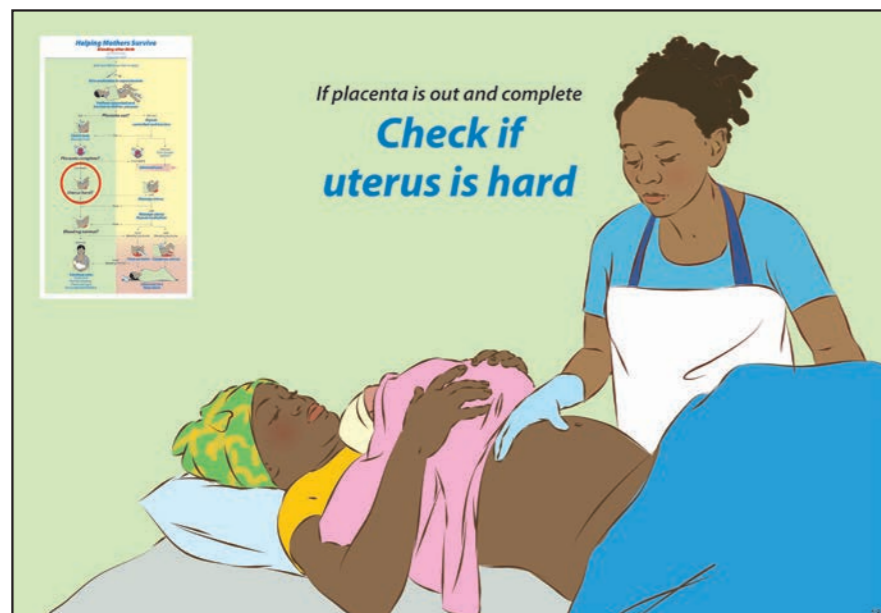
Bleeding after Birth



When placenta is delivered Check placenta for completeness



Key points



- The uterus can change from soft to hard or hard to soft.
- Checking and re-checking the uterus and the bleeding are critical for the first 24 hours, and should be done every 15 minutes for the first two hours.
- A full bladder can make the uterus get soft.
- Have the mother tell you if she notices a gush or constant trickle of blood.

Key skills

Show and tell how to check and re-check the hardness of the mother's uterus.

- Locate the fundus or the top of the uterus.
- The hard uterus is like a forehead and does not need massage. A soft uterus is like a nose or softer and needs massage.
- Feel the uterus while checking bleeding.
- Check the bladder for fullness if uterus is not contracted.
- Reinforce active monitoring of uterine tone and bleeding every 15 minutes for the first two hours after birth.

Quick check

True or False - Once the uterus contracts or gets hard, it will always stay hard.
False - A uterus can lose tone and begin to bleed.

What are some reasons why a uterus might not contract?
There may be retained tissue or the mother's bladder may be full.

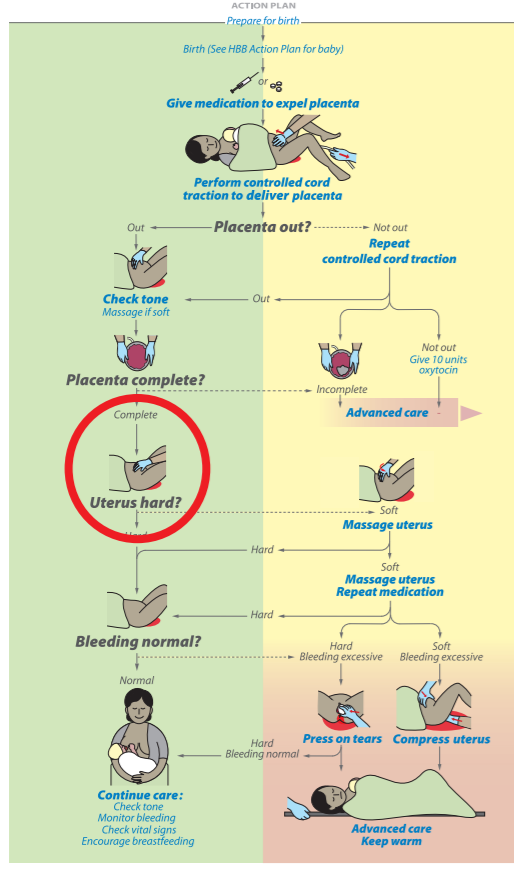
Advanced Care Note

If learners have additional training and authorization to provide more advanced levels of care, they should act within their scope of practice. This may include catheterizing the mother's bladder if she is unable to empty it.



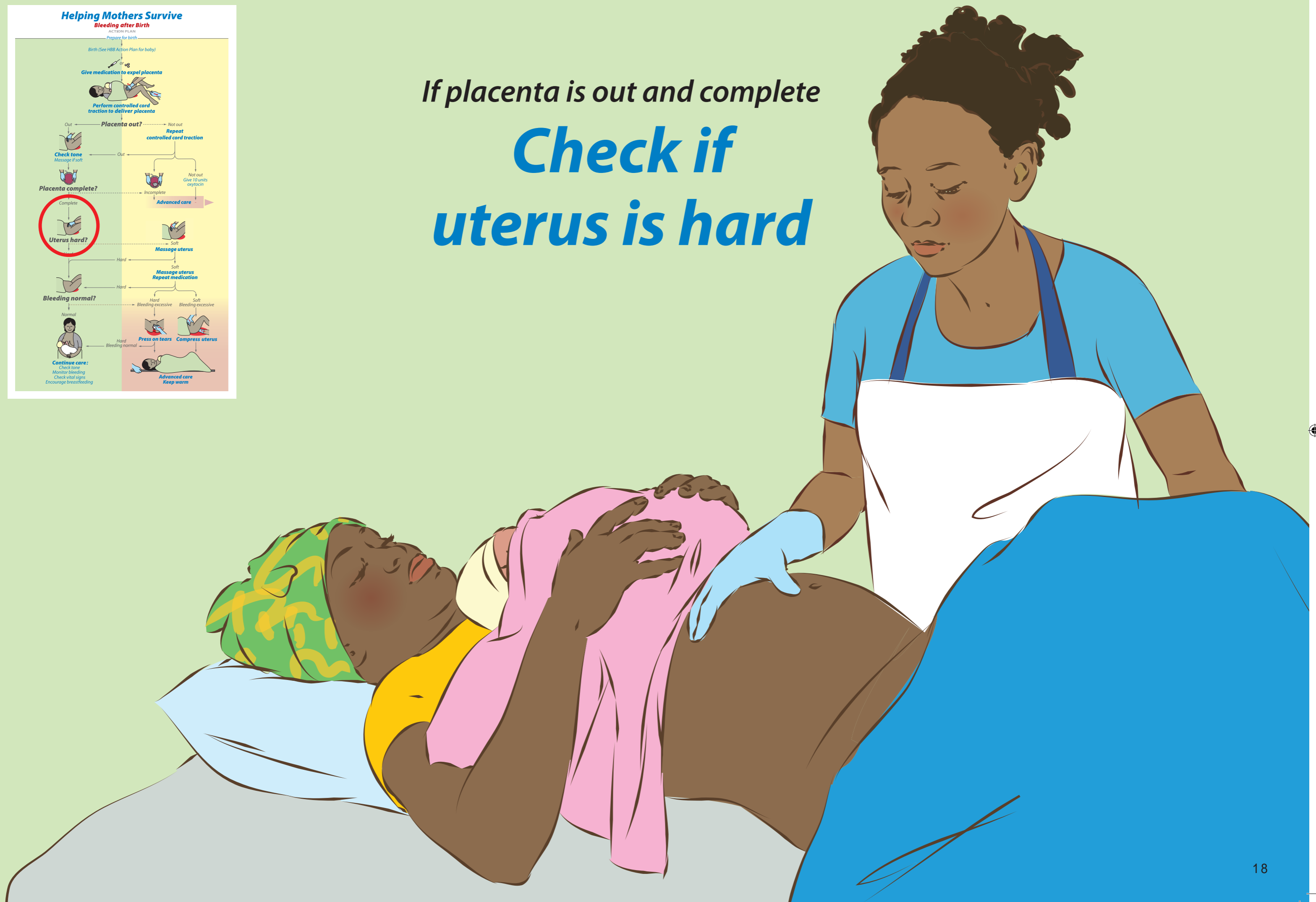
Helping Mothers Survive

Bleeding after Birth

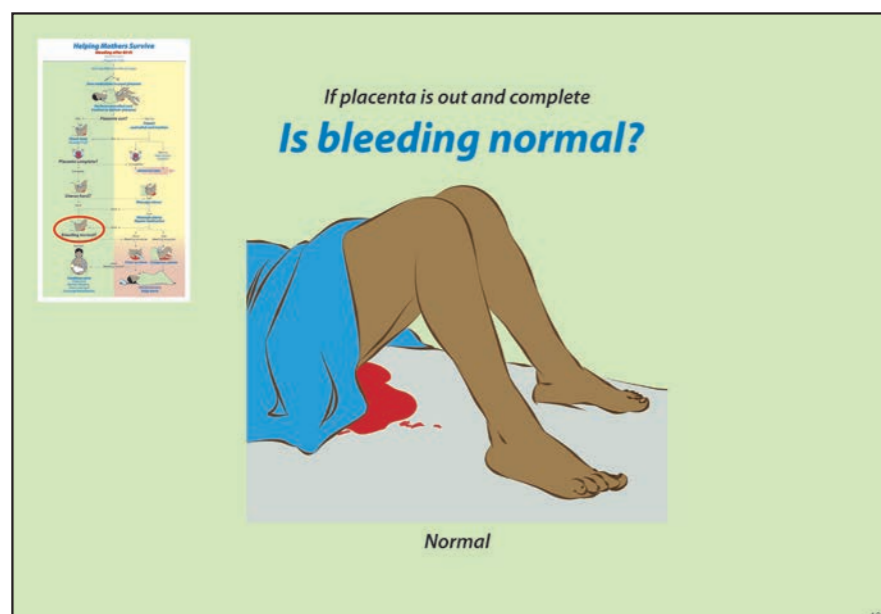


If placenta is out and complete

Check if uterus is hard



Key points



- Bleeding can be slow or fast.
- Any bleeding, if excessive, is life-threatening.
- Blood can be soaked up in cloths or spilled on the floor.
- Checking and rechecking uterine tone and blood loss are critical for the first two hours.
- Have the mother alert you if she notices too much bleeding.

Knowledge and skills

Show and tell how to constantly watch a mother for bleeding after birth.

- Actively assess the amount of bleeding.
- Show how to identify causes of bleeding.
- Check for a full bladder.
- Check and re-check bleeding and fundal tone.
- Discuss how women can bleed and if we don't actively check every 15 minutes for two hours, we may not see it until it is too late.

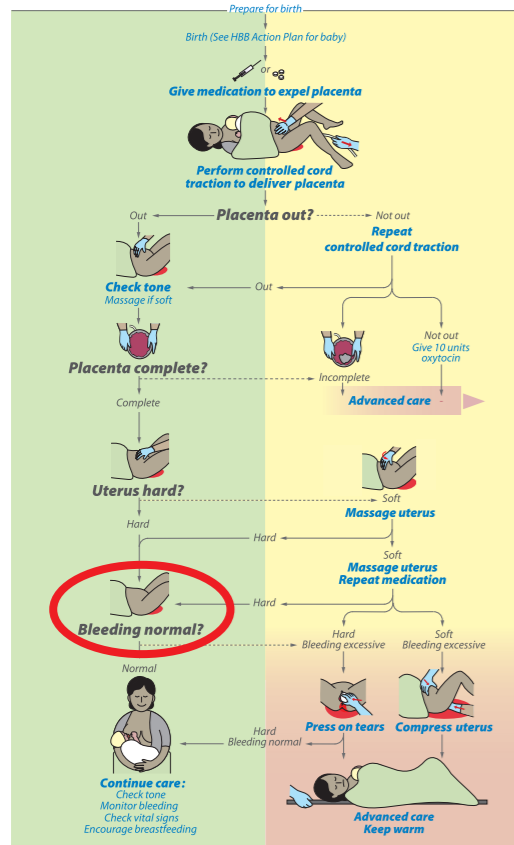
Quick check

What kind of bleeding after birth is dangerous?
A large gush that will not stop or a constant small stream that will not stop

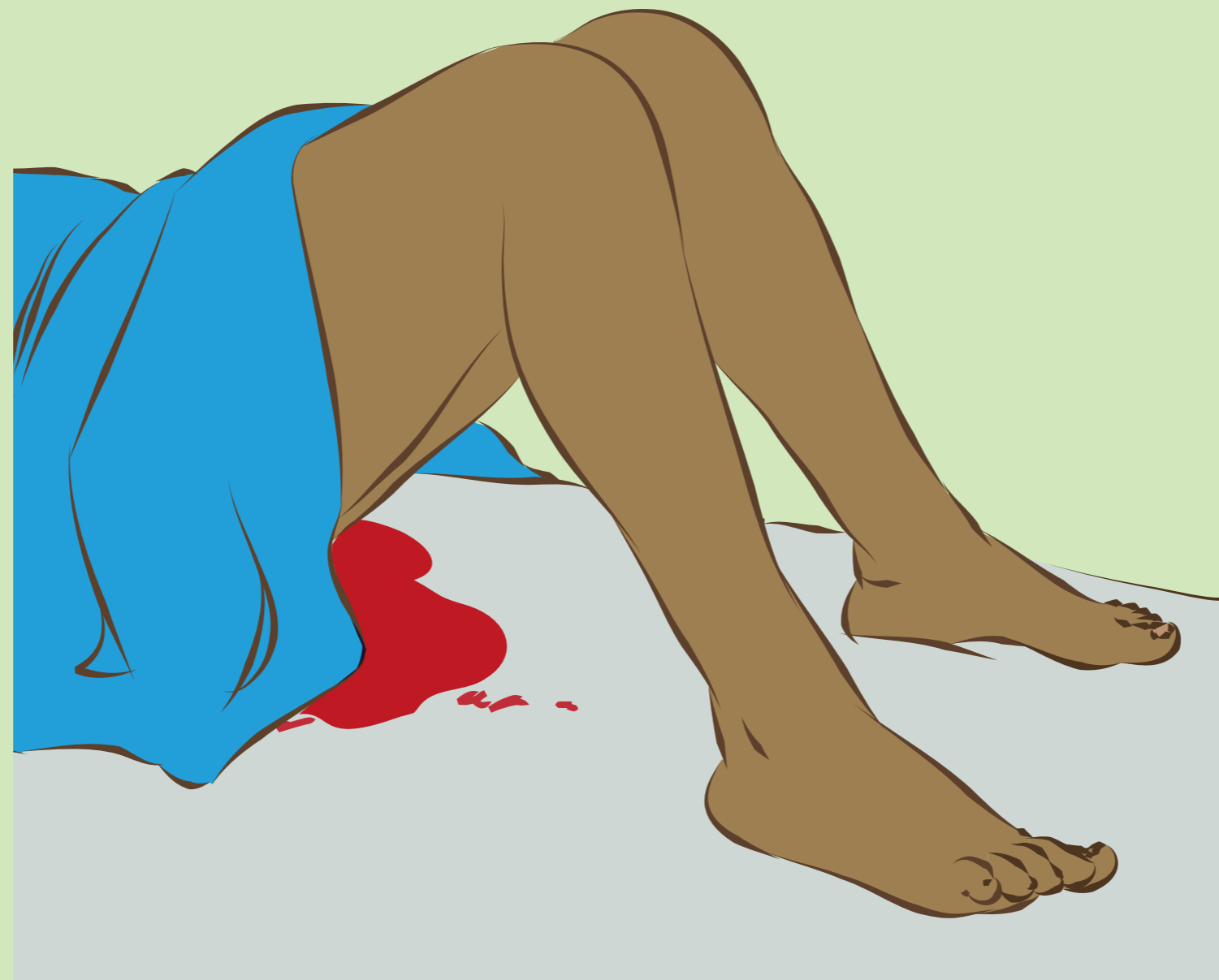
Why should the provider check and re-check the mother many times?
The uterus could get soft at any time, or bleeding that was normal could become heavy.

Helping Mothers Survive

Bleeding after Birth

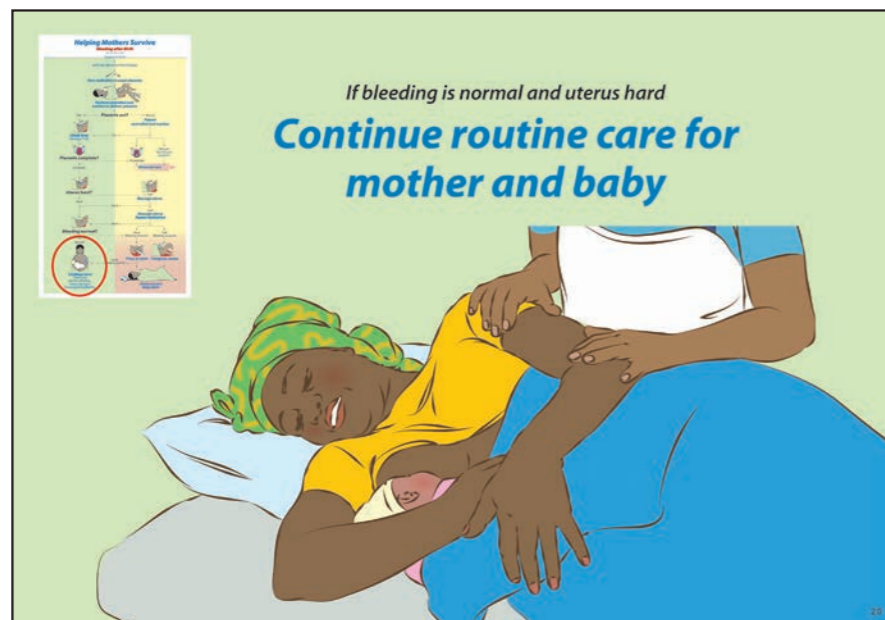


If placenta is out and complete
Is bleeding normal?



Normal

Key points



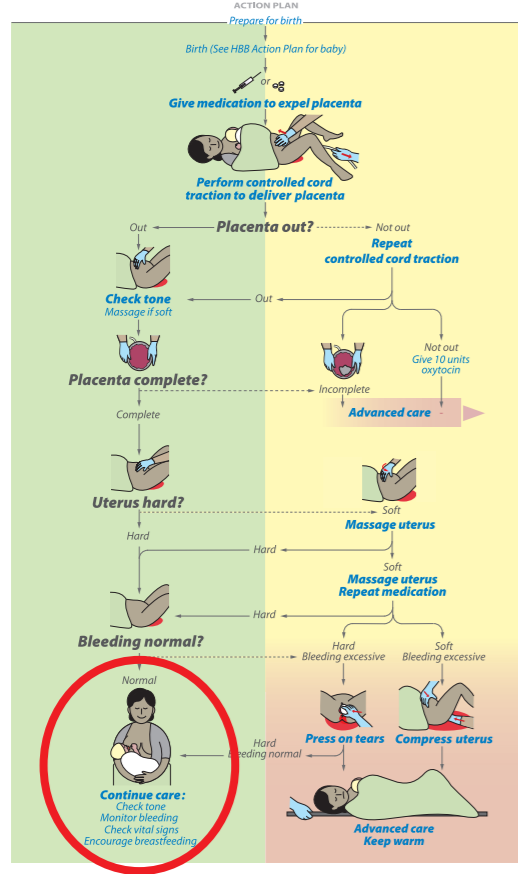
- Always keep mother and baby together.
- Start breastfeeding early.
- Checking and re-checking mother and baby are critical during this important time.
- Check fundal tone and bleeding every 15 minutes for the first two hours after birth.

Knowledge and skills

- Routine care means continued monitoring of both mother and baby.
- Keep them warm and together.
- If mother and baby are healthy, breastfeeding should be started as soon as possible after delivery.
- Encourage mother to empty her bladder.
- Active decision-making does not end here.
- A mother and baby who are fine now might have trouble in just a few minutes.
- Use the skills of this training to actively monitor your patients and provide high-quality care.

Helping Mothers Survive

Bleeding after Birth



If bleeding is normal and uterus hard
Continue routine care for mother and baby



Key points

EXERCISE LEARNING ACTIVITY

*How much is too much?
Assessing blood loss
Practice AMTSL*

- Remind learners that the loss of blood may be quick in a large gush, or slow in a constant trickle, and both types can be dangerous.
- The blood may be soaked up in cloths, spilled on the floor, or caught in a basin.
- It doesn't matter how the blood is lost or collected, if the mother bleeds too much she can die.
- Visual estimation of blood loss is a difficult skill.
- Decision-making should be guided based on the mother's signs. A pulse greater than 110, or systolic blood pressure less than 100 are signs of shock and advanced help is needed.
- Practicing normal third stage care is important to help remember all the steps.

EXERCISE 1

Blood estimation exercise

- Set up four stations showing blood loss in different ways and label them A, B, C, D:
 - A** - A white towel or culturally appropriate cloth – 600 cc
 - B** - Gauze bandage – 100 cc
 - C** - Liquid in a basin – 300 cc
 - D** - Blood clot (use red fruit jam) – 500 cc
- Release learners for short break to walk by stations and write their estimates of blood loss.
- When they come back together, discuss their estimates. Explain how easy it can be to underestimate.

EXERCISE 2

Routine third stage practice

- Divide learners so there are six learners to one simulator.
- Begin simulations with the baby delivered on the abdomen and the cord still attached.
- Have the first learner demonstrate normal care from just after delivery to routine care.
- Guide the learner as necessary using the Action Plan and give feedback.
- Have each learner practice this same scenario while the facilitator gives feedback.
- Have the other learners trace what is happening on the Action Plan.

LEARNING ACTIVITIES

Assessing blood loss
Practicing AMTSL

Helping Mothers Survive

Bleeding after Birth

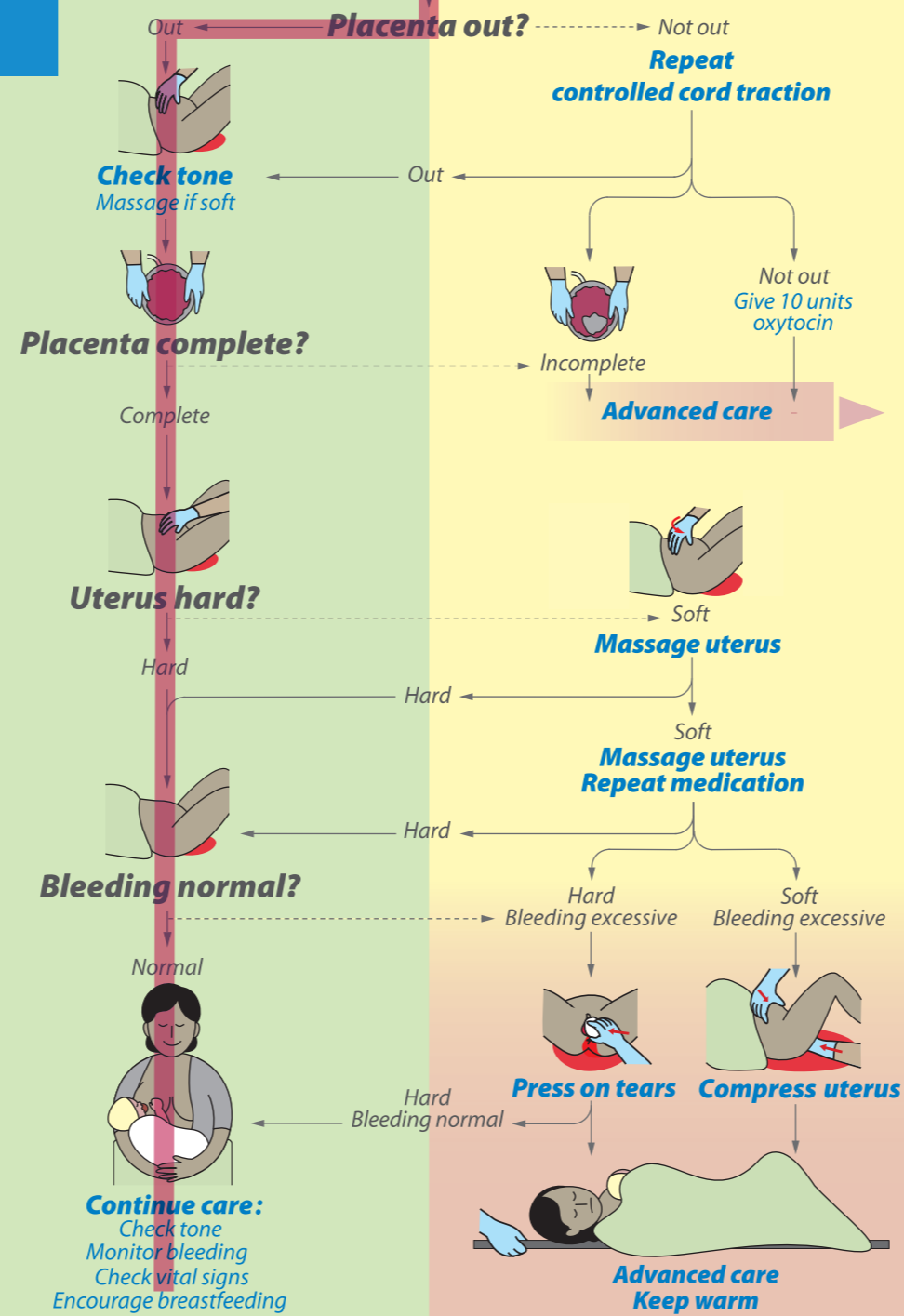
ACTION PLAN

Prepare for birth

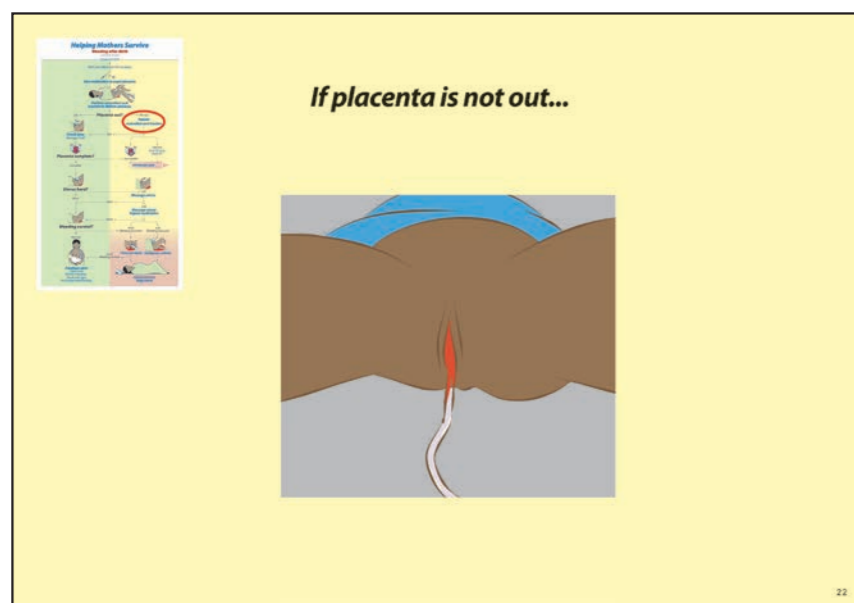
Birth (See HBB Action Plan for baby)

Give medication to expel placenta

Perform controlled cord traction to deliver placenta



Key points



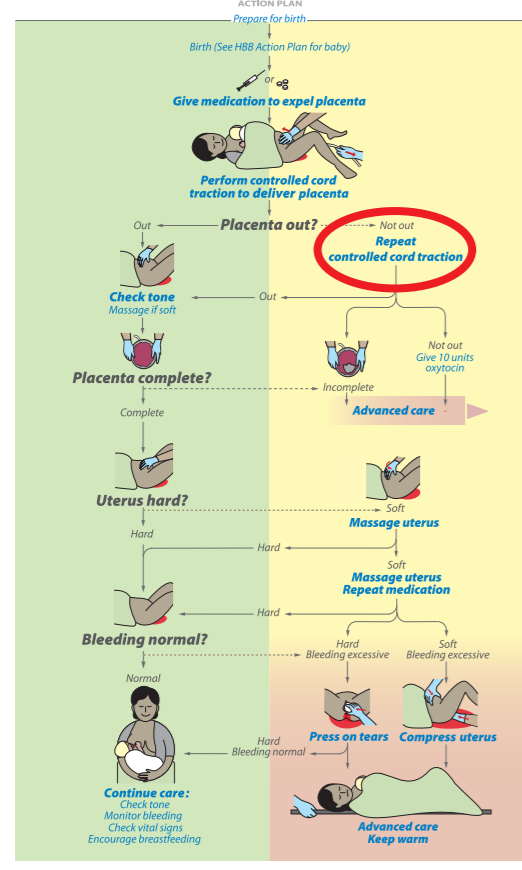
- The placenta usually delivers within 10 minutes, but can take one hour.
- If the placenta is not out in 30 minutes, repeat 10 units of oxytocin IM or IV.
- If the placenta is not out in one hour OR the mother is bleeding heavily at any time, get advanced help.

Knowledge and skills

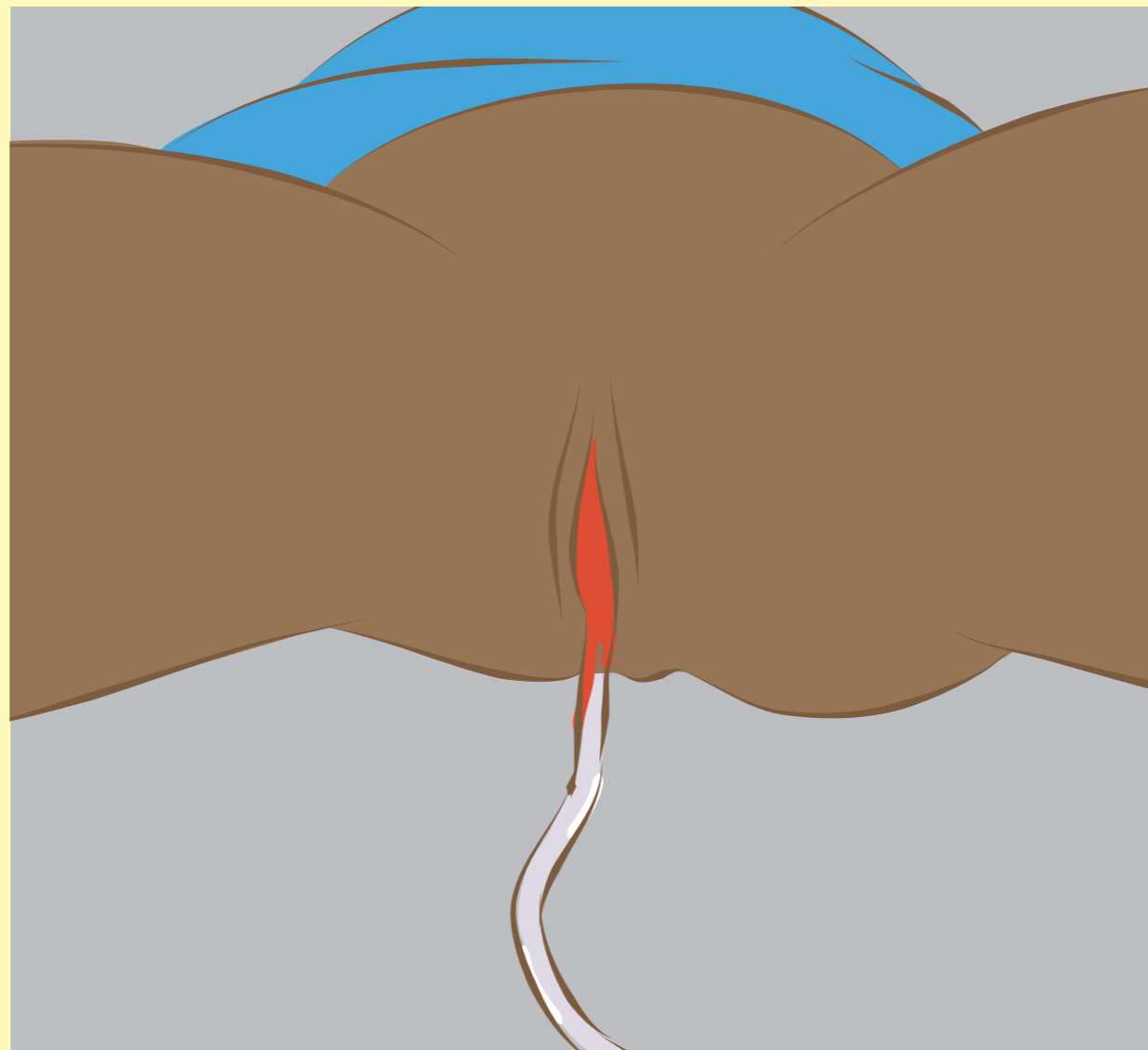
- It is important to note if the bleeding is normal or if it is heavy.
- If the placenta does not come out in 30 minutes, the risks for bleeding after birth and possible infection are increased. To help deliver the placenta repeat 10 units of oxytocin. If the mother's bleeding remains normal, the provider may continue to observe for up to 60 minutes before getting advanced care.
- When the placenta does not come out, the uterus cannot contract to stop the bleeding.

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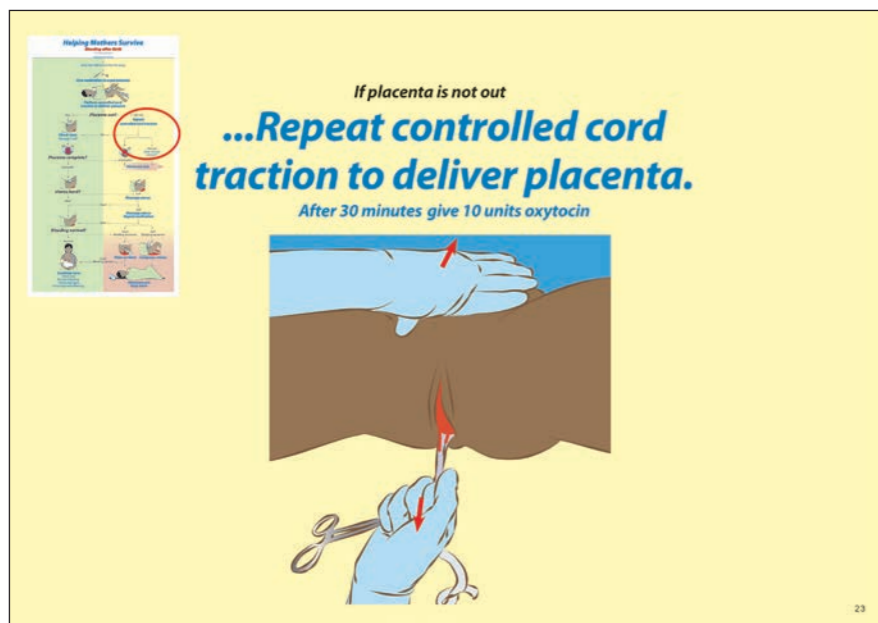
Bleeding after Birth



If placenta is not out...



Key points



- Continue controlled cord traction during each contraction, but never when there is not a contraction.
- Controlled cord traction must be gentle.
- Always stabilize the uterus when providing controlled cord traction.
- Never pull on the cord if you feel resistance.
- Pulling too hard or when you feel resistance can tear the cord off or pull the uterus out.
- If the placenta has not delivered after 30 minutes, repeat 10 units of oxytocin IM or IV.

Knowledge and skills

- It may take several contractions for the placenta to deliver.
- Giving an additional 10 units of oxytocin after 30 minutes can help the placenta deliver. DO NOT repeat misoprostol.
- Providing gentle controlled cord traction in a downward direction is important in helping deliver the placenta safely.
- **Stabilizing the uterus** with one hand above the pubic bone is VERY important.
- Only provide controlled cord traction when there is a contraction.
- If you do not stabilize the uterus or if you pull too hard or when resistance is felt, you can tear the cord or pull the uterus out. This can kill the mother.

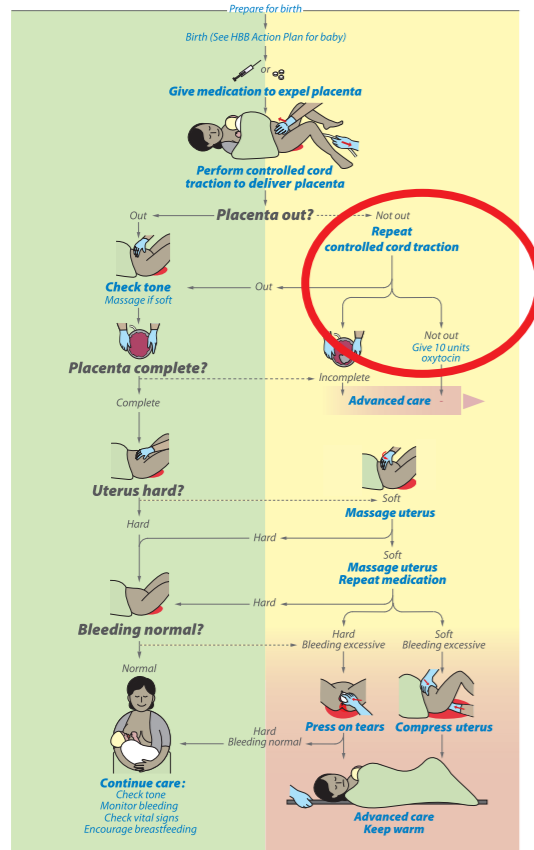
Advanced Care Note

If learners have additional training and authorization to provide more advanced levels of care, they should act within their scope of practice. This may include repeating controlled cord traction described here, repeating medication, or manual removal of the whole or parts of the placenta.

Quick check

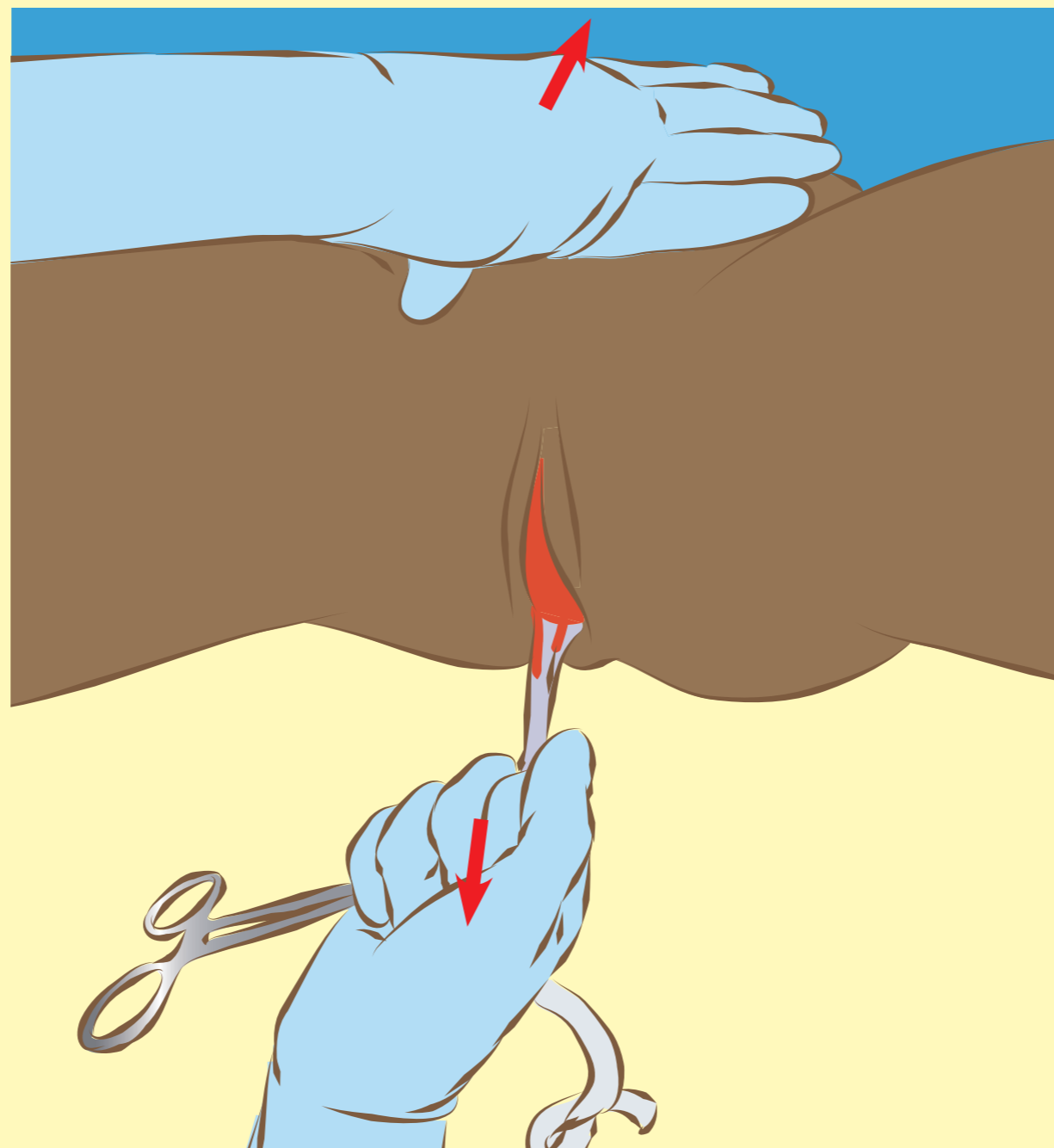
How long after birth should you get advanced help if the placenta won't deliver?
Any time the bleeding is heavy
After one hour

If the placenta does not deliver, what are the risks to the mother?
Infection and bleeding

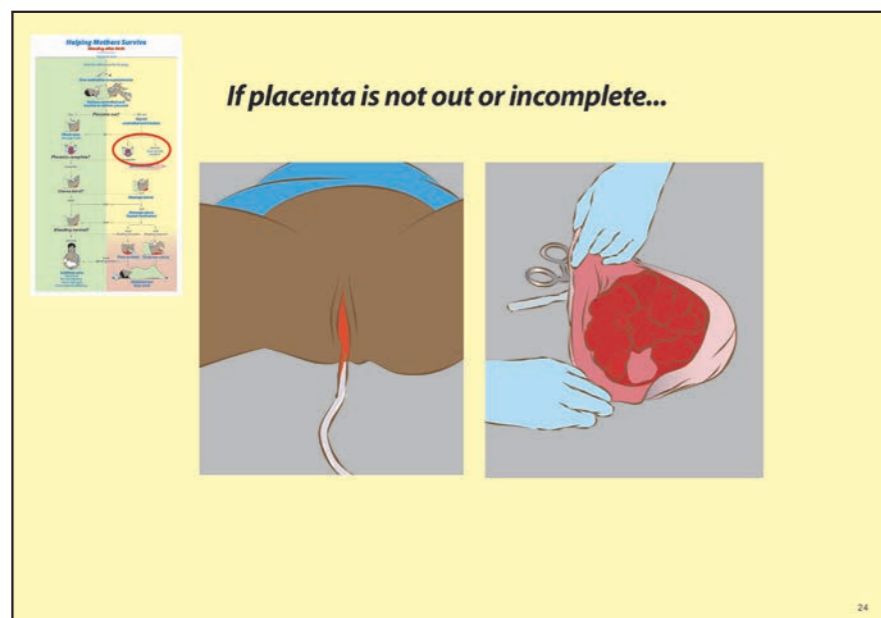


If placenta is not out ...Repeat controlled cord traction to deliver placenta.

After 30 minutes give 10 units oxytocin



Key points



- An incomplete or retained placenta will need advanced help.
- Advanced care is needed for any mother who has not delivered her placenta within one hour even if she is not bleeding.

Knowledge and skills

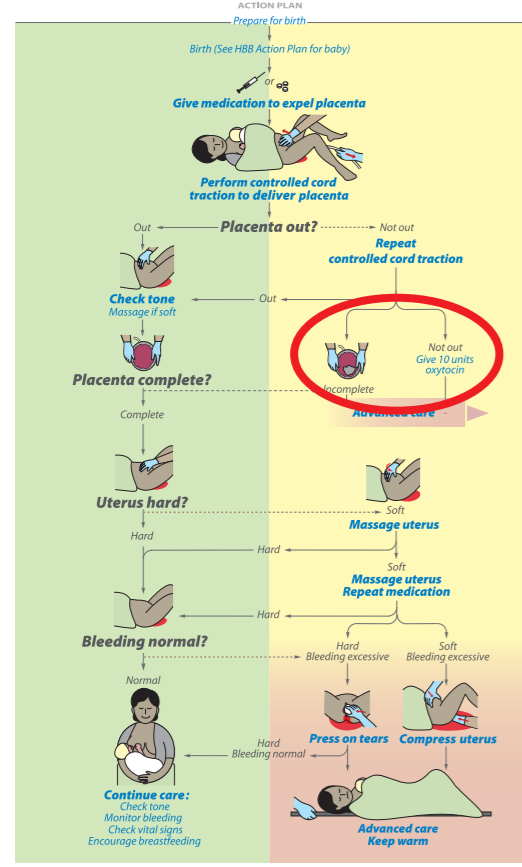
- The woman may continue to bleed if the placenta is not out or is incomplete.
- Keep track of the time since birth.
- Monitor the mother's pulse and blood pressure to watch for shock (pulse >110 , systolic BP <100).
- After 60 minutes, even if bleeding is light, get advanced help.
- If at any time the bleeding is heavy, whether or not the placenta is delivered, get advanced help.
- A stuck placenta or a piece of placenta can stop the uterus from contracting to stop the bleeding.
- Inspect the placenta for completeness.
- The danger of heavy bleeding and infection requires advanced care to remove the placenta or any pieces of placenta.

Advanced Care Note

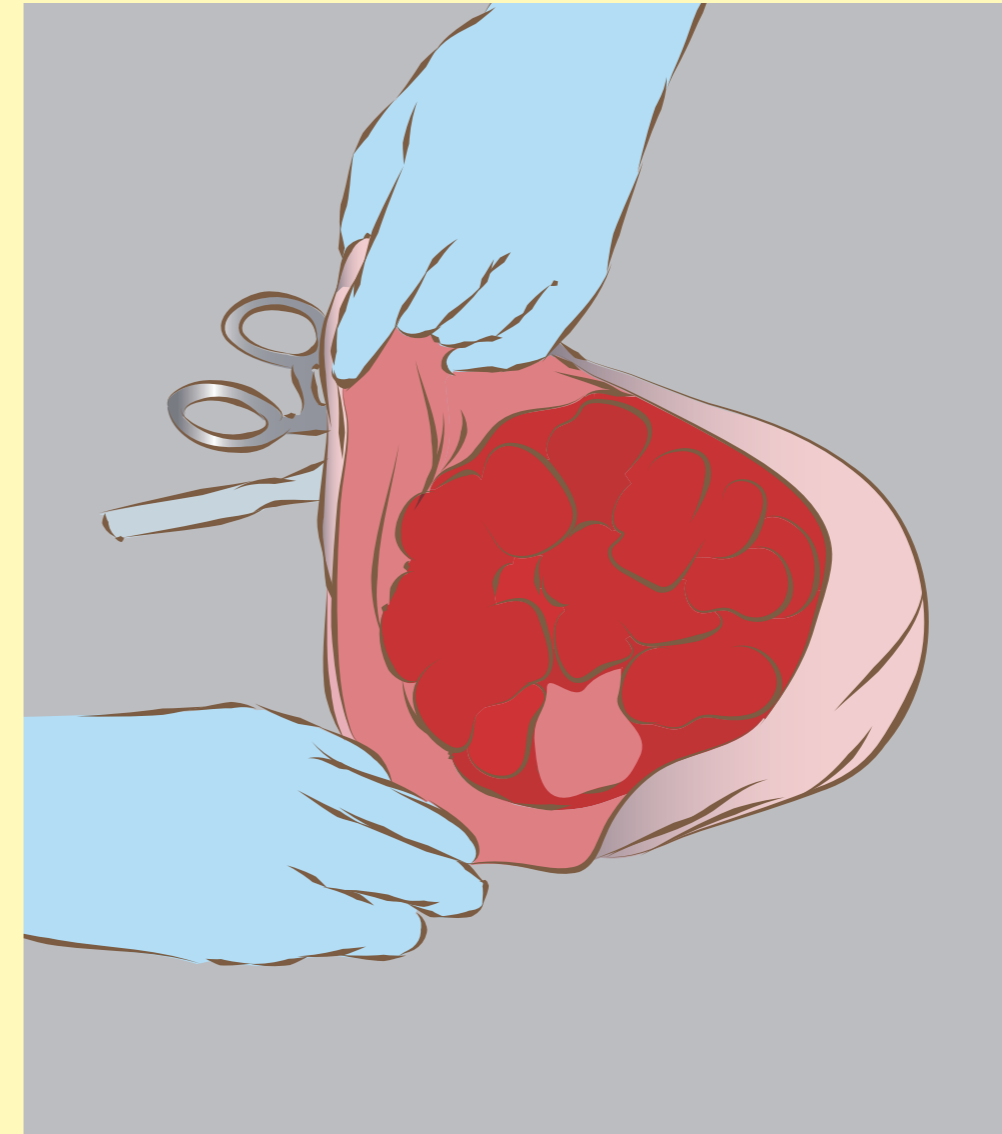
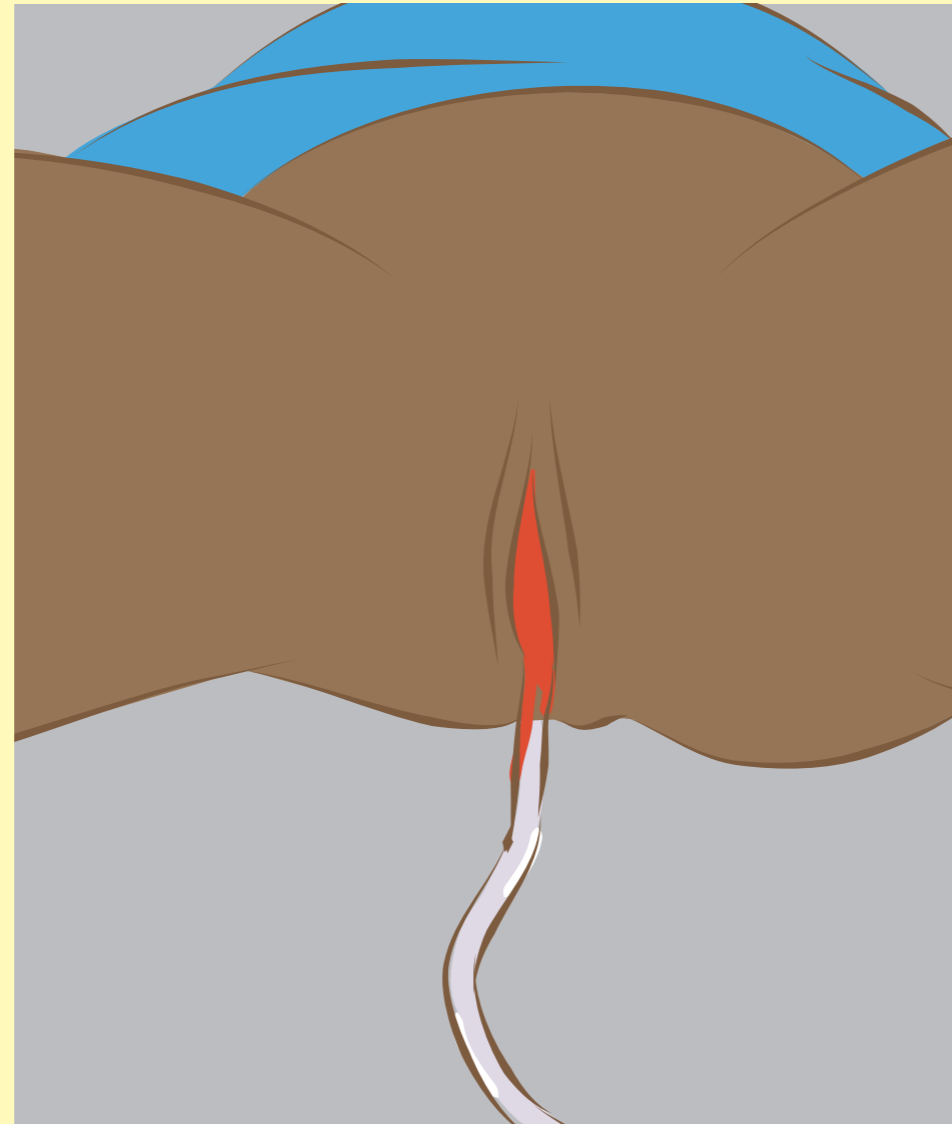
- If learners have additional training and authorization to provide more advanced levels of care, they should act within their scope of practice. This may include manual removal of the whole or parts of the placenta.
- If this is done, the mother will require antibiotics to reduce the risk of infection.
- Manual removal should NEVER be attempted without proper training and authorization.

Helping Mothers Survive

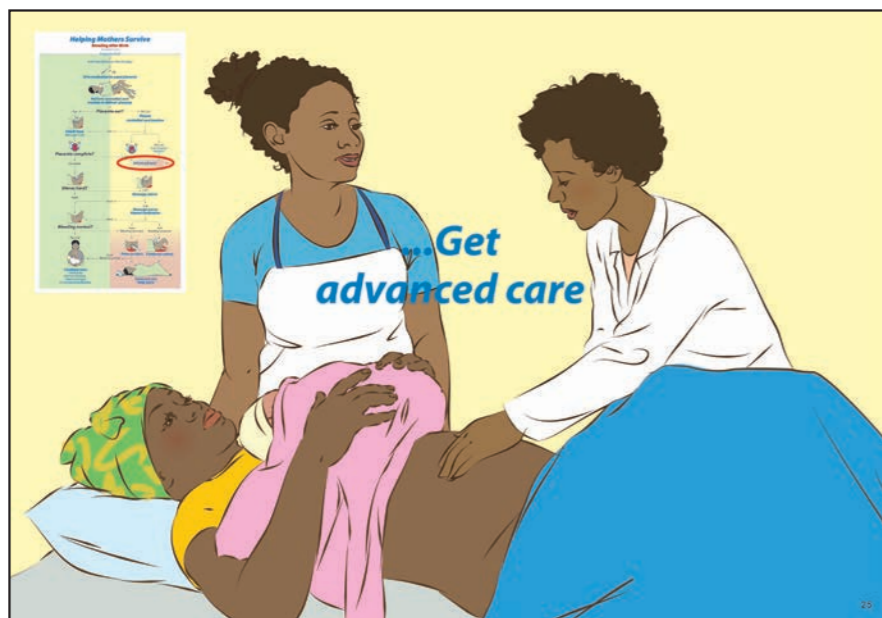
Bleeding after Birth



If placenta is not out or incomplete...



Key points



- Quickly getting advanced help can save the mother's life.
- Never leave the mother to get help.

Knowledge and skills

- Knowing when and where to get help is very important. It can save the mother's life.
- If a mother needs more help than a provider is trained to give, knowing who can give that help is essential.
- Advanced health providers may include midwives, and some physicians, nurses, and non-physician clinicians.
- Advanced help providers should have additional training and skills in things such as IV insertion and manual removal of the placenta.
- Contact information for advanced help providers should be available.
- Send staff or family to get advanced help; NEVER leave the mother.
- If advanced help is not immediately available, the mother should be transported to a higher level of care.

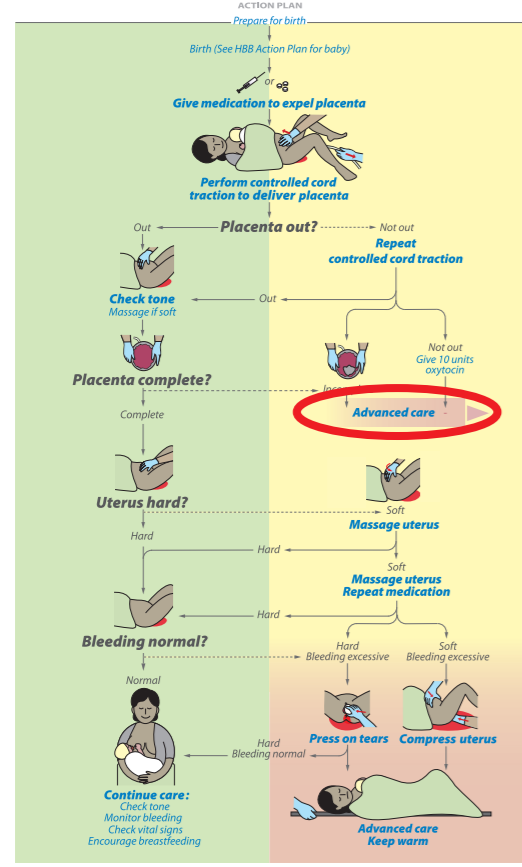
Quick check

Why should advanced help be called?
To help you manage problems that are outside your scope of practice

When should providers begin thinking about getting advanced help?
As soon as any problem arises that they cannot handle on their own

Helping Mothers Survive

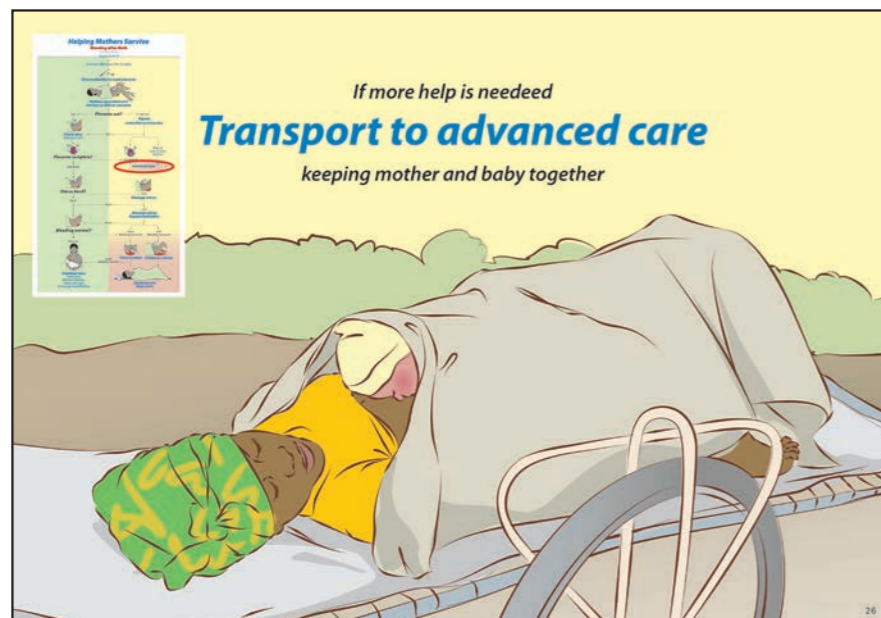
Bleeding after Birth



...Get advanced care



Key points



- Notify the referral facility that the mother is coming.
- It is better to transport the mother while she is stable than to wait.
- Mother and baby should be kept together.
- Checking mother for status changes throughout transport is important.

Knowledge and skills

- Knowing where a mother should be taken if more care is needed is important.
- Transporting a mother while she is stable is safer than waiting until it is an emergency.
- In case of flooding or broken vehicles, the provider should have backup plans for transporting the mother.
- Checking mother's bleeding and watching for placenta delivery during transport are important.
- If the placenta is out but not complete, check uterine tone and massage if soft.

Quick check

Who should go with the mother and why?
The baby and a provider if possible

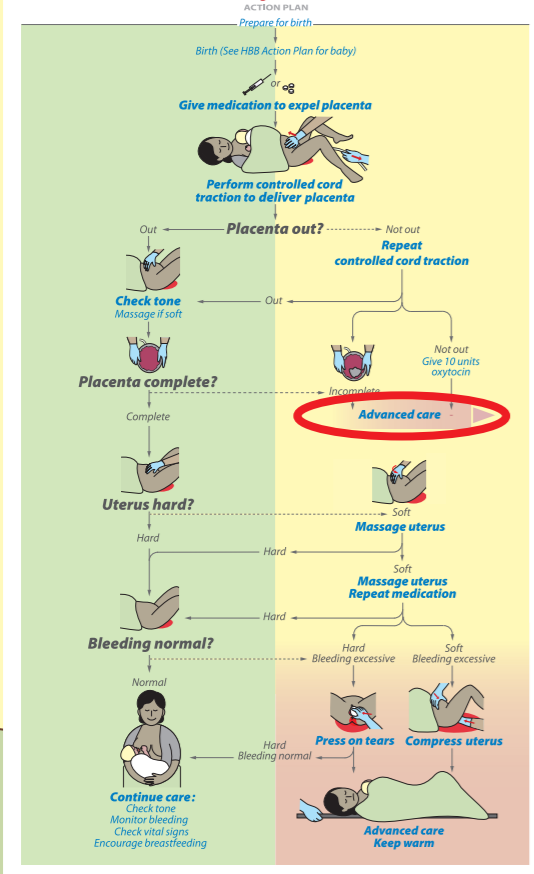
What should the mother be checked for during transport?

Check for bleeding and if the placenta has delivered.

Check tone if placenta is out but incomplete.

Helping Mothers Survive

Bleeding after Birth



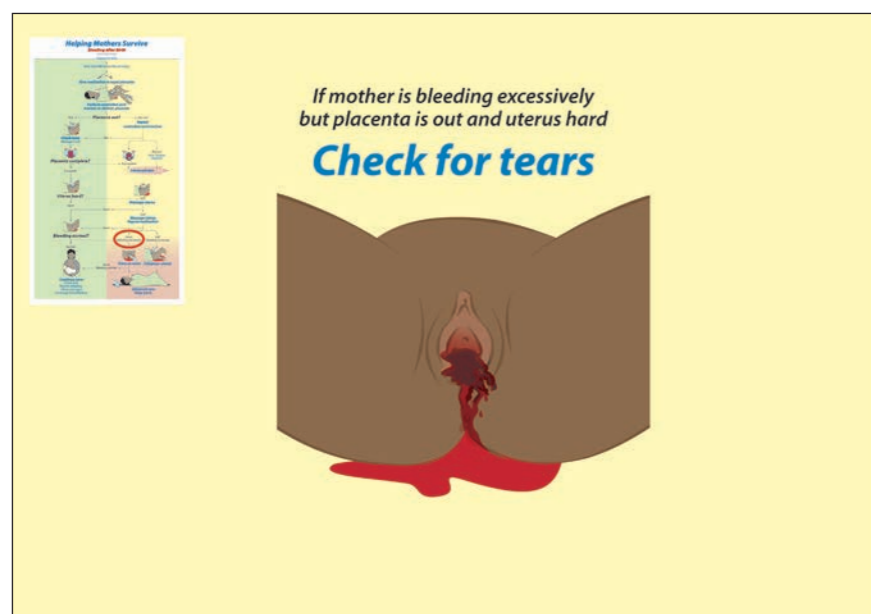
If more help is needed

Transport to advanced care

keeping mother and baby together



Key points



- If the uterus is hard and mother is still bleeding, tears are likely even if they cannot be seen. Get advanced help immediately.

Advanced Care Note

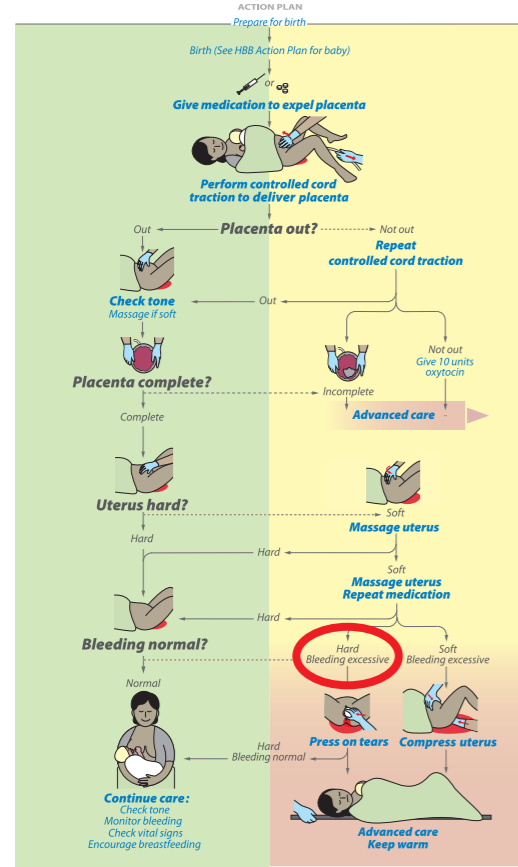
If learners have additional training and authorization to provide more advanced levels of care, they should act within their scope of practice; this may include checking the cervix for tears.

Knowledge and skills

- Lacerations or tears are the second most common cause of bleeding after birth.
- A woman who has been circumcised or had an episiotomy is at increased risk for bleeding from tears.
- Episiotomies should not be done except in rare cases, and in these cases should be done only by a skilled provider.
- Gently wiping away the blood can help you to see tears.
- You may not be able to see all tears.
- If the uterus is hard and the mother continues to bleed, but you can't see any tears, advanced help or transport is needed.

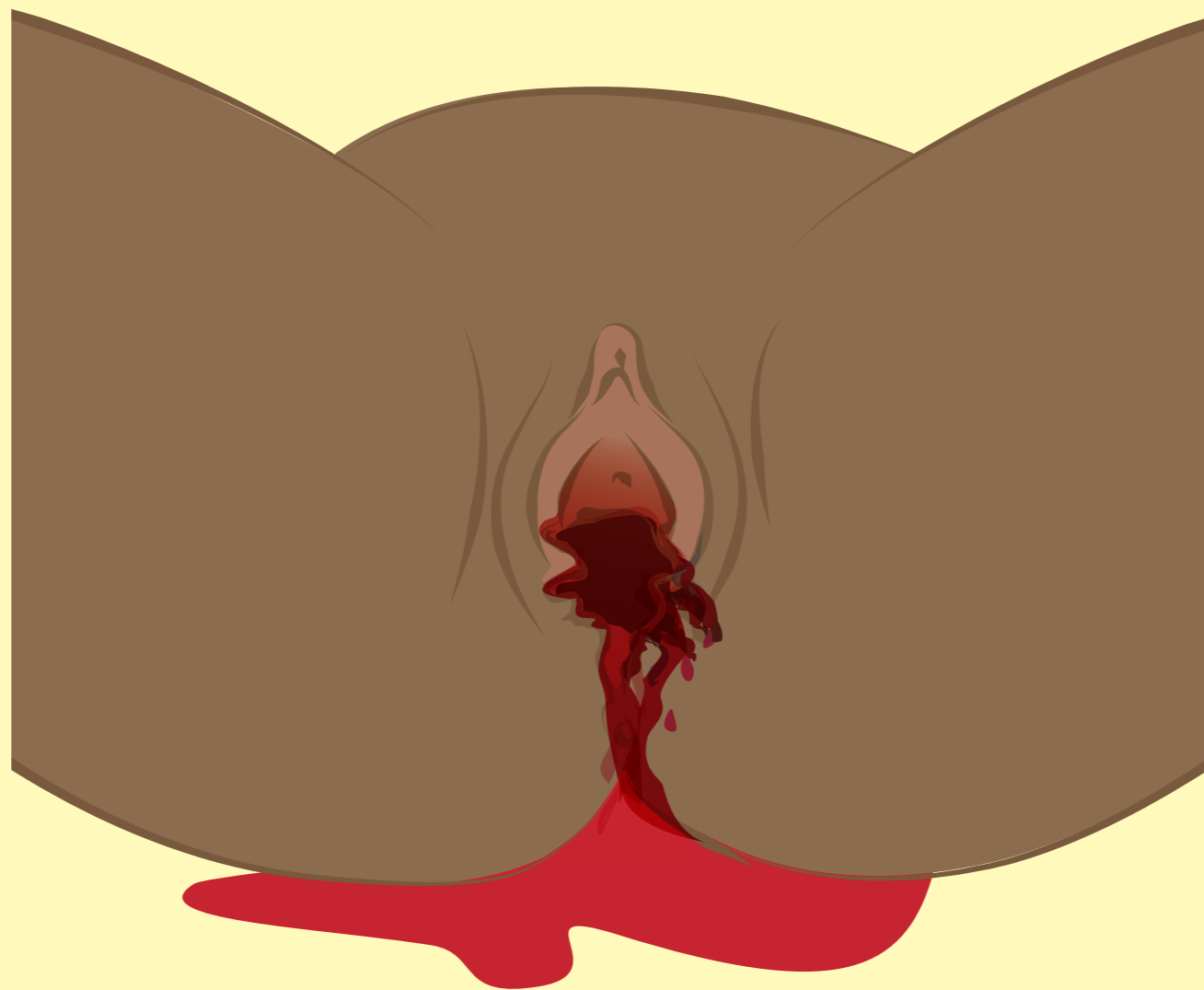
Helping Mothers Survive

Bleeding after Birth

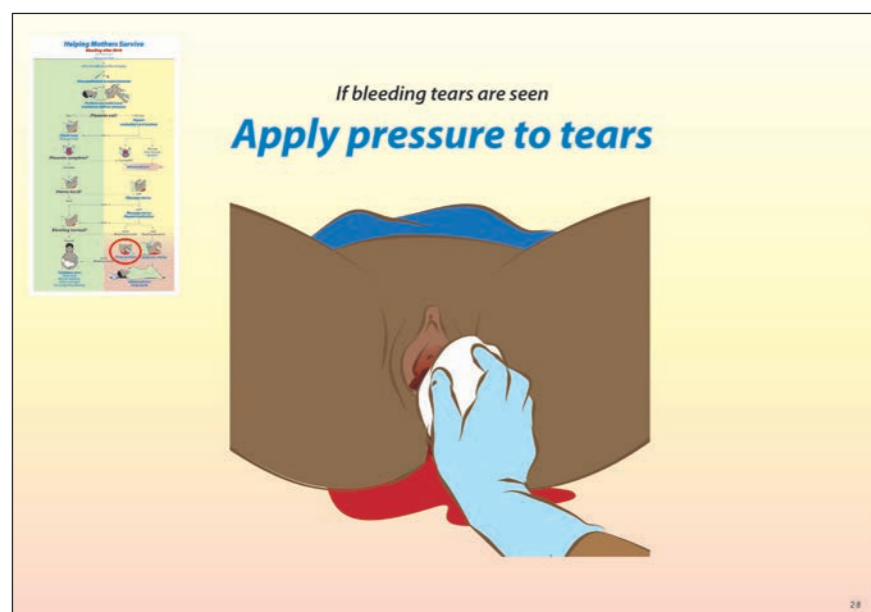


*If mother is bleeding excessively
but placenta is out and uterus hard*

Check for tears



Key points



- Apply firm, steady pressure to slow bleeding from tears.
- Apply pressure with a clean or sterile cloth to reduce the risk of infection.

Knowledge and skills

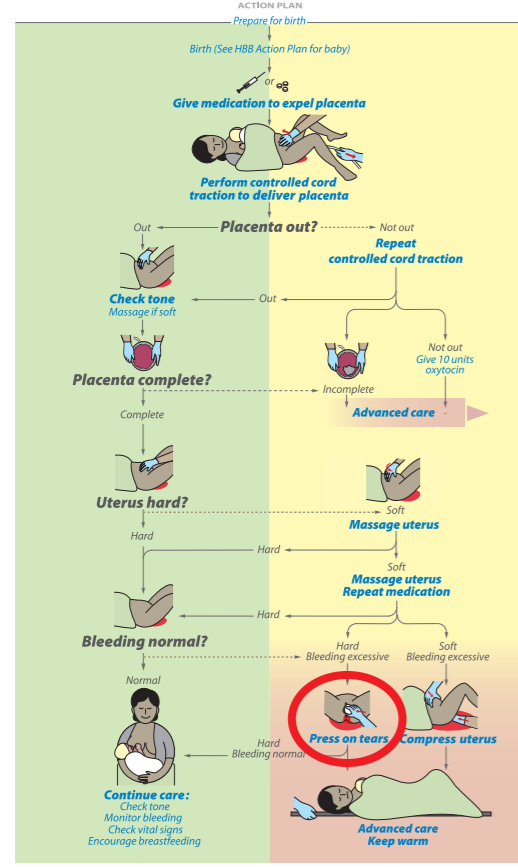
- Firm, steady pressure slows bleeding by closing off vessels and helping the blood to clot.
- Continue to apply pressure to tears until the bleeding stops or advanced help has been received.
- Lacerations or tears increase the risk of infection for a mother; clean or sterile technique is important when caring for tears.
- Do not remove soaked cloths, but add additional cloths on top of them.
- If the bleeding slows or stops, leave the cloth in place and have the mother turn to her side. Her closed legs will continue to keep pressure on the tear.

Advanced Care Note

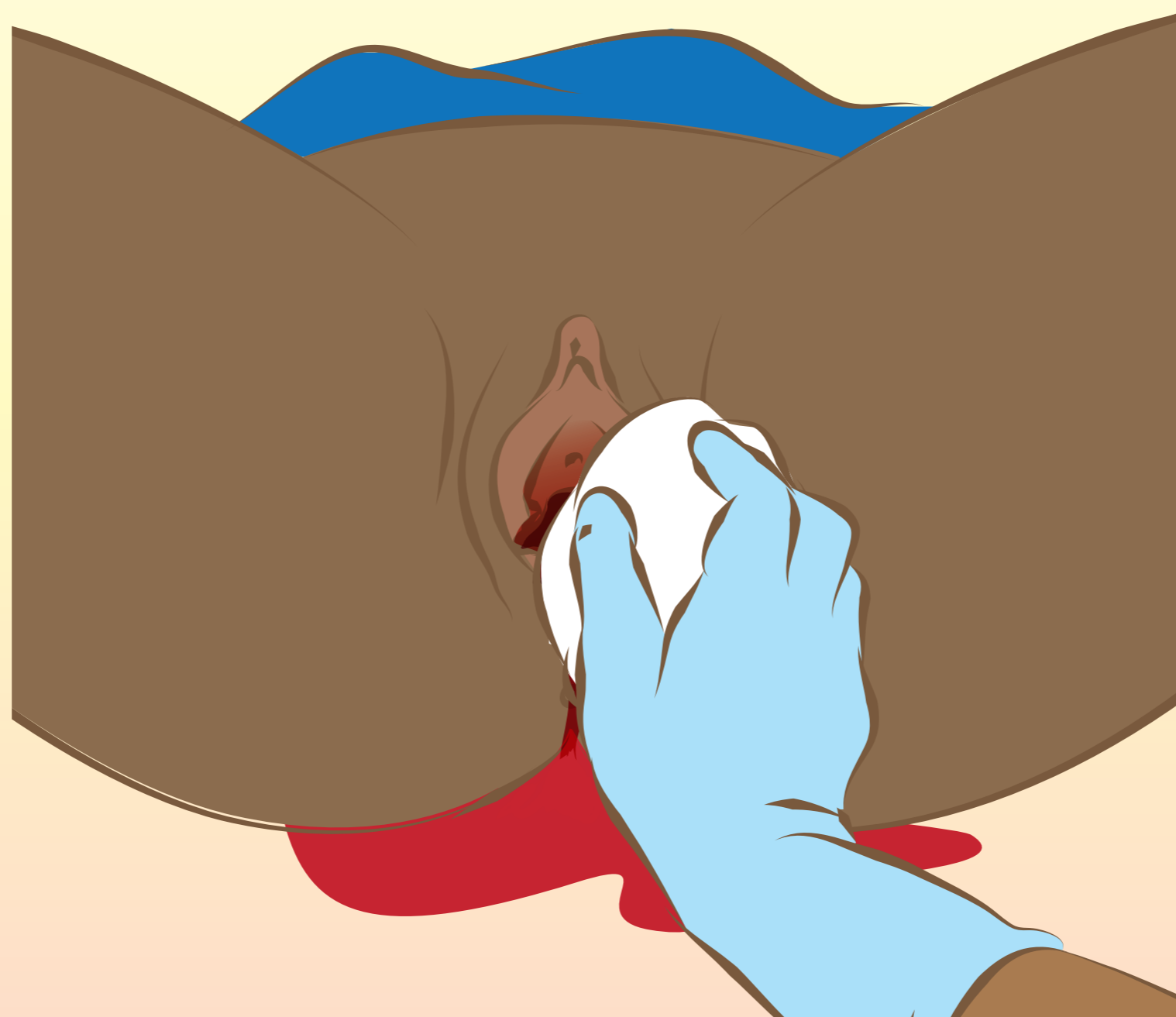
If learners have additional training and authorization to provide more advanced levels of care, they should act within their scope of practice. This may include stitching the tears.

Helping Mothers Survive

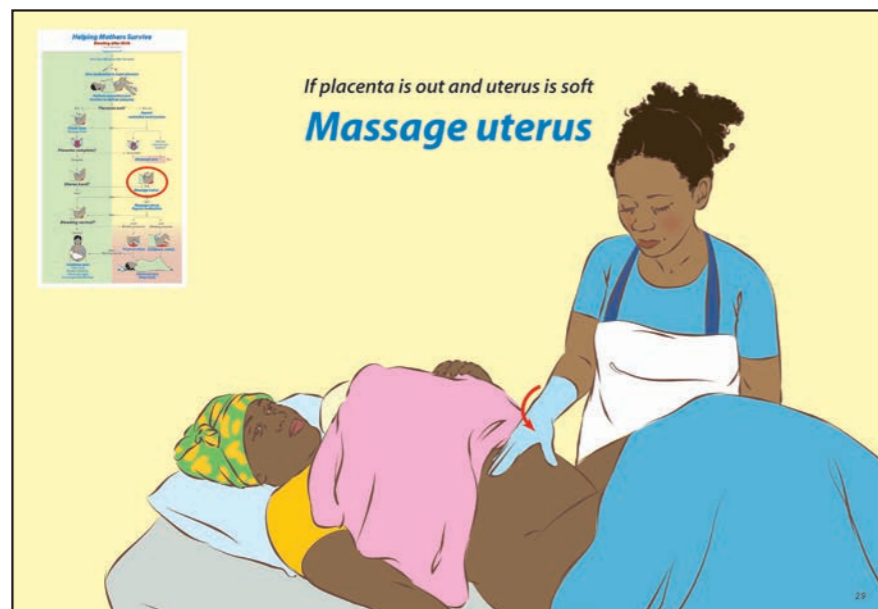
Bleeding after Birth



If bleeding tears are seen
Apply pressure to tears



Key points



- A soft uterus is the #1 cause of bleeding after birth.
- Massaging the uterus will make it contract.
- The uterus may be hard, but then get soft. Checking and re-checking is important.
- A full bladder can make the uterus get soft.
- Massaging the uterus and checking the bleeding should be done every 15 minutes for the first two hours after birth.

Knowledge and skills

- A uterus that does not stay contracted after the placenta delivers causes the majority of bleeding after birth.
- The uterus can be hard, but then get soft.
- The uterus and bleeding should be checked every 15 minutes for the first two hours after birth, and regularly for the first 24 hours.
- Massaging the uterus can make a soft uterus get hard.
- Massaging the uterus can also make blood clots come out.
- Watching the mother's bleeding while massaging the uterus is important to see if the bleeding slows as the uterus gets hard.
- A full bladder can make a uterus get soft too.
- Mothers should be told to empty their bladder after birth.

Quick check

What are some signs that uterine massage is working?

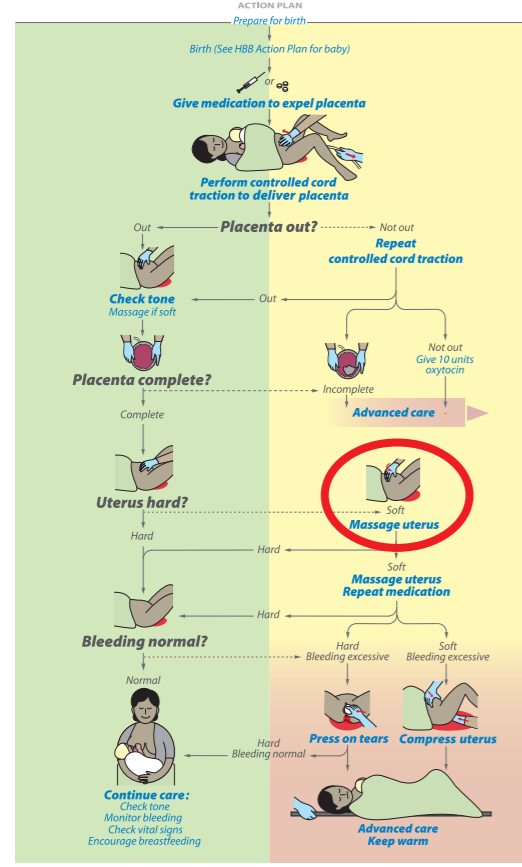
The uterus will contract and the bleeding will slow.

Why is it important to keep checking the mother's uterus and bleeding?

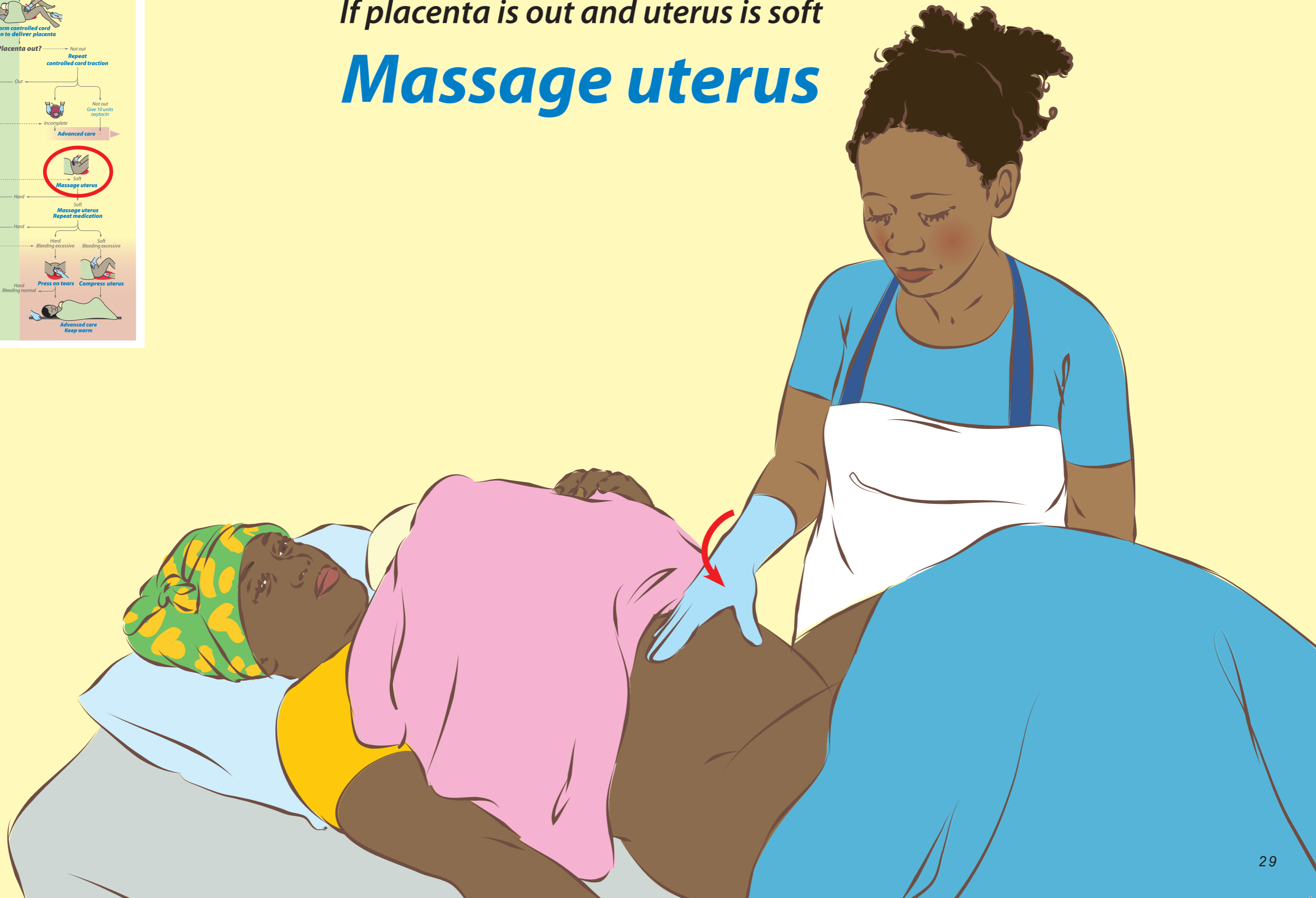
She may begin to bleed heavily again and need advanced help.

Helping Mothers Survive

Bleeding after Birth



If placenta is out and uterus is soft
Massage uterus



Key points



- Uterine massage and repeated 10 units oxytocin help the uterus to contract. If oxytocin is not available, you can give 200 mcg = 1 pill of misoprostol.
- If the uterus does not contract with massage and medication, immediate transport will be needed.

Knowledge and skills

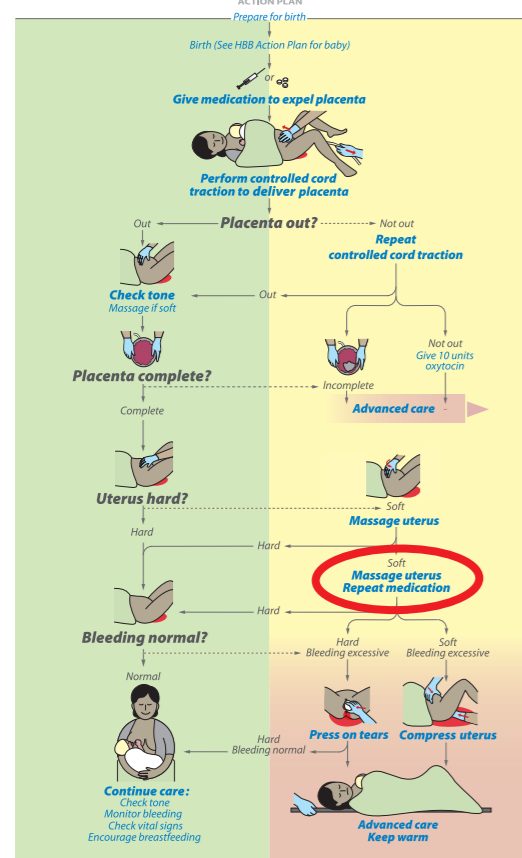
- When the uterus does not get hard, the mother is at increased risk.
- Giving a second dose of medicine can help the uterus get hard and slow or stop the bleeding: Give 10 units of oxytocin. ONLY if you do NOT have oxytocin, you can give 200 mcg = 1 pill by mouth of misoprostol.
- Continuing to massage the uterus helps it to contract.
- The provider must watch the mother's bleeding while massaging the uterus to determine if massage is effective.
- Immediately initiate the transportation plan if uterus is still not getting hard and bleeding is not slowing or if the uterus is getting hard but the bleeding is not slowing.
- Monitor for signs of shock (pulse >110, Systolic BP < 100).

Quick check

What are two things that help to keep the uterus contracted?
Massage and repeated medication.

Helping Mothers Survive

Bleeding after Birth

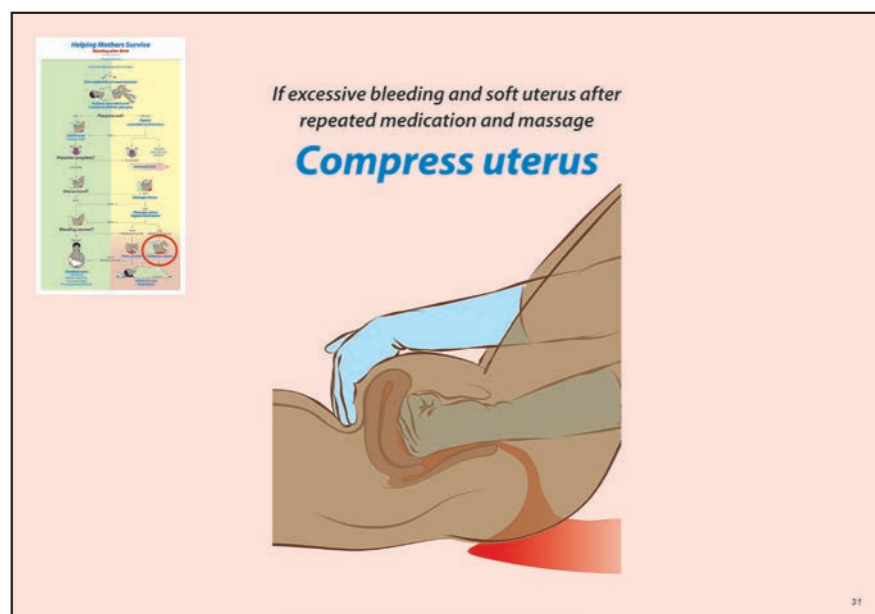


If uterus is soft and bleeding excessive

Massage uterus
Repeat medication



Key points



- Compressing the uterus is done in emergencies when bleeding does not stop with other measures.
- Putting anything into the vagina after birth can cause an infection.
- Handwashing and sterile gloves that reach to the elbow are important to reduce risk of infection.
- Squeeze the uterus between the fist in the upper vagina and the hand on the abdomen, until the bleeding is controlled and the uterus gets hard – at least 5 minutes.
- Afterwards, transportation is required!

Knowledge and skills

- If the uterus does not get hard with medication, emptying a full bladder, and massage, squeezing the uterus between your hands applies pressure and may help the uterus to get hard and stop the bleeding.
- This is very uncomfortable for the mother; it is important to communicate why you are doing it and that it will hurt.
- The provider must have very clean hands and sterile, long gloves to prevent causing an infection inside the woman's uterus.
- The provider first puts a flattened hand in the upper vagina and then makes a fist. The other hand is on the abdomen.
- By pressing hands together, the blood vessels are compressed.
- Mothers who need this intervention have already lost a lot of blood and are more likely to bleed again.
- Always have the mother evaluated by advanced help following compressing the uterus. These mothers need to be watched even more closely and for longer than mothers who do not have this much bleeding.

Simulation

Simulation of bimanual compression using

- Supplies
- Simulator
- Long gloves

Improvising equipment: Long gloves

- Learners will use readily available supplies to make what is needed. Normal gloves can be used to make long gloves.

Facilitation note

Practice with a childbirth simulator is important for learners to develop this skill. During practice with the simulator, tightening of the cervical ribbon is essential. See page 9 of the birthing simulator "Directions for use" manual.

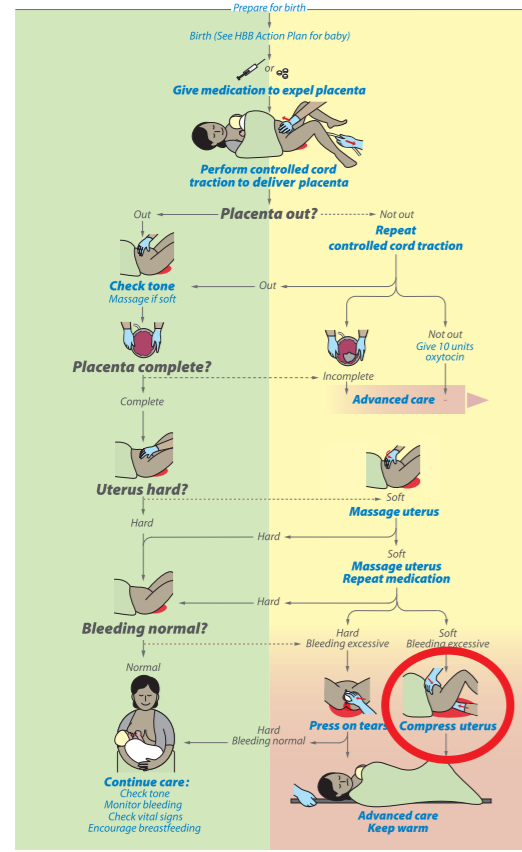
Quick check

**Why must a mother who has received bimanual uterine compression be transferred to advanced care?
Because she is at great risk of bleeding again and she may require blood transfusion or antibiotics**

**What steps should be done to stop bleeding before uterine compression?
Call for help, massage the uterus, be sure the bladder is empty, and repeat medication.**

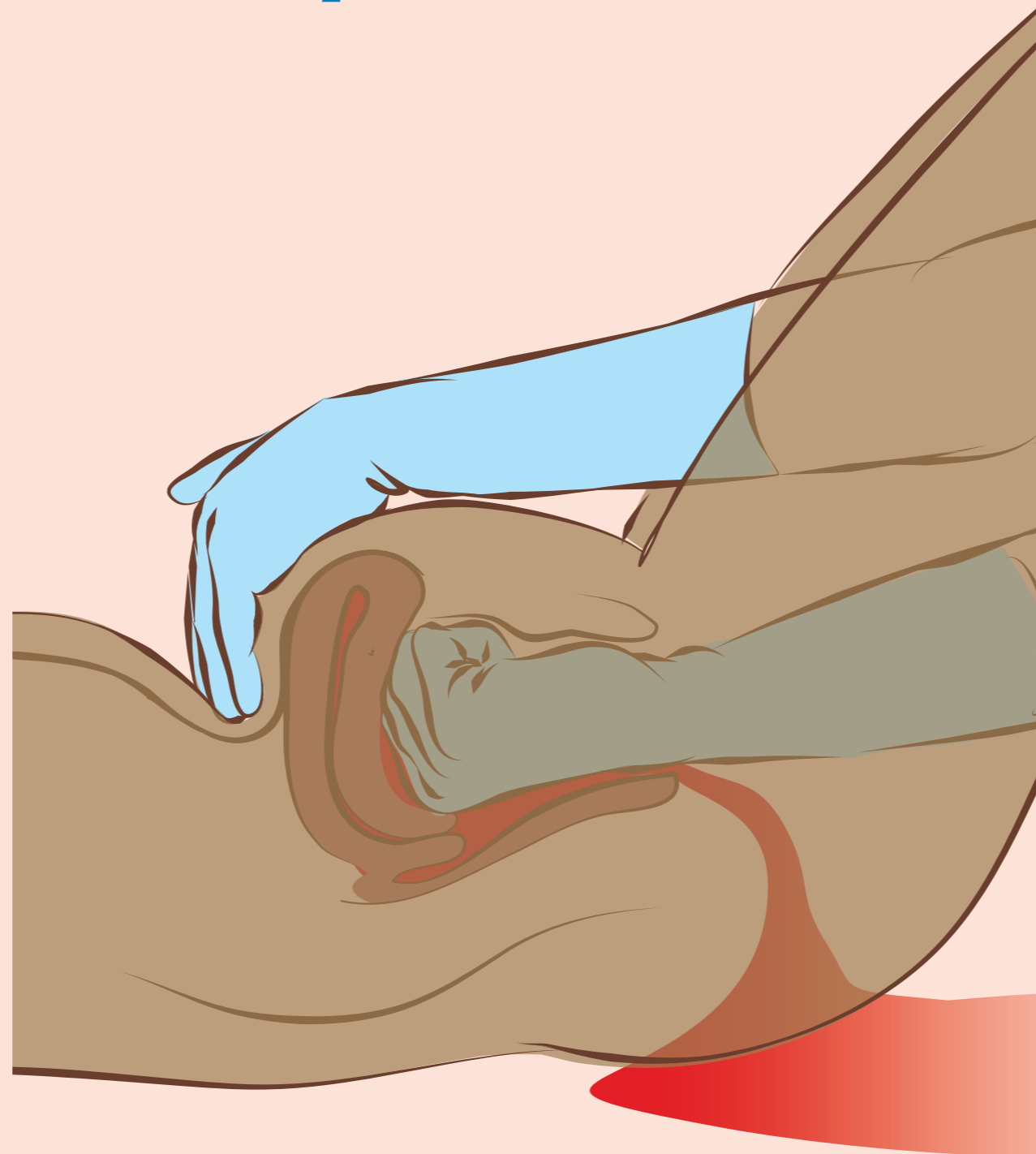
Helping Mothers Survive

Bleeding after Birth



If excessive bleeding and soft uterus after repeated medication and massage

Compress uterus



Key points



- If the mother continues to bleed, emergency transport is necessary.
- If bimanual compression has been done, transport to advanced care is needed even if bleeding has slowed or stopped!
- Mother and baby should be kept together.
- Checking mother for status changes throughout transport is important.
- Back-up transport plans should be available in case of road closures or broken vehicles.

Knowledge and skills

- A delay in getting needed care is one of the most common reasons mothers die from bleeding after birth.
- Making contact with the hospital or clinic before arriving can reduce wait times.
- Bleeding excessively can lead to shock.
- Keeping mother and baby warm and monitoring for any changes in vital signs or bleeding are important during transport.
- Continuing to massage uterus throughout transport is important to slow bleeding.

Advanced Care Note

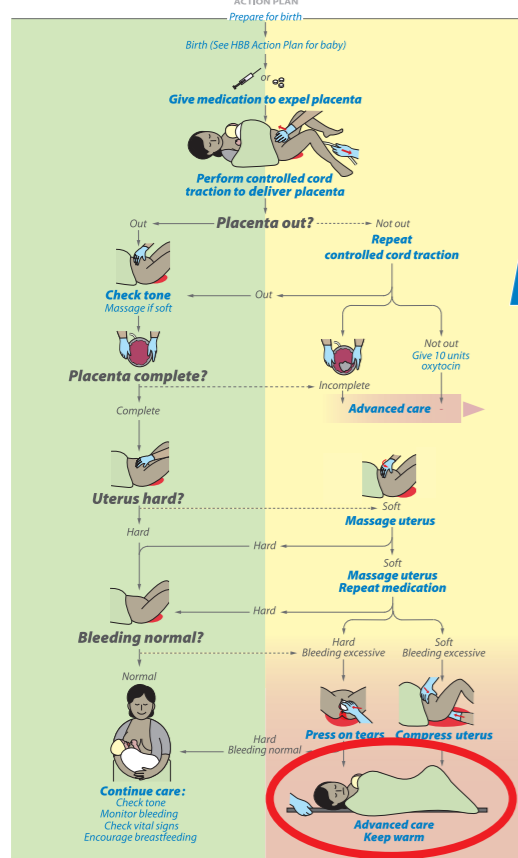
If learners have additional training and authorization to provide more advanced levels of care, they should consider doing so prior or during transport. This may include:

- IV insertion
- Foley catheterization
- Aortic compression

Quick check

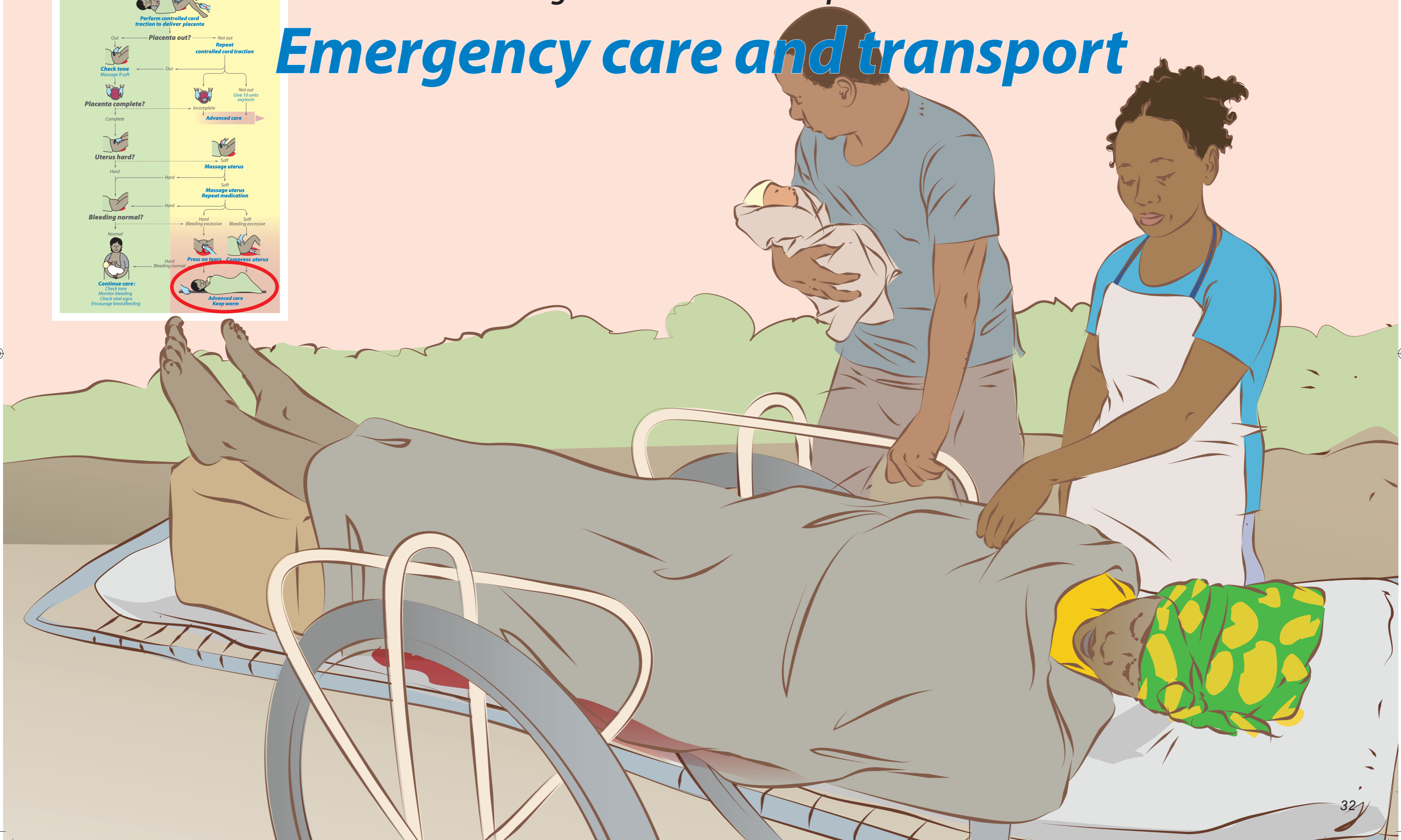
What should be included in a transport plan?
Call ahead if possible. Have a provider go with the woman if possible. Keep the mother and baby together.

Prior to transportation, what steps should have been tried to stop bleeding?
Repeat medication, massage, and bimanual compression.

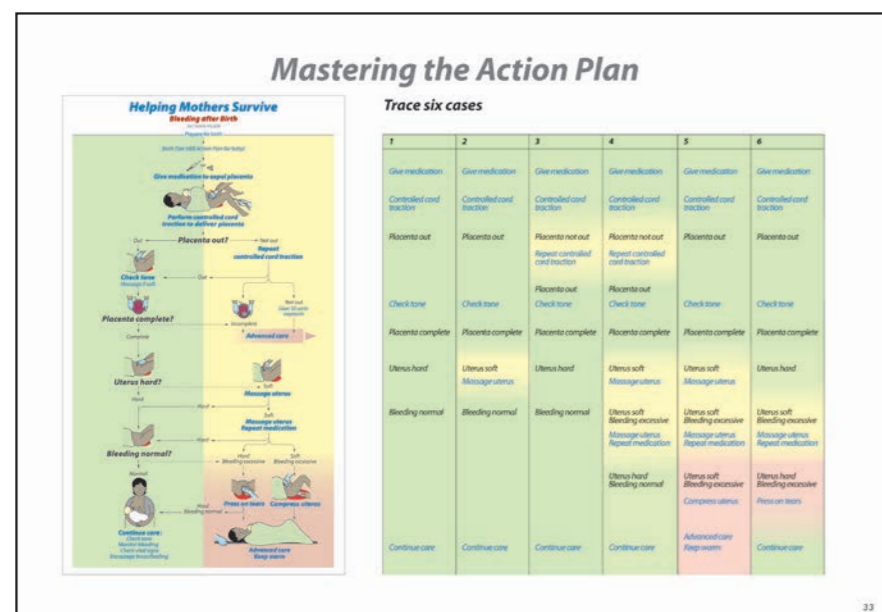


If excessive bleeding or if bimanual compression was needed

Emergency care and transport



Key points



- Postpartum hemorrhage can be effectively prevented and managed by mastering these scenarios.
- Following steps in the Action Plan will lead to everyone's ability to prevent and treat hemorrhage.
- Regular practice is the responsibility of the entire team.
- Regular practice will result in strong and automatic skills.

Knowledge and skills

- First goal is to keep mothers in the green through provision of routine third stage care including uterotonic, controlled cord traction, and massage, coupled with careful observation, decision-making, and actions as outlined on the AP.
- Most problems in the yellow can be solved quickly with careful decision-making, good team communication, and quick action.
- Regular team practice is essential for improvement and maintenance of these essential skills.

Facilitation note

Any provider working with the team can take responsibility for leading regular practice schedules using the scenarios. Important tools for training include:

- Simulators
- The Flip Book
- The Action Plan
- Equipment and supplies

Mastering the Action Plan

Helping Mothers Survive

Bleeding after Birth

ACTION PLAN

Prepare for birth

Birth (See HBB Action Plan for baby)

Give medication to expel placenta

Perform controlled cord traction to deliver placenta

Placenta out?

Out

Not out

Repeat controlled cord traction

Check tone

Massage if soft

Out

Not out

Give 10 units oxytocin

Advanced care

Placenta complete?

Complete

Incomplete

Advanced care

Uterus hard?

Hard

Soft

Massage uterus

Bleeding normal?

Normal

Hard

Bleeding excessive

Soft

Bleeding excessive

Press on tears

Compress uterus

Continue care:

Check tone
Monitor bleeding
Check vital signs
Encourage breastfeeding

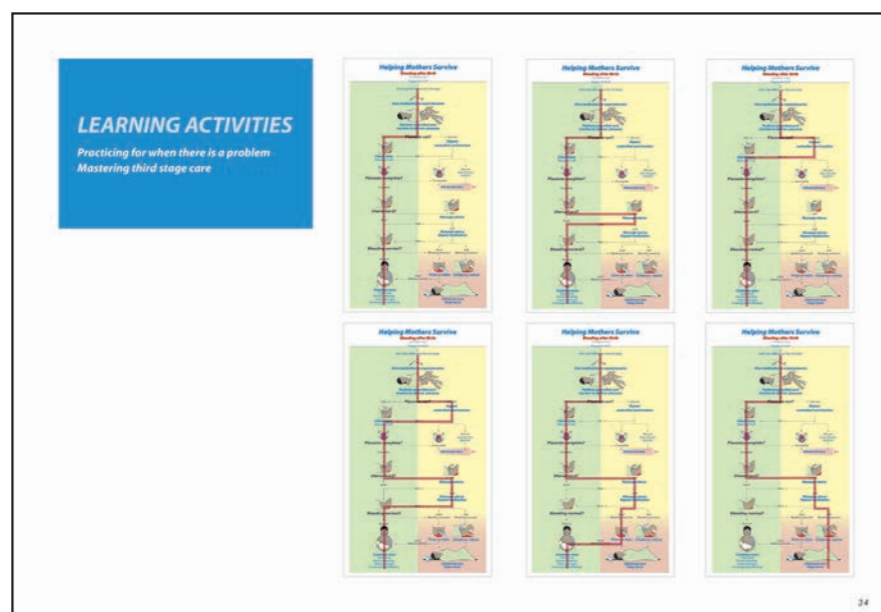
Advanced care

Keep warm

Trace six cases

1	2	3	4	5	6
Give medication	Give medication	Give medication	Give medication	Give medication	Give medication
Controlled cord traction	Controlled cord traction	Controlled cord traction	Controlled cord traction	Controlled cord traction	Controlled cord traction
Placenta out	Placenta out	Placenta not out Repeat controlled cord traction	Placenta not out Repeat controlled cord traction	Placenta out	Placenta out
Check tone	Check tone	Check tone	Check tone	Check tone	Check tone
Placenta complete	Placenta complete	Placenta complete	Placenta complete	Placenta complete	Placenta complete
Uterus hard	Uterus soft Massage uterus	Uterus hard	Uterus soft Massage uterus	Uterus soft Massage uterus	Uterus hard
Bleeding normal	Bleeding normal	Bleeding normal	Uterus soft Bleeding excessive Massage uterus Repeat medication	Uterus soft Bleeding excessive Massage uterus Repeat medication	Uterus soft Bleeding excessive Massage uterus Repeat medication
			Uterus hard Bleeding normal	Uterus soft Bleeding excessive Compress uterus	Uterus hard Bleeding excessive Press on tears
Continue care	Continue care	Continue care	Continue care	Advanced care Keep warm	Continue care

Key points



- Following steps in the Action Plan will lead to the team's ability to prevent and treat hemorrhage
- Regular practice is the responsibility of the entire team

EXERCISE 3

Practicing for when there is a problem

- Divide learners so there are six learners to one simulator.
- There are two scenarios, which need different preparation of the simulator

Retained placenta:

- Begin simulation after the baby has just delivered.
- The facilitator does not release the placenta during controlled cord traction.
- Report time since delivery to the learner (30 and 60 minutes).
- Have learners demonstrate care of the woman with retained placenta.

Hemorrhage due to atony:

- With the placenta out, tighten the cervical ribbon.
- Tell learners that the mother has received routine third stage care with uterotonic and that the placenta delivered.
- Open the blood tank and leave the uterus soft.
- Have learners demonstrate care of the woman experiencing hemorrhage due to atony.

For both:

- Guide the learners as necessary using the Action Plan and give feedback.
- Have each learner practice both scenarios while the facilitator gives feedback

EXERCISE 4

Mastering third stage care

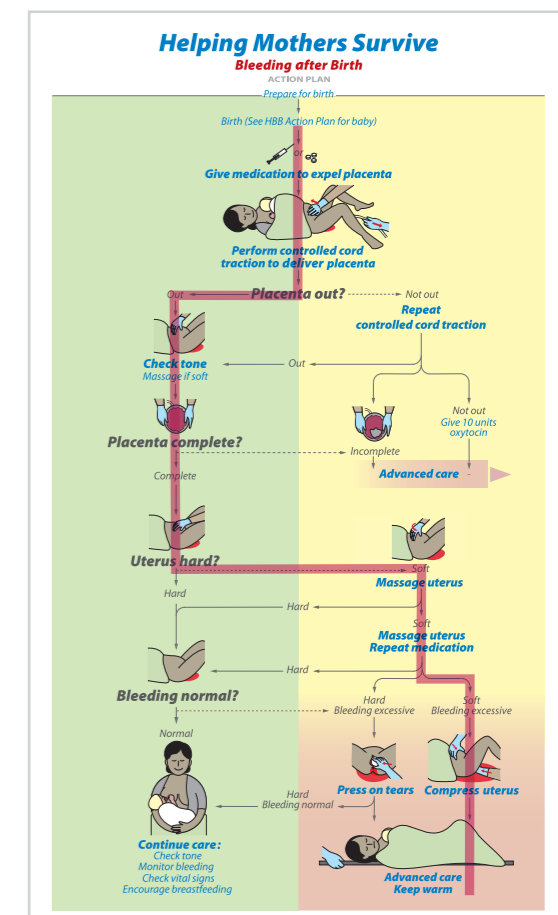
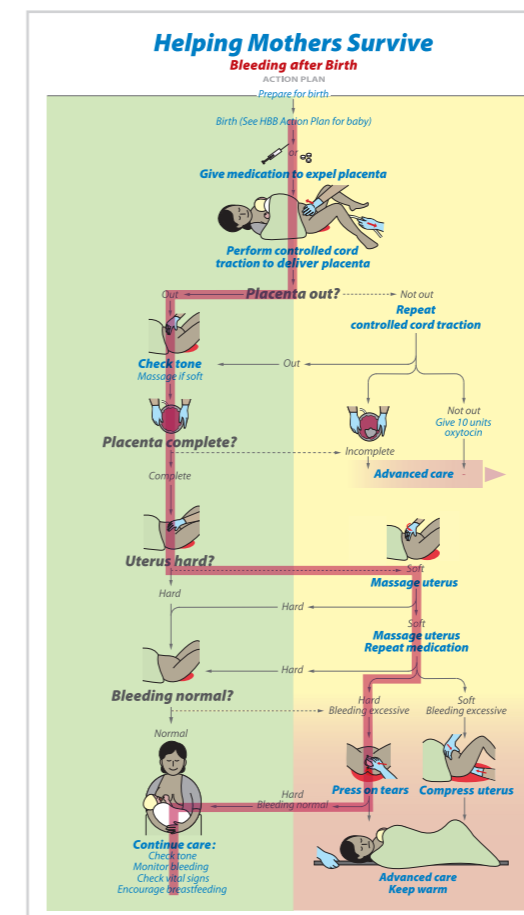
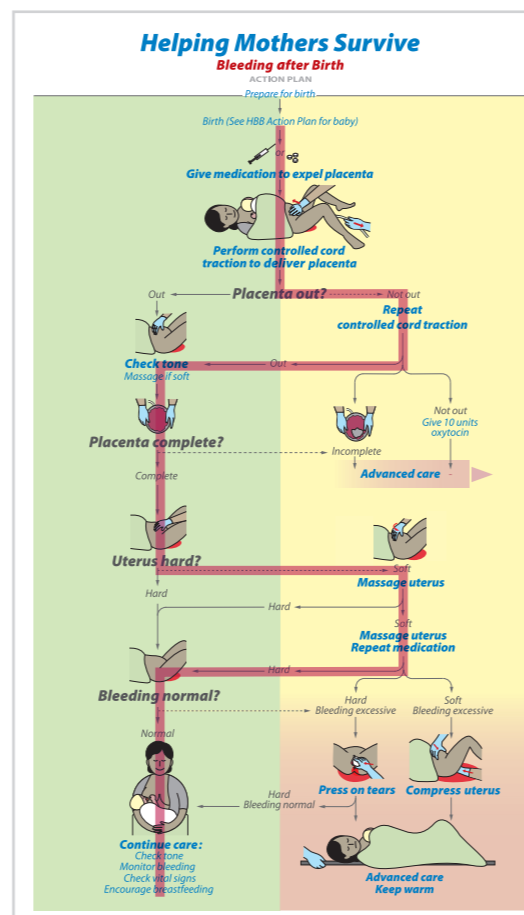
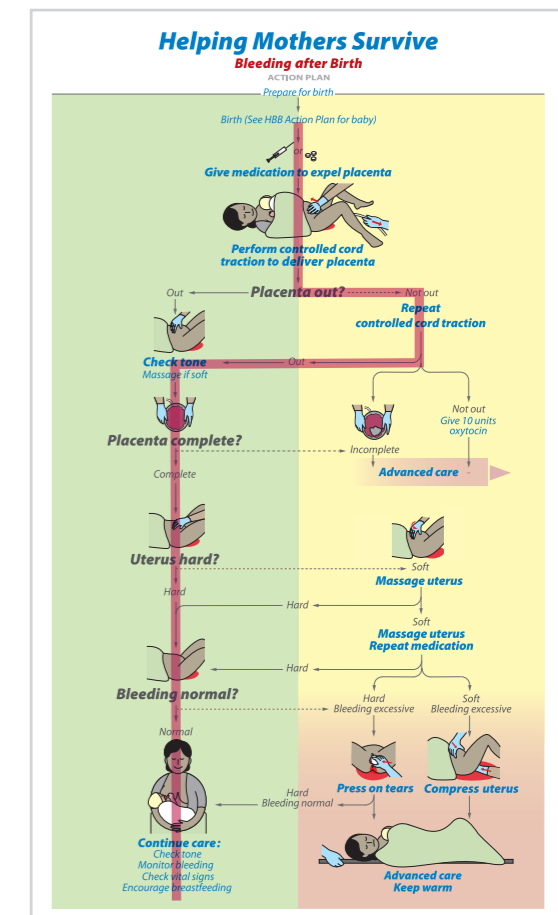
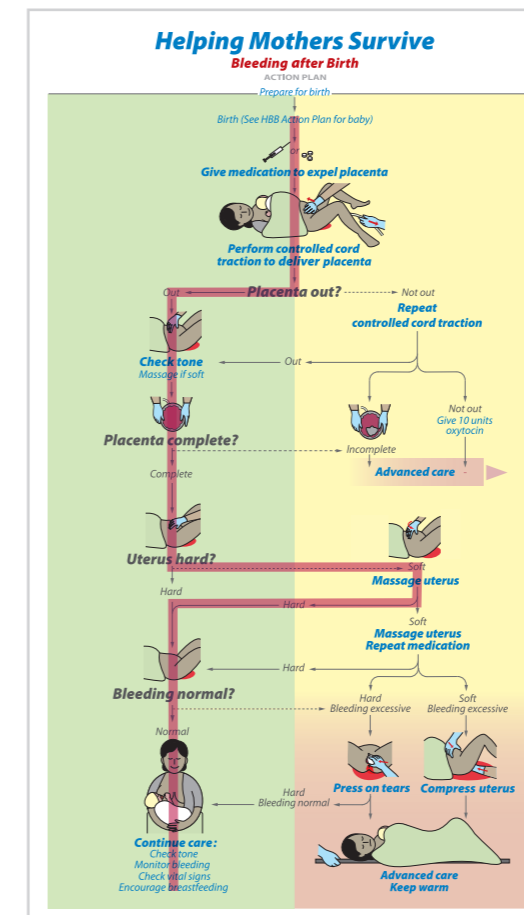
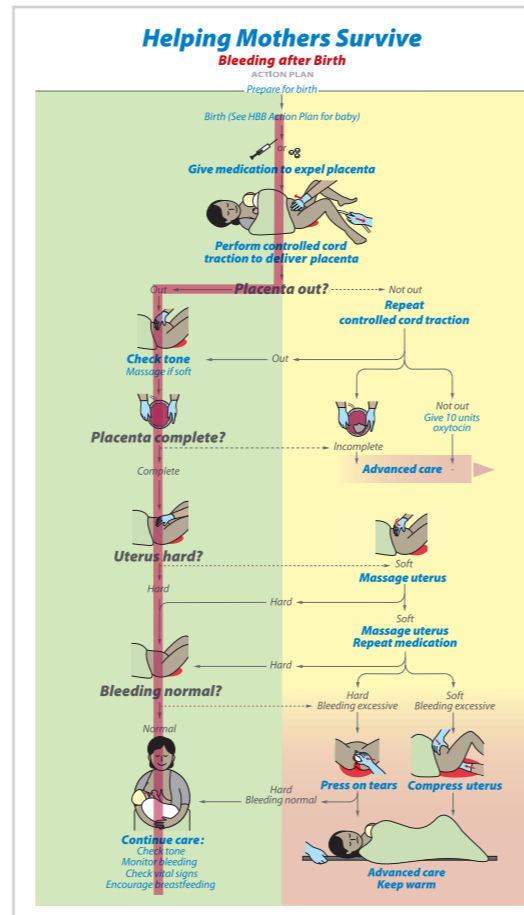
- While still in groups of six learners or less, guide learners through different scenarios: routine third stage, retained placenta, atony and hemorrhage with different responses, and combinations of these.
- The facilitator should have the simulator respond based on what the learners do. For example, after the placenta delivers, keep the uterus soft until the learner begins massage. If there is atony, decrease blood flow from the tank after medication is given and massage performed. Vary the scenarios so the learners do not know what to expect.
- Have the learners not involved in the scenario trace the case on the Action Plan as it unfolds.
- Provide feedback to each learner at the end of each scenario.

Activity supplies

- Simulator
- All equipment and supplies
- Each learner should have their Facilitation Guide open to the Action Plan

LEARNING ACTIVITIES

Practicing for when there is a problem
Mastering third stage care



Bleeding After Birth - Knowledge check

Select the best answer to each question or statement
Circle the letter of the correct answer

- Which of the following lists contain the three MAIN causes of bleeding after birth?**
 - Soft uterus, a retained placenta, and perineal tearing
 - Soft uterus, malaria, and dehydration
 - Retained placenta, malaria, and perineal tearing
 - Soft uterus, twins, and perineal tearing
- Which of the following lists contain the three parts of Active Management of the Third Stage of Labor?**
 - Give uterotonic, manually remove the placenta, and check for tears
 - Cut the cord, wait for the placenta to deliver, and give uterotonic
 - Give uterotonic, provide controlled cord traction, and check tone of the uterus
 - Wait for the placenta to deliver, check for tears, and check the tone of the uterus
- According to the World Health Organization, a uterotonic medication should be given to the mother:**
 - Immediately before delivery of the baby
 - Within 1 minute of delivery of the baby
 - Within 5 minutes of delivery of the baby
 - Within 1 hour of delivery of the baby
- If you do NOT have a refrigerator in your facility, what uterotonic medication is the best to give?**
 - Misoprostol
 - Oxytocin
- Which of the following uterotonic medication doses is CORRECT for Active Management of Third Stage of Labor?**
 - Misoprostol – 800 mcg
 - Misoprostol – 1200mcg
 - Oxytocin – 10 units
 - Oxytocin – 40 units
- How often should a patient's bleeding and uterine tone be checked after delivery of the placenta?**
 - Every 10 minutes for the first 6 hours after delivery
 - Every 15 minutes for the first 2 hours after delivery
 - Once an hour for the first 24 hours
 - Once a day for the first week after delivery
- If a mother is bleeding, but her uterus is hard and her placenta is out and complete, which of the following actions is MOST correct?**
 - Check for tears
 - Give a second round of uterotonic
 - Fill the mother's vagina with gauze
 - Ask the mother if she has HIV
- If you have not been trained to suture, and if the mother is bleeding from tears that you can see, which of the following actions is MOST correct?**
 - Fill the mother's vagina with clean gauze
 - Use clean technique to apply steady pressure with clean gauze
 - Massage her uterus to stop the bleeding
- If the mother's placenta is out and intact, her uterus is soft and does not respond to massage, she has received 2 doses of uterotonic and you can't see any tears, and she continues to bleed excessively the MOST correct thing to do next is:**
 - Have her squat and bear down
 - Give her antibiotics
 - Offer her something to eat
 - Provide bi-manual compression
- When transporting a patient to a higher level of care facility you must leave the baby with the family.**
 - True
 - False
- If the uterus is hard, the mother will never have a postpartum hemorrhage.**
 - True
 - False
- What kind of postpartum care is MOST CORRECT for a mother who has received bimanual compression for excessive bleeding?**
 - The same kind of care as any other mother. If the bleeding has stopped she is fine.
 - Advanced care because she has lost a lot of blood and may bleed again
 - Home care as soon as possible after delivery so that she can rest
 - Advanced care so that her uterus can be removed
- If the mother's placenta is out and intact, her uterus is hard, and you can't see any tears, but she continues to bleed excessively, you must get an advanced care provider to assist with caring for the mother.**
 - True
 - False
- A slow flow of blood from the vagina after delivery that does not stop can be a sign of a postpartum hemorrhage.**
 - True
 - False
- If the placenta has not delivered within 1 hour or the mother is bleeding too much, advanced help should be obtained immediately.**
 - True
 - False

Bleeding After Birth - Skills checklists

Guidelines to be read to participants:

- For each station assume you are alone in a rural health care facility with no surgical or blood transfusion capacity. You do have all equipment and supplies necessary for a normal vaginal birth.
- All essential information will be provided to you at the start of each OSCE station.
- Ask the evaluator to clarify any questions prior to beginning. Once the OSCE has started, the evaluator will not provide any further information.
- You will have 4 minutes to complete each station.
- Talk to and care for the patient in front of you exactly as you would in real life.
- Be explicit in verbalizing your clinical thinking and subsequent decisions.
- If you give a medication, you must state what you are giving, the dose, the route, and why you are giving it.

Participant ID..... Date.....

Routine care during the third stage of labor – skill check

Instructions for the Examiner:

- Briefly review the instructions for the participant.
- Start with baby on top of the simulator's abdomen.
- For cutting the cord, observe for: 1) change/or take off first pair of gloves, 2) cutting after uterotonic.
- Observe only; do not intervene in demonstration of the participant.
- The feedback will be held at the end of the assessment for all learners.

Read the following to the learner:

You are alone in a rural facility and at the start of this scenario you have just now delivered a baby and placed it on the mother's abdomen.

Checklist of skills		Yes Performed to standard	No Did NOT perform to standard
Check appropriate box for each item:			
1.1	Following delivery of the infant, the provider checks for a second baby		
1.2	Tells the patient what medication she is being given		
1.3	Gives uterotonic medication within 1 minute of delivery of the infant		
1.4	Tells the mother why she is getting the medication		
1.5	Cuts the cord		
1.6	Applies counter pressure when performing controlled cord traction		
1.7	Performs controlled cord traction only when the patient is having a contraction		
1.8	Uses both hands to catch the placenta		
1.9	Gently turns the placenta while it is being delivered		
1.10	Assesses fundal tone immediately following delivery of the placenta		
1.11	Inspects the placenta for completeness		
1.12	Checks the woman's bleeding		

Score /12 Pass / Fail (circle one) Pass score for Routine 3rd stage = 9

Participant ID..... Date.....

Third stage of labor complication #1 – skill check

Instructions for the Examiner:

- Briefly review the instructions for the participant.
- Keep the placenta attached in the simulator for the entire scenario. Do not release it during controlled cord traction.
- If the learner states the woman must be transported, ask, “What is to be done with the baby?”
- At the end of the scenario, if the learners states the woman must be transported, say, “Describe to me your transportation plan.”
- Observe only; do not intervene in demonstration of the participant.
- The feedback will be held at the end of the assessment for all learners.

Read the following to the learner:

You are alone in a rural health facility, you gave a uterotonic medication within 1 minute of delivery, and have provided controlled cord traction during contractions and monitored the mother’s bleeding for the past 30 minutes. She remains stable, but continues to bleed slowly, and her placenta has not delivered.

Checklist of skills <i>Check appropriate box for each item:</i>		Yes <i>Performed to standard</i>	No <i>Did NOT perform to standard</i>
2.1	Provides controlled cord traction for each contraction		
2.2	Guards uterus while providing controlled cord traction		
2.3	Identifies that the placenta may be retained		
2.4	Identifies that the patient must be transported		
2.5	When the evaluator asks what is to be done with the baby, the learner answers that the baby will be kept with the mother.		
2.6	Communicates respectfully and provides needed information to the mother and family throughout.		
2.7	IF the learner says the mother needs transfer, say, “Describe to me your transportation plan”. Is plan is appropriate to context?		

Score /7 Pass / Fail (circle one) Pass score for Complication #1 = 5

Participant ID..... Date.....

Third stage of labor complication #2 – skill check

Instructions for the Examiner:

- Briefly review the instructions for the participant.
- Have the placenta in a basin by your side and pull the cervical ribbon closed prior to the scenario.
- Start with a soft uterus which never contracts. Have bleeding start out moderate, then increase.
- If the learner says the woman must be transported after bimanual compression, ask, “Why can’t I stay here, my bleeding is better?”
- Observe only; do not intervene in demonstration of the participant.
- The feedback will be held at the end of the assessment for all learners.

Read the following to the learner:

You are alone in a rural facility. You have given 10 units of oxytocin IM and performed controlled cord traction with 3 contractions resulting in delivery of the placenta.

Checklist of skills <i>Check appropriate box for each item:</i>		Yes <i>Performed to standard</i>	No <i>Did NOT perform to standard</i>
3.1	Checks tone of the uterus and massages		
3.2	Checks the woman’s bleeding		
3.3	Inspects the placenta for any missing pieces		
3.4	Re-checks the uterus and bleeding		
3.5	Gives a second dose of medication telling what dose, route and why		
3.6	Re-checks bleeding and tone		
3.7	Puts on long gloves or improvises with two pairs of gloves		
3.8	Explains to woman that he/she will be providing bi-manual compression		
3.9	Provides bi-manual compression		
3.10	Makes the decision to transfer		
3.11	Explains to the patient that they will need to be transported for advanced care		
3.12	Answers patient’s question, “Why can’t I stay here, my bleeding is better?” correctly. (Because she is at risk for complications that cannot be treated at this local facility, or is “too high risk”, or “might bleed again”, or “we don’t have blood here”)		

Score /12 Pass / Fail (circle one) Pass score for Complication #2= 8

Acknowledgements



Helping Mothers Survive - Bleeding after Birth

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Jhpiego is an international, nonprofit health organization affiliated with The Johns Hopkins University. For 40 years, Jhpiego has empowered frontline health workers by designing and implementing effective, low-cost, hands-on solutions to strengthen health care services for women and their families.

By putting evidenced-based health innovations into everyday practice, Jhpiego works to break down barriers to high-quality health care for the world's most vulnerable populations.

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