



a global leader in reproductive health

Competency-Based Checklists

Clinical and Community Action to Address
Postpartum Hemorrhage
TOOL KIT

Active Management of the Third
Stage of Labor (AMTSL)

Estimating Blood Loss and Using the
Blood Collection Drape

Application and Removal of the
Non-Pneumatic Anti-Shock Garment
(NASG)

Clinical and Community Action to Address Postpartum Hemorrhage

Competency-Based Training Skills Assessment Checklist for Active Management of the Third Stage of Labor (AMTSL)

Date of Assessment _____ Dates of Training _____

Place of Assessment: Clinic _____ Classroom _____

Name of Clinic Site _____

Name of the Service Provider _____

Name of the Assessor _____

This assessment tool contains the detailed steps that a service provider should accomplish when performing AMTSL. The checklist may be used during training to monitor the progress of the trainee as s/he acquires the new skills and during the clinical phase of training to determine whether the trainee has reached a level of competence in performing the skills. The checklist may also be used by the trainer or supervisor when following up or monitoring the trainee. The trainee should always receive a copy of the assessment checklist so that s/he may know what is expected of her/him.

Instructions for the Assessor:

Always explain to the client what you are doing before beginning the assessment. Ask for the client's permission to observe.

Begin the assessment when the trainee greets the client.

Only observe. Do not interfere unless the trainee misses a critical step or compromises the safety of the client.

Rate the performance of each task/activity observed using the following rating scale:

1. **Needs Improvement:** Step not performed correctly and/or out of sequence (if required) or is omitted.
2. **Competently Performed:** Step performed correctly in proper sequence (if required) but lacks precision, and/or the trainer/coach/supervisor needed to assist or remind the participant in a minor way.
3. **Proficiently Performed:** Step performed correctly in proper sequence (if required) and precisely without hesitation or need for any assistance.
4. **Not Observed:** Step not performed by participant during observation by trainer/observer. Continue assessing the trainee throughout the time s/he is with the client, using the rating scale.

Fill in the form using the rating numbers. Write specific comments when the task is not performed according to standards.

Use the same form for one trainee for at least 3 observations.

When you have completed the observation, review the results with the trainee. Do this in private, away from the client or other trainees.

Clinical and Community Action to Address Postpartum Hemorrhage

Competency-Based Training Skills Assessment Checklist for Active Management of the Third Stage of Labor (AMTSL)

TASK/ACTIVITY	CASES			COMMENTS
	1	2	3	
Preparation for Birth				
Checks that all needed equipment and instruments are ready, and in working order				
Makes sure that all surfaces the woman and baby will come in contact with are clean and dry				
Prepares uterotonic as soon as the cervix is completely dilated				
Asks the woman to empty her bladder when second stage begins				
Birth				
Does not encourage the woman to push until she has the urge to do so				
Assists the woman to assume the position of her choice (squatting, semi-sitting) and allows her to change position according to what is comfortable for her				
Provides emotional support				
Wears protective clothing (gown, mask, gloves)				
Washes hands with soap and dries them on a clean towel, or air dries them				
Wears sterile or high-level disinfected (HLD) gloves				
Delivers baby according to Standards of Practice and places on mother's abdomen				
Immediate Newborn Care				
Thoroughly dries the baby while assessing baby's breathing				
If baby is not crying or breathing well within 30 seconds of delivery, calls for help and begins resuscitation				
If the baby breaths well, places the baby in skin-to-skin contact on the mother's abdomen and covers the baby, including the head, with a clean dry cloth				
Puts baby to breast if mother plans to breastfeed				
Administration of a Uterotonic Drug				
Within one minute of the delivery of the baby, palpates the abdomen to rule out the presence of an additional baby(s) and gives uterotonic:				
Oxytocin 10 IU IM first choice				
Ergometrine 2 mg or Syntometrine 1 ML IM if no heart disease or elevated BP				
Misoprostol 600 mcg if other uterotonics are contradicted or unavailable				
Counsels on the possible side effects of these drugs				

Clinical and Community Action to Address Postpartum Hemorrhage

Competency-Based Checklist for Active Management of the Third Stage of Labor (AMTSL), continued

Controlled Cord Traction				
Clamps the cord close to the perineum (once pulsation stops in a healthy newborn) and holds the cord in one hand.				
Places a second clamp on the cord and cuts the cord between the two				
Stabilizes the uterus using counter-pressure by pushing uterus up and backwards from just above the symphysis (pubic bone) while gently pulling downward on the cord.				
Keeps slight tension on the cord and awaits a strong uterine contraction (2-3 minutes).				
With the strong uterine contraction, encourages the mother to push while gently pulling downward on the cord to deliver the placenta.				
If the placenta does not descend during 30-40 seconds of controlled cord traction, stops traction				
Gently holds the cord and waits until the uterus is well contracted again;				
With the next contraction, repeats controlled cord traction with counter-pressure.				
As the placenta delivers, holds the placenta in two hands and gently turns it until the membranes are twisted. Slowly pulls to complete the delivery.				
If the membranes tear, gently examines the upper vagina and cervix wearing sterile/disinfected gloves and uses a sponge forceps to remove any membrane pieces present.				
Inspects 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, takes appropriate action to locate any pieces of membrane that might be present				
Uterine Massage				
Immediately massages the fundus of the uterus until the uterus is contracted.				
Palpates for a contracted uterus every 15 minutes and repeats uterine massage as needed during the first 2 hours.				
Ensures that the uterus does not become relaxed (soft) after stopping uterine massage.				
Keeps bladder empty				
Instructs the woman on how to massage her uterus				
Immediate Postpartum Care				
Inspects and repairs lacerations or tears (if necessary)				
Repairs episiotomy if one was performed				
Estimates blood loss				

Clinical and Community Action to Address Postpartum Hemorrhage

Competency-Based Checklist for Active Management of the Third Stage of Labor (AMTSL), continued

Removes soiled bedding and makes the woman comfortable				
In all of the above actions, explains the procedures and actions to the woman and her family.				
Continues to provide support and reassurance throughout.				
Infection Prevention				
Before removing gloves, disposes of gauze swabs and other waste material in a leak-proof container or plastic bag				
Disposes of needles and sharps in a sharps disposal container				
Cleans apron with decontamination solution				
Places instruments in 0.5% chlorine solution				
Decontaminates and disposes of gloves				
Washes hands thoroughly with soap and water and dries them				
Counseling the Woman on Self Care				
Encourages the woman to eat, drink and rest				
Asks the woman's companion to watch her and call for help if bleeding or pain increases, if the mother feels dizzy, or has a severe headache, visual disturbance, or epigastric discomfort or pain				
Reminds the woman how the uterus should feel and how she can massage it herself				
Encourages the mother to empty her bladder and ensures that she has passed urine				
Counsels the woman on hygiene				

Clinical and Community Action to Address Postpartum Hemorrhage

Competency-Based Skills Assessment Checklist for Estimating Blood Loss and Using the Blood Collection Drape

Date of Assessment _____ Dates of Training _____

Place of Assessment: Clinic _____ Classroom _____

Name of Clinic Site _____

Name of the Service Provider _____

Name of the Assessor _____

This assessment tool contains the detailed steps in infection prevention that a service provider should accomplish when using the blood collection drape. The checklist may be used during training to monitor the progress of the trainee as s/he acquires the new skills and during the clinical phase of training to determine whether the trainee has reached a level of competence in performing the skills. The checklist may also be used by the trainer or supervisor when following up or monitoring the trainee. The trainee should always receive a copy of the assessment checklist so that s/he may know what is expected of her/him.

Instructions for the Assessor:

Always explain to the client what you are doing before beginning the assessment. Ask for the client's permission to observe.

Begin the assessment when the trainee greets the client.

Only observe. Do not interfere unless the trainee misses a critical step or compromises the safety of the client.

Rate the performance of each task/activity observed using the following rating scale:

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Fill in the form using the rating numbers. Write specific comments when the task is not performed according to standards.

Use the same form for one trainee for at least 3 observations.

When you have completed the observation, review the results with the trainee. Do this in private, away from the client or other trainees.

Clinical and Community Action to Address Postpartum Hemorrhage

Competency-Based Skills Assessment Checklist for Application and Removal of the NASG

TASK/ACTIVITY	CASES			COMMENTS
	1	2	3	
Sterile Procedure				
Uses gloved hand to open the blood drape				
Puts gloved hands into corners of drape				
Placement				
Slides drape under woman's buttocks immediately following the delivery of the baby				
Ties strings around woman's abdomen and hips				
Opens drape by grasping wire and pulling outward				
Makes sure all blood is flowing into drape				
Checks amount of blood loss by holding the funnel part of the drape at eye level				
Removal				
Uses gloved hand to sweep any pooled blood into drape				
Closes wire at top of drape and rolls down top to prevent leakage				
Checks amount of blood loss by holding drape at eye level				
Absorbent Pads				
Clinic Level:				
Once woman is being prepared for transport, places absorbent pad to collect further blood lost.				
Gives woman a spare pad in a plastic bag in case pad becomes saturated during transport				
Hospital:				
Takes all used pads and places them in plastic bag and weighs them. Calculates blood loss accurately				
Sets aside any unused pads for return to clinic sites.				
After weighing of used pads, records weight in record book and disposes of pads in accordance with hospital policy				
Takes appropriate action based on estimated blood loss				
Using a Standardized Mat or Cloth for Estimating Blood Loss				
Places mat or cloth under woman's buttocks immediately following delivery				
Monitors cloth for saturation and calculates blood loss accurately				
Takes appropriate action based on estimated blood loss				

Clinical and Community Action to Address Postpartum Hemorrhage

Competency-Based Skills Assessment Checklist for Application and Removal of the NASG

Date of Assessment _____ Dates of Training _____

Place of Assessment: Clinic _____ Classroom _____

Name of Clinic Site _____

Name of the Service Provider _____

Name of the Assessor _____

This assessment tool contains the detailed steps that a service provider should accomplish when performing NASG application or removal. The checklist may be used during training to monitor the progress of the trainee as s/he acquires the new skills and during the clinical phase of training to determine whether the trainee has reached a level of competence in performing the skills. The checklist may also be used by the trainer or supervisor when following up or monitoring the trainee. The trainee should always receive a copy of the assessment checklist so that s/he may know what is expected of her/him.

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Clinical and Community Action to Address Postpartum Hemorrhage

Competency-Based Skills Assessment Checklist for Application and Removal of the NASG

TASK/ACTIVITY	CASES			COMMENTS
	1	2	3	
Applying the NASG				
Places the NASG under the woman; the top of the NASG is at the level of her lowest rib (on her side).				
Starts at the ankles with segment #1				
Folds back segment #1 onto segment #2 for shorter patients				
Wraps tightly enough so that garment makes a snapping sound				
Checks snapping sound with each segment				
Wraps segment #2 & #3 , with room for bending joints				
Only one person applies segment #4 and #5 as tightly as possible				
Wraps segment #4, the pelvic segment, all the way around the woman with the lower edge at the level of the pubic bone.				
Gets up close to the patient and really stretches for larger abdomens				
Places segment #5 with the pressure ball directly over her umbilicus				
Then, closes the NASG using segment #6.				
Asks patient when she is conscious if she is comfortable and breathing easily				
Asks patient when she is conscious for informed consent				
Monitors pulse and BP every 15 minutes until stable				
If the source of bleeding appears to be uterine atony, administers uterotonic drugs and massages the uterus.				
Transporting with the NASG				
Starts oxygen and transports the patient with 2 IVs in place. One with Ringers and or Normal Saline and the other with oxytocin				
Calls ahead to alert referral center that transport is coming				
Works with one other person to lift patient onto a stretcher				
Places patient slightly on side in vehicle				
Monitors Pulse and BP every 15 minutes until arrives at referral center				

Clinical and Community Action to Address Postpartum Hemorrhage

Competency-Based Skills Assessment Checklist for Application and Removal of the NASG, (continued)

Removal of the NASG				
Px is aware that the NASG should only be removed at a facility where definitive therapy is possible (i.e., surgical and/or other necessary capacity)				
Px can explain criteria for removal: bleeding is < 50 ml per hour, , systolic blood pressure >90 mm/Hg, hemoglobin is >27 or HCT is 20%				
Begins at ankle with number one, waits 15 minutes, rechecks BP and pulse				
If pulse and BP remain stable, repeats with each segment				
If the BP falls by 20 mmHg OR the pulse increases by 20 beats/min after a segment is removed, recloses all segments, rapidly increases IV fluid rate and looks for source of bleeding				
Completes removal once BP and pulse are stable, starting again at segment #1				
Cleaning the NASG				
Disinfects with 0.05% bleach solution for no longer than 10 minutes				
Wearing heavy utility gloves, washes in detergent by hand, removing tissue or other material by scrubbing with a brush				
While still wearing utility gloves, squeezes out excess water and hangs the NASG in the sun to dry				
Folding the NASG				
Starts with segment #1, fold Velcro inside of the segment so it doesn't stick				
Folds segment #2 and #3 the same way				
Folds the leg segments together				
Folds segment #4 across the leg seams (tuck the Velcro in so it doesn't stick)				
Folds segment #5 across the leg segments				
Wrap segment # 6 tightly around #5				
Store in clear plastic where it is visible and easily accessible				