

# AMTSL practice checklist<sup>1</sup>

Training facilitators or participants can use the following checklist to gauge progress while learning to perform AMTSL.

<p><b>Checklist directions</b></p> <p>Rate the performance of each step or task using the following rating scale:</p> <p><b>1</b> = Performs the step or task completely and correctly.</p> <p><b>0</b> = Unable to perform the step or task completely or correctly or the step/task was not observed.</p> <p><b>N/A (not applicable)</b> = Step was not needed.</p>
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Practice checklist: AMTSL steps	Date				
	Rating				
<b>Emotional support</b>					
1. Explain to the woman and her support person what will be done, and encourage their questions.					
2. Listen to what the woman and her support person have to say.					
3. Provide emotional support and reassurance, and keep the woman and her family informed throughout birth and during the immediate postpartum period.					
<b>Preparation</b>					
1. Wear a clean plastic or rubber apron, rubber boots, and eye goggles.					
2. Wash hands thoroughly with soap and water, and dry them with a clean, dry cloth (or air dry).					
3. Use sterile or high-level disinfected (HLD) surgical gloves on both hands.					
4. Place a sterile drape from the delivery pack under the woman's buttocks, another over her abdomen, and use a third drape to receive the baby.					
5. Prepare uterotonic drug (oxytocin is the uterotonic of choice).					
6. Prepare other essential equipment for the birth before onset of the second stage of labor.					
7. Ask the woman to empty her bladder when second stage is near (catheterize only if the woman cannot urinate and bladder is full).					
8. Assist the woman to assume the position of her choice (squatting, semi-sitting) and allow her to change position according to what's most comfortable for her.					

<sup>1</sup> Developed by the Prevention of Post Partum Hemorrhage Initiative (POPPHI).  
 From: PATH "Preventing Postpartum Hemorrhage: Toolkit for Providers. Library Reference Version."  
 Washington, DC: PATH. 2004. Available at: <http://www.pphprevention.org/toolkit.php>.  
 "The Prevention of Postpartum Hemorrhage Initiative (POPPHI) is a USAID-funded project implemented by PATH, RTI, and EngenderHealth in collaboration with the International Federation of Gynecology and Obstetrics and the International Confederation of Midwives."

Practice checklist: AMTSL steps	Date				
	Rating				
<b>Immediate care of the newborn</b>					
1. Place the baby on the mother's abdomen. Thoroughly dry the baby while assessing the baby's breathing.					
2. If the baby is not crying or breathing at least 30 times per minute within 30 seconds of birth, <b>call for help</b> and begin resuscitation. Otherwise, the baby should remain with the mother.					
3. Place the baby in skin-to-skin contact with the mother to maintain warmth, and cover the baby—including the head—with a clean, dry cloth while keeping the face unobstructed.					
4. If the <b>mother is not able to hold the baby</b> , ask her companion or an assistant to care for the baby.					
<b>AMTSL step 1: Administration of a uterotonic drug</b>					
1. Palpate the uterus to make sure no other baby is present.					
2. If no other baby is present, administer a uterotonic drug (oxytocin 10 IU IM is the uterotonic of choice) within one minute of delivery. <sup>2</sup>					
<b>AMTSL step 2: Controlled cord traction</b>					
1. Wait approximately 2–3 minutes after the birth, then place one clamp 4 cm from the baby's abdomen. <sup>3</sup>					
2. Gently milk the cord towards the woman's perineum and place a second clamp on the cord approximately 1 cm from the first clamp.					
3. Cut the cord using sterile scissors, covering the scissors with gauze to prevent blood spurts. Tie the cord after the provider performs AMTSL and completes initial care of the mother and baby.					
4. Place the palm of the other hand on the lower abdomen just above the woman's pubic bone to assess for uterine contractions (do not massage the uterus before the placenta is delivered).					
5. Keep slight tension on the cord and await a strong uterine contraction (2–3 minutes).					
6. When there is a uterine contraction, apply countertraction to the uterus with the hand above the pubic bone (apply pressure on the uterus in an upward direction—towards the woman's head).					
7. While applying countertraction to the uterus, apply firm, steady traction to the cord, pulling downward on the cord following the direction of the birth canal.					
8. If the <b>placenta does not descend</b> during 30 to 40 seconds of controlled cord traction and there are no signs of placental separation), stop controlled cord traction.					

<sup>2</sup> If a woman has an IV, an option may be to give her 5 IU of oxytocin by slow IV push.

<sup>3</sup> This action allows red blood cells to transfer from the placenta to the baby, decreasing the incidence of infant anemia.

IM = intramuscular; IV = intravenous

Practice checklist: AMTSL steps	Date			
	Rating			
9. Gently hold the cord and wait until the uterus is well contracted again. If necessary, clamp the cord closer to the perineum as it lengthens.				
10. When there is another contraction, repeat steps 6 through 9.				
<b>Delivery of the placenta</b>				
1. As the placenta delivers, hold it in both hands and gently turn it until the membranes are twisted.				
2. Slowly pull to complete the delivery. Move membranes up and down until they deliver.				
3. If the <b>membranes tear</b> , gently examine the upper vagina and cervix wearing sterile or HLD gloves and use a sponge forceps to remove any remaining pieces of membrane.				
4. Place the placenta in the receptacle provided (for later examination).				
<b>AMTSL step 3: Uterine massage</b>				
1. Immediately massage the fundus of the uterus through the woman's abdomen until the uterus is contracted (firm).				
2. Check that the uterus is firm after uterine massage is stopped. If the uterus is soft, repeat massage.				
3. Instruct the woman on how the uterus should feel and how to perform uterine massage.				
<b>Examining the birth canal</b>				
1. Direct a strong light onto the perineum.				
2. Gently separate the labia and inspect the lower vagina for lacerations.				
3. Inspect the perineum for lacerations.				
4. Repair lacerations if necessary.				
<b>Examining the placenta</b>				
1. Hold the placenta in the palms of the hands, with maternal side facing upwards.				
2. Check whether all of the lobules are present and fit together.				
3. Hold the cord with one hand and allow the placenta and membranes to hang down.				
4. Insert the other hand inside the membranes, with fingers spread out.				
5. Inspect the membranes for completeness.				
6. If membranes or placenta are not complete, take immediate action.				
7. Consult the woman about her cultural practices, and then dispose				

Practice checklist: AMTSL steps	Date				
	Rating				
of the placenta according to national protocols.					
<b>Making the woman comfortable</b>					
1. Rinse gloves with soap and water, if needed.					
2. Wash the woman's perineum, buttocks, and back gently and dry her with a clean, soft cloth.					
3. Place a clean cloth or pad on the woman's perineum.					
4. Remove soiled bedding and make the woman comfortable.					
5. Estimate and record blood loss.					
<b>Infection prevention and decontamination</b>					
1. While still wearing gloves, rinse outside surface of gloves with decontamination solution, then:					
<ul style="list-style-type: none"> <li>Dispose of gauze swabs and other waste materials in a leak-proof container or plastic bag.</li> </ul>					
<ul style="list-style-type: none"> <li>Dispose of needles and sharps in a sharps-disposal container.</li> </ul>					
<ul style="list-style-type: none"> <li>Clean apron with decontamination solution.</li> </ul>					
<ul style="list-style-type: none"> <li>Place instruments in 0.5 percent chlorine solution for 10 minutes for decontamination.</li> </ul>					
2. Immerse both gloved hands in 0.5 percent chlorine solution:					
<ul style="list-style-type: none"> <li>Remove gloves by turning them inside out.</li> </ul>					
<ul style="list-style-type: none"> <li>If disposing of gloves, place in leak-proof container or plastic bag.</li> <li>If reusing surgical gloves, submerge in 0.5% chlorine solution for 10 minutes to decontaminate.</li> </ul>					
3. Wash hands thoroughly with soap and water and dry them.					
<b>Documentation</b>					
1. Record relevant details on the woman's record:					
<ul style="list-style-type: none"> <li>Time the baby is born.</li> </ul>					
<ul style="list-style-type: none"> <li>Duration of third stage.</li> </ul>					
<ul style="list-style-type: none"> <li>AMTSL details (including name of the provider, route and dosage of uterotonic drug used).</li> </ul>					
<b>Care after placenta is delivered</b>					
1. If breastfeeding is the woman's choice for infant feeding, help the woman and baby to begin breastfeeding within one hour of birth.					
2. Monitor the woman at least every 15 minutes (more often if needed) during the first two hours after birth:					
<ul style="list-style-type: none"> <li>Palpate the uterus to check for firmness.</li> </ul>					

Practice checklist: AMTSL steps	Date			
	Rating			
<ul style="list-style-type: none"> <li>• Massage the uterus until firm.</li> </ul>				
<ul style="list-style-type: none"> <li>• Check for excessive vaginal bleeding.</li> </ul>				
<ul style="list-style-type: none"> <li>• Ask the woman to call for help if bleeding increases or her uterus becomes soft.</li> </ul>				
<ul style="list-style-type: none"> <li>• If excessive bleeding is detected, take action to evaluate and treat PPH immediately.</li> </ul>				
3. Check the baby at the same time you check the mother—every 15 minutes for the first two hours after childbirth—to monitor:				
<ul style="list-style-type: none"> <li>• Baby's breathing.</li> </ul>				
<ul style="list-style-type: none"> <li>• Baby's color.</li> </ul>				
<ul style="list-style-type: none"> <li>• Warmth, by feeling the baby's feet.</li> </ul>				
<ul style="list-style-type: none"> <li>• Bleeding at the cord site.</li> </ul>				
<ul style="list-style-type: none"> <li>• If a problem is detected, take action immediately.</li> </ul>				
4. Continue with normal care for the woman and newborn, including exclusive breastfeeding within the first 30 to 60 minutes, if this is the woman's choice for infant feeding, and interventions for PMTCT of HIV/AIDS.				
5. Review possible danger signs with the woman and her family.				
6. Document all findings.				
7. Document all care provided.				

## AMTSL evaluation checklist

The facilitator or **clinical preceptor** will use the following checklist to evaluate participants' performance (competency) of **AMTSL** on obstetric models and in the clinical area.

### Checklist directions

<p><b>Checklist directions</b></p> <p>Rate the performance of each step or task using the following rating scale:</p> <p><b>1</b> = Performs the step or task completely and correctly.</p> <p><b>0</b> = Unable to perform the step or task completely or correctly or the step/task was not observed.</p> <p><b>N/A (not applicable)</b> = Step was not needed.</p>
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Evaluation Checklist: AMTSL					
	Date				
	Evaluation type: model (M) or clinical practice (C)				
Steps	Rating				
<b>Emotional support (2 points)</b>					
1. Explains to the woman and her family what will happen.					
2. Provides emotional support and reassurance, and keeps the woman and her family informed throughout birth and during the immediate postpartum.					
	<b>Points for skill/activity</b>				
<b>Preparation (6 points)</b>					
1. Prepares uterotonic drug (oxytocin is the uterotonic of choice) and other essential equipment for the birth before onset of second stage of labor.					
2. Wears a clean plastic or rubber apron, rubber boots, and eye goggles.					
3. Washes hands thoroughly with soap and water and dries them with a clean, dry cloth (or air dries hands).					
4. Wears sterile surgical or HLD gloves on both hands.					
5. Asks the woman to empty her bladder when second stage is near (catheterizes only if the woman cannot urinate and bladder is full).					
6. Assists the woman to assume the position of her choice (squatting, semi-sitting).					
	<b>Points for skill/activity</b>				
<b>Immediate newborn care (3 points)</b>					

Evaluation Checklist: AMTSL					
Date					
Evaluation type: model (M) or clinical practice (C)					
Steps	Rating				
1. Thoroughly dries the baby while assessing the baby's breathing.					
2. If the baby is not crying or breathing at least 30 times per minute within 30 seconds of birth <b>calls for help</b> and begins resuscitation.					
3. Places the baby in skin-to-skin contact with the mother and covers with a clean, dry cloth; covers head.					
<b>Points for skill/activity</b>					
<b>AMTSL step 1: Administration of a uterotonic drug (2 points)</b>					
1. Palpates the uterus to make sure no other baby is present.					
2. If no other baby is present, administers uterotonic drug (oxytocin 10 IU IM is the uterotonic of choice) within one minute of delivery (if a woman has an IV infusion, an option is giving oxytocin 5 IU IV bolus slowly).					
<b>Points for skill/activity</b>					
<b>AMTSL step 2: Controlled cord traction (9 points)</b>					
1. Clamps and cuts the cord approximately 2–3 minutes after the birth.					
2. Places the palm of the other hand on the lower abdomen just above the woman's pubic bone.					
3. Keeps slight tension on the cord and awaits a strong uterine contraction.					
4. Applies gentle but firm traction to the cord during a contraction, while at the same time applying countertraction abdominally.					
5. Waits for the next contraction and repeats the action if the maneuver is not successful after 30-40 seconds of controlled cord traction.					
6. As the placenta delivers, holds it in both hands.					
7. Uses a gentle upward and downward movement or twisting action to deliver the membranes.					
8. If the <b>membranes tear</b> , gently examines the upper vagina and cervix.					
9. Places the placenta in the receptacle (e.g., kidney basin) provided.					
<b>Points for skill/activity</b>					

<b>Evaluation Checklist: AMTSL</b>					
	<b>Date</b>				
<b>Evaluation type: model (M) or clinical practice (C)</b>					
<b>Steps</b>		<b>Rating</b>			
<b>AMTSL step 3: Uterine massage (4 points)</b>					
1. Immediately massages the fundus of the uterus through the woman's abdomen until the uterus is contracted (firm).					
2. Ensures the uterus does not become relaxed (soft) after stopping uterine massage.					
3. If the uterus becomes soft after massage, repeats uterine massage.					
4. Teaches the woman how to massage her uterus.					
<b>Points for skill/activity</b>					
<b>Immediate postpartum care (7 points)</b>					
1. Inspects and repairs lacerations or tears (if necessary) of the lower vagina and perineum.					
2. Repairs episiotomy (if performed).					
3. Examines the maternal surface of the placenta and membranes for completeness and abnormalities.					
4. Disposes of the placenta.					
5. Removes soiled bedding and makes the woman comfortable.					
6. Estimates blood loss.					
7. If breastfeeding is the woman's choice for infant feeding, assists the woman and baby to begin breastfeeding within the first hour after birth.					
<b>Points for skill/activity</b>					
<b>Infection prevention (6 points)</b>					
1. Before removing gloves, disposes of gauze swabs and other waste materials in a leak-proof container or plastic bag.					
2. Disposes needles and sharps in a sharps disposal container.					
3. Cleans apron with decontamination solution.					
4. Places instruments in 0.5 percent chlorine solution.					
5. Decontaminates and disposes of gloves.					
6. Washes hands thoroughly with soap and water and dries them.					
<b>Points for skill/activity</b>					



Evaluation Checklist: AMTSL					
Date					
Evaluation type: model (M) or clinical practice (C)					
Steps	Rating				
<b>Care after placenta is delivered (5 points)</b>					
1. Monitors the woman at least every 15 minutes (more often if needed) during the first 2 hours after birth.					
2. Monitors the baby every 15 minutes for the first 2 hours after birth.					
3. Continues with normal care for the mother and newborn, including interventions for PMTCT of HIV/AIDS.					
4. Documents all findings.					
5. Documents all care provided.					
<b>Points for skill/activity</b>					
<b>A: Total points for case observed</b>					
<b>B: Total points that were N/A</b>					
<b>C: Total possible points for the case observed = 44 minus B</b>					
<b>Score = (A divided by C) multiplied by 100</b>					