***Welcome to Stillman Translations preliminary onboarding assessment!***

*This assessment has 5 sections. Make sure to follow the instructions and complete all the information needed.*

*The goal of this request is to analyze your performance and your potential.*

*Breath in and out, and do your best. Hope we can count on you soon!*

**SECTION 1. INSTRUCTIONS**

Below you will find a special instruction for section 3:

\*Please make sure target text mirrors source format.

\*Normalize spaces.

**SECTION 2. GLOSSARY**

*In this section, you are required to complete this task:*

*\*Extract four terms (cells 1 to 4) from the text in Section 3 that you consider are worth being in the glossary.*

|  |  |  |
| --- | --- | --- |
|  | **Source** | **Target** |
| 1 | postpartum haemorrhage (PPH) | hemorragia posparto (HPP) |
| 2 | fluid resuscitation | rehidratación |
| 3 | third stage of labour | alumbramiento |
| 4 | controlled cord traction (CCT) | tracción controlada del cordón umbilical (TCC) |

**SECTION 3. TRANSLATION**

Please, add your sample translation below (between 300-500 words). Bear in mind this should be the best sample of your work!

|  |  |
| --- | --- |
| **Source** | **Target** |
| **Recommendations for postpartum haemorrhage treatment**  The use of uterotonics (oxytocin alone as the first choice) plays a central role in the treatment of PPH. Uterine massage is recommended for the treatment of PPH as soon as it is diagnosed, and initial fluid resuscitation with isotonic crystalloids is recommended. The use of tranexamic acid is advised in cases of refractory atonic bleeding or persistent trauma-related bleeding. The use of intrauterine balloon tamponade is recommended for refractory bleeding or if uterotonics are unavailable. Bimanual uterine compression, external aortic compression, and the use of non-pneumatic anti-shock garments are recommended as temporizing measures until substantive care is available. If there is persistent bleeding and the relevant resources are available, uterine artery embolization should be considered. If bleeding persists, despite treatment with uterotonic drugs and other conservative interventions, surgical intervention should be used without further delay.  If the third stage of labour lasts more than 30 minutes, CCT and IV/IM oxytocin (10 IU) should be used to manage the retained placenta. If the placenta is retained and bleeding occurs, the manual removal of the placenta should be expedited. Whenever the manual removal of the placenta is undertaken, a single dose of pro- phylactic antibiotics is recommended.  The GDG also issued recommendations related to the organization of PPH care. Health facilities delivering maternity services should adopt formal protocols for the prevention and treatment of PPH and for patient referral. The use of PPH treatment simulations for pre-service and in-service training programmes was recommended. Finally, the GDG recommended that the use of uterotonics for the prevention of PPH should be monitored and a specific indicator was suggested.  **Recommendations for the prevention of PPH**  1. The use of uterotonics for the prevention of PPH during the third stage of labour is recommended for all births. (Strong recommendation, moderate-quality evidence)  2. Oxytocin (10 IU, IV/IM) is the recommended uterotonic drug for the prevention of PPH. (Strong recommendation, moderate-quality evidence) | **Recomendaciones para el tratamiento de la hemorragia posparto**  El uso de agentes uterotónicos (como primera opción: solo oxitocina) desempeña un papel importante en el tratamiento de la hemorragia posparto (HPP). Para el tratamiento, se recomiendan el masaje uterino tan pronto se diagnostique la HPP y la rehidratación inicial con cristaloides isotónicos. Se aconseja el uso de ácido tranexámico en casos de sangrado por atonía uterina refractaria o sangrado persistente relacionado con un traumatismo. Se recomienda el uso de taponamiento con balón intrauterino para el sangrado refractario o si no se cuenta con agentes uterotónicos. Como medidas temporarias hasta disponer de asistencia profesional, se recomiendan la compresión uterina bimanual, la compresión aórtica externa y el uso de prendas no neumáticas antichoque. Si hay sangrado persistente y si se cuenta con los recursos necesarios, se debe considerar la embolización de la arteria uterina. En caso de que el sangrado continúe a pesar del tratamiento con fármacos uterotónicos y otras intervenciones conservadoras, se deberá intervenir quirúrgicamente sin más demora.  Si el alumbramiento dura más de treinta minutos, se deberá realizar la tracción controlada del cordón umbilical (TCC) y administrar oxitocina i.v./i.m. (10 UI) para el tratamiento de la placenta retenida. Se deberá realizar la extracción manual de la placenta si la placenta está retenida y se produce sangrado. Siempre que se realice dicha extracción, se recomienda una dosis única de antibióticos profilácticos.  El Grupo de Desarrollo de las Guías (GDG, por sus siglas en inglés) también publicó recomendaciones relacionadas con la organización del cuidado de la HPP. Los centros de salud que brindan servicios de maternidad deberán implementar protocolos formales para la prevención y el tratamiento de la HPP y la derivación de pacientes. Se recomendó la simulación de tratamientos de HPP para los programas de formación inicial y las capacitaciones. Por último, el GDG aconsejó que se debe controlar el uso de agentes uterotónicos para la prevención de la HPP, y se sugirió un indicador específico.  **Recomendaciones para la prevención de la HPP**   1. En todos los partos, se recomienda el uso de agentes uterotónicos para la prevención de la HPP durante el alumbramiento. (Recomendación firme, pruebas de calidad moderada) 2. La oxitocina (10 UI, i.v./i.m.) es el agente uterotónico recomendado para la prevención de la HPP. (Recomendación firme, pruebas de calidad moderada) |

**SECTION 4. QUESTIONS AND COMMENTS**

We also need to check your capacity to spot potential issues beforehand.

In the table below, please list your questions and comments in relation with this test:

1. Challenging sections from the source text or sections you are unsure of should be copied or inserted into the **Source Text** column.

2. Write your translation in the **Target Text** column.

3. Doubts and comments should be written in English.

|  |  |  |
| --- | --- | --- |
| Source Text | Target Text | Question / Comment  (in English) |
| (…)**CCT and IV/IM oxytocin** (10 IU) should be used to manage the retained placenta. | (…)se deberá realizar la **tracción controlada del cordón umbilical (TCC) y administrar oxitocina i.v./i.m.** (10 UI) para el tratamiento de la placenta retenida. | If proper investigation is not conducted, one can think that CCT is a different way of using oxytocin. |
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**SECTION 5. REFERENCES**

In the table below, please list the reference material you have consulted to carry out this test.

1. Please introduce the **Reference source** (including publisher and full title as appropriate) in the first column.
2. Specify if your reference source is general or specific. If specific, clarify which term or section the reference covers.

|  |  |
| --- | --- |
| Reference Source | General / Specific (Term) |
| MANEJO ACTIVO FARMACOLOGICO PARA LA PREVENCION DE LA HEMORRAGIA AGUDA POST PARTO. Revista de Posgrado de la VIa Cátedra de Medicina. (2005). En línea. Disponible en: https://med.unne.edu.ar/revistas/revista143/7\_143.htm#:~:text=La%20administraci%C3%B3n%20profil%C3%A1ctica%20de%20un,de%20ergonovina)%20(4). | General |
| Managing complications in pregnancy and childbirth. Deparment of reproductive healt and research. WHO. (2004) | General |
|  |  |

Thanks!