

Date: Name of health facility:

Name(s) of evaluator(s):

Signature(s):

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SCORE:

BEFORE

AFTER

NOTES AND FOLLOW-UP

ATTENDANCE

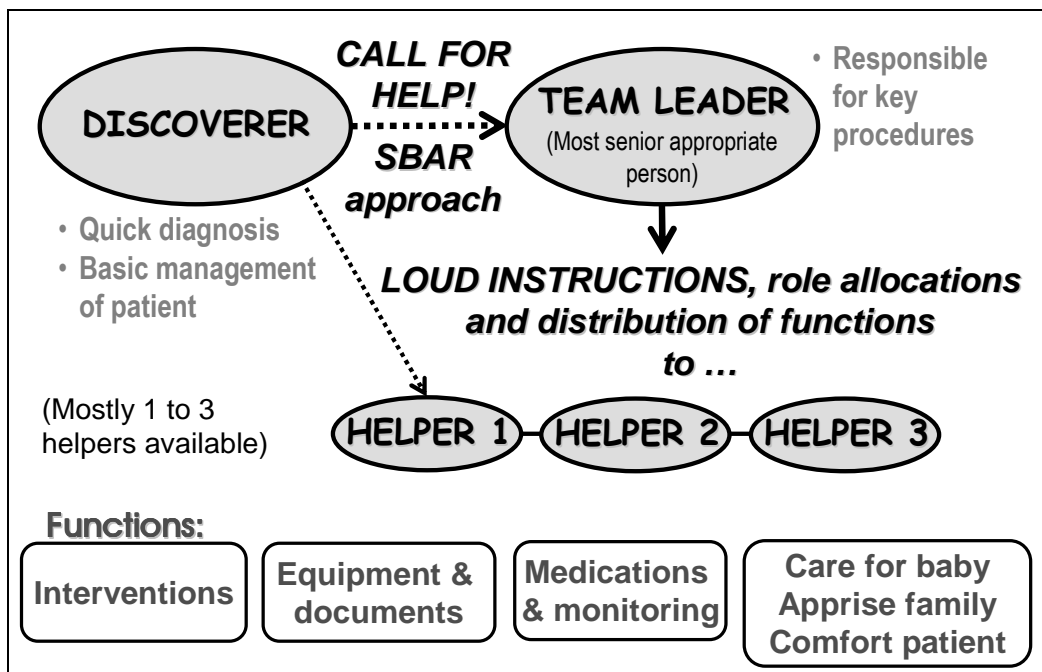
	Name	Rank	Ward	Signature
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SHOULDER DYSTOCIA

Scenario 1

MATERIALS TO BE READY AND AVAILABLE BEFORE STARTING THE SESSION:		
<p>General</p> <ul style="list-style-type: none"> • Pelvic models • Breech doll • Green drape • Blank clinical notes sheet • Clock <p>Learning materials</p> <ul style="list-style-type: none"> • Flip charts Module 10 	<p>Equipment</p> <ul style="list-style-type: none"> • Sphygmomanometer • Stethoscope • Pulse oximeter if available • Fetal stethoscope • A supplemental oxygen source <ul style="list-style-type: none"> o If cylinders are used, check that they have adequate oxygen o Flow meter and air oxygen blender o Tubing • Episiotomy pack 	<p>Drugs and supplies</p> <ul style="list-style-type: none"> • 16 Fr foley's catheter • Examination and sterile gloves • Syringes and needles • IV giving sets and IV pole • RL • Oxytocin • Lignocaine 1% or 2%



For all of the steps, please demonstrate what you would do. Explain what you are doing as you do it and why you are doing it.

		B = Before / A = After	B	A	
Information provided and questions asked	Key reactions/responses expected from participants				
<i>Mrs C, aged 30, is a P3G4 woman who gave birth after an unremarkable labour. After the head is born, the baby's chin retracts and depresses the perineum, making it look as if the head is going back into the vagina.</i>					
1. What will you do?	Shout for help to urgently mobilize all available personnel				
	Prepare for newborn resuscitation and PPH				
	Ask one assistant should mark time every 30 seconds.				
	<i>Explain</i> to the woman and her family that the baby's shoulders are stuck. Tell them what you are going to do. Explain that you will be asking the woman to work very hard, probably harder than she has ever worked. Her effort is very important as you help her baby get out. Everyone must concentrate and listen very carefully.				
	If you have not cut an episiotomy, this is the time to do so.				
	Bring the woman's hips to the edge of the bed.				
	Explain and show the woman how to spread her legs wide and pull her knees as far up as possible towards her chest (McRobert's Position (M)). Ask two assistants to push her flexed knees firmly up onto her chest. Tell the woman this will make more space for the baby.				
	Have an assistant or any other person in the room simultaneously press down hard just above the woman's pubic bone releasing the baby's anterior shoulder				
	Apply firm, continuous traction downwards on the foetal head to move the shoulder that is anterior under the symphysis pubis				
At the same time, ask the woman to pull her legs very wide and push as hard as she can					
Discussion Question 1					
<i>After 30 seconds, the shoulder is still not delivered.</i>					
2. What will you do next?	Try to deliver the anterior shoulder of the baby (A)				
	Insert a hand along the baby's back				
	Apply pressure to the shoulder that is anterior in the direction of the baby's sternum to rotate the shoulder and decrease the diameter of the shoulders				
	If needed, apply pressure to the shoulder that is posterior in the direction of the sternum				
Discussion Question 2					
<i>After 30 seconds, the shoulder is still not delivered. The baby is not breathing.</i>					
3. What will you do next?	Grasp the humerus of the arm that is posterior and, keeping the arm flexed at the elbow, sweep the arm across the chest				
	Ask the woman to push , while you cup your hands around the baby's head and deliver the shoulders with downward and outward pressure while counting to 15				
	If the baby does not deliver, change the direction and deliver the shoulders with upward and outward pressure while counting to 15.				
<i>After 30 seconds, the shoulder is still not delivered. The baby is not breathing.</i>					
4. What will you do next?	Try to deliver with woman on hands and knees				
	Help the woman change her position. Ask your assistant to help the woman to the hands and knees position with her head higher than her hips				
	Ask the woman to push as hard as she can				
	Cup your hands around the sides of the baby's head (do not hold the baby's neck) and deliver the shoulders with downward and outward pressure while counting to 15.				
	If the baby does not deliver, change the direction and deliver the shoulders with upward and outward pressure while counting to 15.				
	If the baby does not deliver, ask the woman to take long and slow breaths. Explain that she should remain in the same hands and knees position				
<i>After 30 seconds, the shoulder is delivered. The baby is not breathing.</i>					
5. What will you do next?	Resuscitate the baby				
	Examine the baby for any injuries that may have occurred during the manoeuvres (MAPS).				
	Perform active management of the third stage of labour.				
	Ensure that the uterus is well contracted and that blood loss is not excessive				
	Check for genital tract trauma and repair any lacerations or tears that may have occurred				
	Repair episiotomy				
	Monitor the woman's uterine tone, vaginal bleeding, pulse, temperature and blood pressure every 15 minutes for the first 2 hours, every 30 minutes for the 3 rd hour after birth, then hourly for 3 hours.				
	Monitor the baby's breathing, colour, temperature, tone, and feeding every 15 minutes for the first 2 hours, every 30 minutes for the 3 rd hour after birth, then hourly for 3 hours.				
	Allow the woman and the baby to rest comfortably where their recovery can be monitored				

		B = Before / A = After	B	A	
Information provided and questions asked	Key reactions/responses expected from participants				
6. What will you document?	Date and times of any and all manoeuvres (MAPS)				
	Name of the clinician performing each manoeuvre and the names of personal who assisted				
	Length of each manoeuvre				
	Condition of the baby at birth, colour, and if breathing, and any resuscitation needed as well as injuries to the baby				
	Details of the third stage of labour				
	Details of any drugs used				
	Maternal condition				
	Any complications affecting the mother or baby				
Discussion Question 3					
CLINICAL SCORE = TOTAL NUMBER OF TICKS ABOVE					
DISCUSSION QUESTIONS					
1. What could happen if you apply excessive traction on the head?	<i>This may result in brachial plexus injury.</i>				
2. What could happen if you apply fundal pressure rather than suprapubic pressure?	<i>This may result in uterine rupture.</i>				
3. What manoeuvres could you have tried if the shoulders didn't deliver after the third manoeuvre?	<i>Try to deliver the posterior shoulder by threading a catheter between the shoulder and the posterior arm and using this to exert traction; Try to deliver by breaking the clavicle of the baby.</i>				

	BEFORE	AFTER
CLINICAL SCORE: Assessment, diagnosis, monitoring and emergency management	40	40
CLINICAL SCORE: Total number of boxes ticked above		
EXECUTION OF DRILL SCORE:		
A. Activation/Communication skills		
1. Appropriate equipment brought (emergency trolley)		
2. Discoverer exchanges information with team leader and helpers using SBAR approach		
3. Team leader assigns essential roles to helpers (care for the woman, calling a doctor, etc.)		
4. Team leader addresses team members by name		
5. All observations are communicated clearly and loudly		
6. Communication done correctly: instruction → repeat instruction → inform team when instruction is completed		
7. The delegated helper informs the patient and family of what is happening and what will be done for the woman		
B. Response/Team work		
8. Team responds appropriately to team leaders' instructions		
9. Team members cooperate with each other		
10. The team determines the disposition of the patient (transfer, plan for further management)		
C. Sign out/Documentation		
11. Person allocated to do documentation		
12. Care (actions) completely documented (timing of intervention and administration of drugs)		
D. Sequence of activities		
13. Activities performed in the correct order of priority		
EXECUTION OF DRILL SCORE (A-D above)	13	13
EXECUTION OF DRILL SCORE (A-D above): Number of boxes ticked		
TOTAL SCORE (CLINICAL SCORE + EXECUTION OF DRILL SCORE)		
Out of a possible score of	53	53
DISCUSSION POINTS		
1. Remember to replace drugs etc (on emergency trolley)	4. The environment should be quiet. Only instructions and feedback allowed	
2. Equipment to be cleaned and sterilised appropriately	5. Observations are given clearly and loudly	
3. During drill there are no arguments or in-between discussions of opinions on how something should be done. Only the necessary actions are performed as swiftly and efficiently as possible	6. Importance of the correct sequence of events	
	7. Documentation	