Date: …… Name of health facility: ……..

Name(s) of evaluator(s): Signature(s):

…….. ……

…….. ……

SCORE:	BEFORE	AFTER

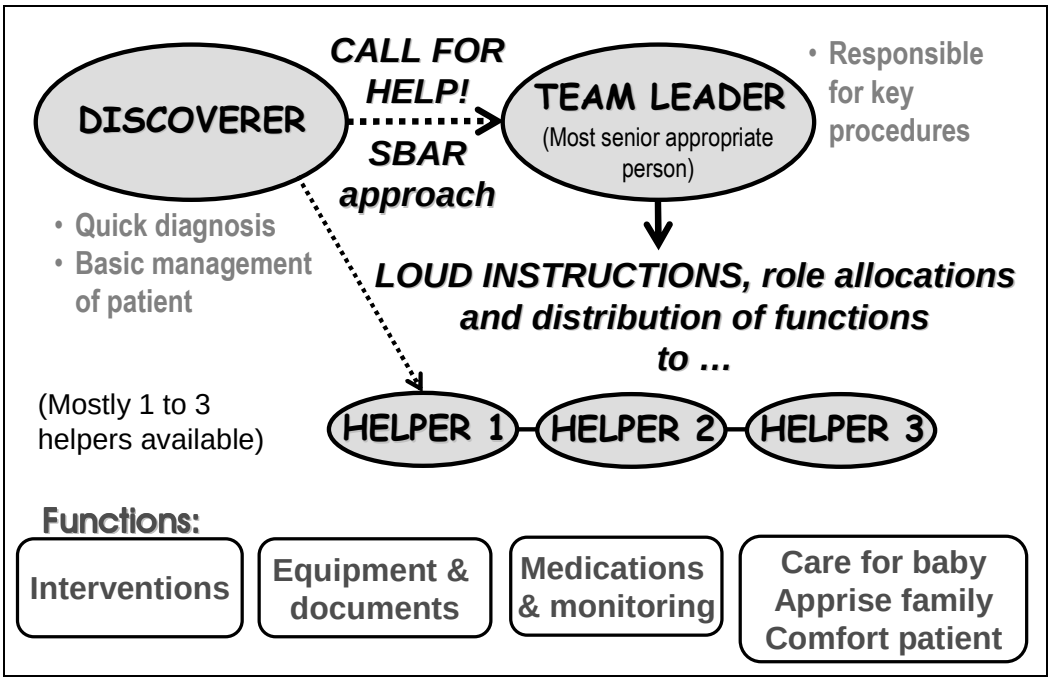
NOTES AND FOLLOW-UP

ATTENDANCE

	Name	Rank	Ward	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

BREECH BIRTH
Scenario 1

MATERIALS TO BE READY AND AVAILABLE BEFORE STARTING THE SESSION:		
General • Pelvic models • Doll • Green drape x 2 • Fetal model with cord • Blank clinical notes sheet • Clock **Learning materials** • Flip charts Module 9	**Equipment** • Sphygmomanometer • Stethoscope • Pulse oximeter if available • Fetal stethoscope • A supplemental oxygen source o If cylinders are used, check that they have adequate oxygen o Flow meter and air oxygen blender o Tubing • Neonatal resuscitation ambu bag etc.	**Drugs and supplies** • 16 Fr foley's catheter • Examination and sterile gloves • Syringes and needles • IV giving sets and IV pole • 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**		
Mrs. A. is P2G3 28 year old woman with 36/40 gestation pregnancy. Her membranes ruptured spontaneously at home and amniotic fluid was initially clear but you now note thick, dark meconium. She says labour started approximately 5 hours ago. Mrs A had 2 ANC visits early in the pregnancy but states that she felt fine during the pregnancy and didn't feel the need to return. She has had 2 spontaneous vaginal births and she says her labour had always been "very fast." She is obese and it is difficult to determine presentation on abdominal examination. Auscultation locates the fetal heart higher than expected. On vaginal examination the cervix is completely dilated and you note something soft and what appears to be an orifice. Her contractions are 4 in 10 minutes, each lasting 50 seconds. VS: BP 124/76, pulse 88 bpm, respiration 18 breaths/minute; FHR: 130-150 bpm with variability and early decelerations. Contractions are 3-4 in 10 minutes, each lasting approximately 50 seconds.			
	Discussion Questions 1 and 2		
1. What will you *do*?	Because delivery is imminent, plan to deliver the baby. Get maternal consent.		
	Get help to assist with delivery and care of the baby, including resuscitation		
	Gather supplies and equipment for a normal delivery with episiotomy and possible symphysiotomy. Prepare oxytocin for AMTSL and equipment for infant resuscitation.		
	Explain to Mrs. A what is going to be done, listen to her and respond attentively to her questions and concerns		
	Assess if you feel the pelvis is adequate for vaginal birth		
	Make sure the bladder is empty – catheterise her if she is unable to void and the bladder is distended		
	Insert an IV and infuse fluids to maintain patency.		
	Discussion Question 3		
After 15 minutes of pushing in a squatting position, the perineum begins to distend. You decide that episiotomy is not necessary.			
2. What will you do now?	Clean the woman's vulva with antiseptic solution		
	Let the buttocks deliver until the lower back and the umbilicus are visible.		
	Keep hands off the baby until the umbilicus is visible.		
	Gently hold the buttocks in one hand, but do not pull.		
	Wait for legs to deliver spontaneously.		
	Discussion Question 4		
The legs do not deliver spontaneously and the spine is "facing" downwards towards the floor.			
	Discussion Questions 4 and 5		
3. What will you do now?	Deliver one leg at a time: • Push behind the knee to bend the leg; • Grasp the ankle and deliver the foot and leg; • Repeat for the other leg.		
	Hold the baby by the hips.		
	Allow the body to slowly rotate (turn) as the anterior and then the posterior shoulders deliver. If the body does not rotate, rotate the fetal body gently, but do NOT PULL "outwards" so the spine is "facing" upwards towards the ceiling.		
	Feel around fetal neck for encircling cord. If it is present, pull a generous loop of cord free, so as not to interfere with progress.		
The anterior and posterior shoulders deliver but you cannot see the arms.			
	Discussion Question 6		
4. What will you do now?	Use the Lovset's manoeuvre to deliver the arms		
	Discussion Question 7		
After delivering the arms you wait until the hairline is visible.			
	Discussion Question 8		
5. What will you do now?	Deliver the head by the Mauriceau-Smellie-Veit manoeuvre		
	Slowly and carefully deliver the rest of the head		
	Allow 2 or 3 minutes for the head to be pushed out. Ask the woman to take deep breaths; explain to her that it is best not to push but let the baby's head come out slowly. Patience will protect the head from injury and prevent tearing the episiotomy. Sometimes suprapubic pressure may be needed to deliver the head.		
	When the baby is delivered, note the time and proceed as you do for a normal delivery		
	Resuscitate the baby as needed		
	Apply AMTSL		
	Discussion Question		
	CLINICAL SCORE = TOTAL NUMBER OF TICKS ABOVE		

DISCUSSION QUESTIONS	
1. Was there evidence of fetal distress?	*The fetus was not distressed. Thick, dark meconium is common with breech presentation and not considered a sign of distress unless accompanied by FHR abnormalities.*
2. What are the criteria for safe vaginal delivery with breech presentation?	*Mother must be agreeable (informed consent); breech must be frank or complete; pelvimetry must be adequate; fetus must not be too large (estimated <3.5kg); must not have had previous caesarean section for CPD; breech must be at or below the level of the ischial spines*
3. What will happen if you pull on the baby during any part of the breech delivery?	*Pulling on the baby is likely to deflex the head and extend the arms*
4. What type of breech did the baby present in?	*Frank breech presentation*
5. What position were the arms in?	*Arms are stretched above the head or folded down around the neck*
6. Discussion Question 7. How would you deliver the arms if the baby's body could not be turned?	*If the baby's body cannot be turned to deliver the arm that is anterior first, deliver the shoulder that is posterior:* *1. Hold and lift baby up by the ankles.* *2. Move baby's chest towards woman's inner leg. Shoulder that is posterior should deliver.* *3. Deliver arm and hand.* *4. Lay baby back down by the ankles. Shoulder that is anterior should now deliver.* *5. Deliver arm and hand.*
7. What does this indicate?	*When the hairline is visible this indicates that the head is under the symphysis pubis*
8. How would you deliver the head if it was entrapped?	*Forceps or, if unable to use forceps, suprapubic pressure + Mauriceau-Smellie-Veit manoeuvre ± symphysiotomy*

	BEFORE	AFTER
CLINICAL SCORE: Assessment, diagnosis, monitoring and emergency management	***23***	***23***
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	***36***	***36***

DISCUSSION POINTS

1. Remember to replace drugs etc (on emergency trolley)
2. Equipment to be cleaned and sterilised appropriately
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
4. The environment should be quiet. Only instructions and feedback allowed
5. Observations are given clearly and loudly
6. Importance of the correct sequence of events
7. Documentation