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

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

…….... ……

…….... ……

SCORE:

BEFORE	AFTER

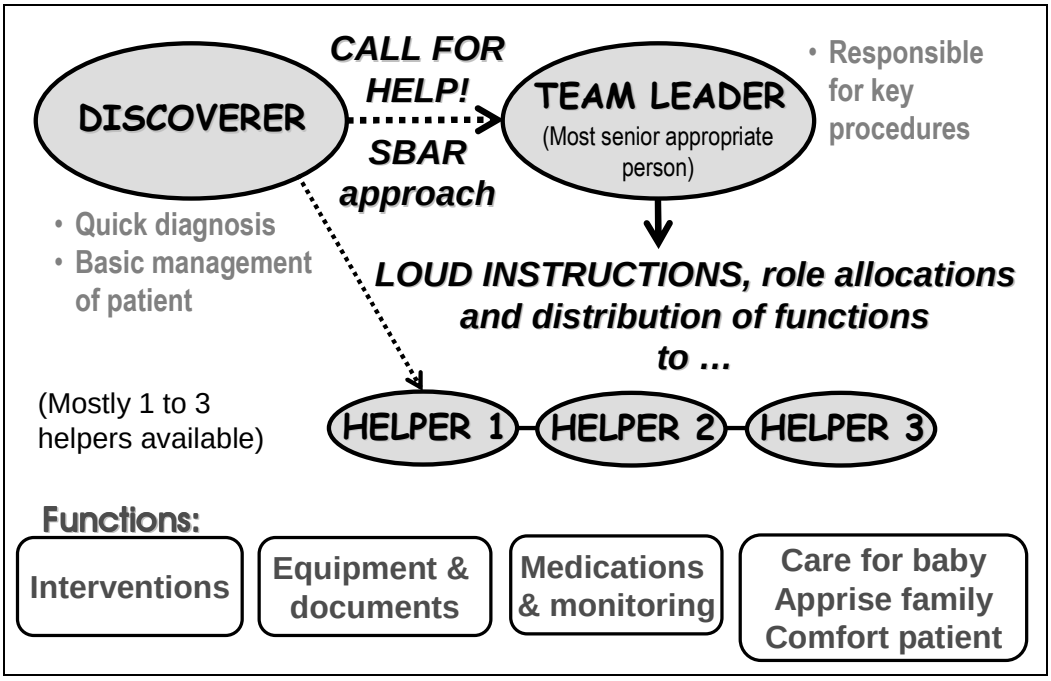
NOTES AND FOLLOW-UP

ATTENDANCE

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

ASSISTED DELIVERY
Scenario 1

MATERIALS TO BE READY AND AVAILABLE BEFORE STARTING THE SESSION:		
General • Partogram • Pelvis and fetal dolls (forceps & vacuum) • Blank clinical notes sheet • Clock **VE materials** • KIWI / Omnicup / Procup / Mälmstrom vacuum extractor X 2 • Intra-cervical block: o Syringe (10ml) o Sterile fluid for injection o Spinal needle o Lignocaine 1% or 2%	**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 • Episiotomy pack • Vaginal speculum • Sponge forceps, clamps	**Drugs and supplies** • 16 Fr foley's catheter • Examination and sterile gloves • Syringes and needles • IV giving sets and IV pole • Ringer's Lactate • Oxytocin **Learning materials** • Flip charts Module 7



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**		
Ms A is P0G1 20 year old woman with 39/40 gestation pregnancy. This is her first pregnancy. The first stage of her labour was normal and lasted 8 hours. She started pushing 15 minutes ago with very little progress made and the head is at 0/5. Membranes were ruptured when the cervix was fully dilated and the fluid was clear. She has been trying to push in the supine lithotomy position on the hospital bed. She is very tired and anxious. Presentation is cephalic. 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.			
1. What will you *do*?	**Get** help to assist with delivery and the baby		
	Explain to Ms A what is going to be done, listen to her and respond attentively to her questions and concerns		
	Review the presentation and position of the baby by abdominal and vaginal exams to make sure there is not a malpresentation or malposition		
	Assess if you feel the pelvis is adequate for vaginal birth		
	Make sure the bladder is empty – help Ms A void or catheterise her if she is unable to void and the bladder is distended		
On abdominal and vaginal examination, you find that the baby is cephalic and in right OA position. The sutures are apposed. No caput was palpated. There is no oedema of the cervix or vulva. You feel that the pelvis is adequate and are confident that you have ruled out CPD and obstruction.			
Discussion Question 1			
2. What will you do now?	Provide reassurance and support to Ms A. If possible, have a person of her choice provide additional support in the delivery room		
	Ensure hydration by mouth or by IV		
	Encourage Ms A to assume the position of her choice for pushing		
	Allow spontaneous maternal pushing, but do not encourage prolonged effort and holding the breath		
	Monitor fetal status after every and descent of the presenting part after every contraction for 15 minutes; continue to monitor maternal status		
	Ask assistant to bring equipment and materials necessary for vacuum extraction		
Discussion Question 2			
After 15 minutes of pushing in a squatting position, the head is at 0/5 and Ms A is exhausted. BP 118/72, pulse 96 bpm, respiration 20 breaths/minute. FHR goes down to 70-80 bpm during contractions and takes more than one minute to return to baseline.			
Discussion Question 3			
3. What will you do now?	Help Ms A on the delivery bed and put a wedge under her right side so she is lying on her left side		
	Put in one large bore IV (16 gauge or largest available) cannula or needle and begin infusing RL or normal saline at 125 mL/hour		
	Make sure an assistant is available to assist you, reassure the woman, and assist with newborn resuscitation		
	Get maternal consent		
	Proceed with vacuum extraction		
	Have an assistant prepare the uterotonic for AMTSL and prepare for neonatal resuscitation, if not already done		
After 10 minutes and 3 pulls, the head is crowning. FHR goes down to 90-100 bpm with onset early in the contraction, returning to 120-130 at the end of the contraction.			
4. What will you do now?	Release the vacuum and remove the cup as soon as the head is crowned or after delivery of the head		
	Deliver the head slowly and protect the perineum		
	Complete delivery of the baby		
	Resuscitate the baby if needed		
	Apply AMTSL		
Discussion Question 4			
	CLINICAL SCORE = TOTAL NUMBER OF TICKS ABOVE		

DISCUSSION QUESTIONS	
1. Why were CPD and obstruction ruled out? How?	*CPD and obstruction were ruled out for the following reasons:* • *Maternal and fetal status are within normal limits* • *There is no caput and head is only moulding at 1+* • The baby's head has engaged and is at 1/5 • Amniotic fluid is clear
2. At what descent is the fetal head engaged?	*2/5or "0" station*

DISCUSSION QUESTIONS	
3. How should you proceed with management of 2nd stage: continue with maternal effort alone, vacuum extraction, forceps or caesarean operation?	*There are abnormalities in the fetal heart rate and the woman is exhausted. The best option is to move forward with vacuum extraction if the provider is experienced.* *The woman meets the conditions for vacuum extraction:* • *Cervix fully dilated* • *No disproportion* • *Vertex presentation, position defined* • *Term fetus* • *No fetal head palpable above symphysis pubis* *The only conditions left are maternal consent and willingness to abandon the procedure. If the provider is competent, then proceed with VE.*
4. How will you know if vacuum extraction has failed?	*Vacuum extraction has failed if:* • *The head does not advance with each pull* • *The fetus is undelivered after three pulls with no descent,* • *The cup slips off the head twice at the proper direction of pull with maximum negative pressure.*

	BEFORE	AFTER
CLINICAL SCORE: Assessment, diagnosis, monitoring and emergency management	***22***	***22***
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	***35***	***35***

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