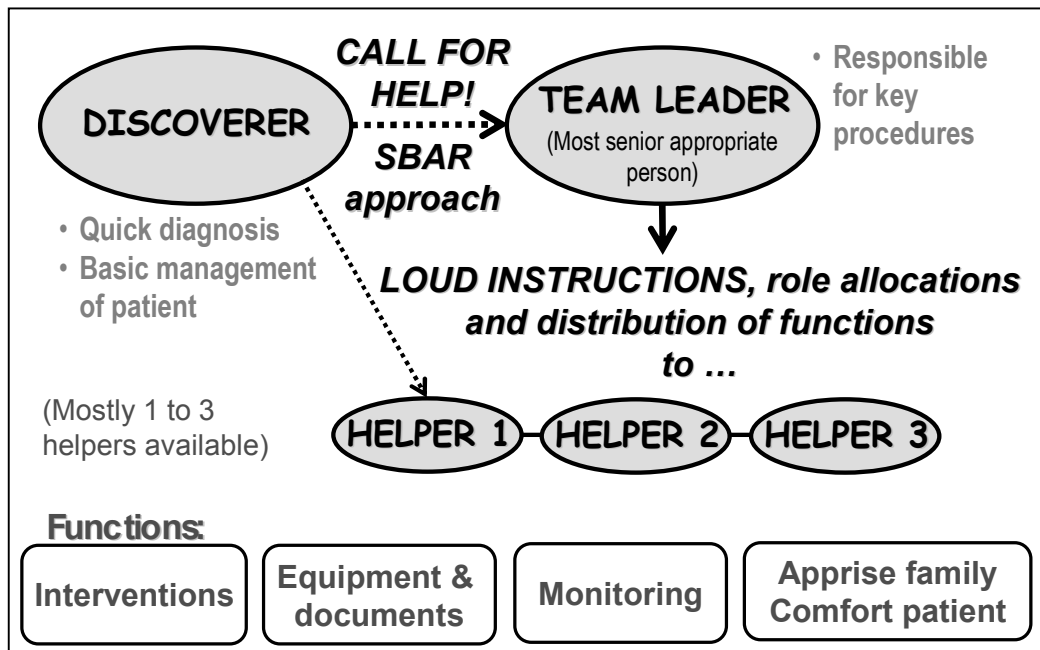




Birth at home Scenario 2

| MATERIALS TO BE READY AND AVAILABLE BEFORE STARTING THE SESSION: | |
|---|--|
| <p>General</p> <ul style="list-style-type: none"> • Baby • Blank clinical notes sheet • Clock <p>Drugs and supplies</p> <ul style="list-style-type: none"> • Syringes and needles • IV giving sets and IV pole • Test tubes for taking blood samples • Ringer's Lactate <p>Learning materials</p> <ul style="list-style-type: none"> • Flip charts | <p>Equipment</p> <ul style="list-style-type: none"> • Sphygmomanometer • Stethoscope • Dry towels • Cord clamp, scissors, gloves • Pulse oximeter if available • 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 • Ambu bag and mask • Oxygen mask and tubing • Radiant heater |



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.

ESMOE-EOST: Birth at home

| | | B = Before / A = After | B | A |
|--|---|------------------------|-----------|-----------|
| Information provided and questions asked | Key reactions/responses expected from participants | | | |
| <p><i>Scenario. Me M arrives at hospital after giving birth at home. She was waiting for the ambulance when she delivered and was assisted by her neighbour. Me M and her baby are brought to hospital by the paramedic. Baby is wrapped in a silk scarf. She brought the placenta with in a plastic packet.</i></p> <p>What will you do?</p> | | | | |
| 1. Mother: Shake and Shout | Shake and Shout Alert | | | |
| 2. Call a CAB | Circulation: Pulse 78bpm, BP 115/80 mmHg | | | |
| | Airway: Talking normally | | | |
| | Breathing: RR 16, does not appear distressed | | | |
| 3. Baby | <p><i>Dry the baby and remove all wet wrappings</i></p> <p><i>The baby is noted to be limp and not crying.</i></p> <p><i>Note the time</i></p> | | | |
| 4. ABC | <p><i>Airway: Gently suck the airway</i></p> <p><i>Call for help</i></p> | | | |
| | <p><i>Breathing: The baby is not breathing. Give 2 B&M breaths and reassess. Still not breathing Give B&M for 30 seconds and reassess</i></p> <p><i>Call for help</i></p> | | | |
| The doctor/ senior sister and two other nurses arrive (What must be done now?) | | | | |
| | <i>Circulation There is a pulse of >100 palpable at the umbilical cord.</i> | | | |
| | <i>You notice the baby is cold and blue</i> | | | |
| | <i>Take the baby to a radiant heater and continue bag and mask ventilation with O2</i> | | | |
| | <i>One team member briefly explains to mother why the baby is taken away</i> | | | |
| | <i>You take the temperature and it measures 29 °C</i> | | | |
| | <i>Continue bagging with B&M while ensuring baby is dry. Make sure the head is covered as it represents a significant part of the baby's surface area</i> | | | |
| | <i>Measure the glucose 3,4 mmol/L</i> | | | |
| | <i>Warm towels and place baby on warm towels</i> | | | |
| | <i>Continue B&M ventilation until baby is 36 °C before declaring baby as not responding to ventilation.</i> | | | |
| | <i>Once baby responds, keep baby warm, ensure breastfeeding is established</i> | | | |
| More information(What must be done now?) | | | | |
| 3. Big 5, Forgotten 4, Core 1 (Secondary survey) | CNS alert | | | |
| | CVS Pulse normal and heart sounds normal | | | |
| | Respiratory RR 12 bpm | | | |
| | Gastrointestinal No jaundice, no hepatosplenomegaly | | | |
| | Renal Passes 80ml of urine for urine dipstix analysis: leucocytes | | | |
| | Immunological HIV positive. Takes one tablet per day for HIV since booking at 20 weeks | | | |
| | Haematological Hb 9,0 g/dL, no bleeding | | | |
| | Endocrine Glucose 4,5 mmol/L. Opts for EBF | | | |
| | Musculoskeletal Calves soft, not swollen or tender | | | |
| | Core one: Placenta examined and complete <i>Uterus well contracted, no vaginal bleeding, no vaginal tears</i> | | | |
| 4. Diagnosis | <i>Hypothermic (cold) baby</i> | | | |
| 5. Further management | <i>Perform routine newborn procedures: Vitamin K, Chloromycetin eye ointment, newborn immunizations and Road to Health Card.</i> | | | |
| | CLINICAL SCORE = TOTAL NUMBER OF TICKS ABOVE | | | |
| CLINICAL SCORE: Assessment, diagnosis, monitoring and emergency management | | | 29 | 29 |

ESMOE-EOST: Birth at home

| | | B = Before / A = After | B | A |
|---|--|------------------------|---|---|
| Information provided and questions asked | Key reactions/responses expected from participants | | | |
| DISCUSSION QUESTIONS | | | | |
| 1. What are the risks to the mother of giving birth before arrival at hospital? | <ul style="list-style-type: none"> • Haemorrhage: retained placenta, atonic uterus, genital tract tears • Infection from lack of aseptic technique • Emotional trauma | | | |
| 2. What are the neonatal risks of birth before arrival | <ul style="list-style-type: none"> • Asphyxia • Birth trauma • Hypoxia • Hypothermia • Hypoglycaemia • Tetanus and neonatal sepsis from lack of aseptic technique | | | |
| 3. Why is it important to warm the baby? | <ul style="list-style-type: none"> • Cold babies have a higher O2 consumption • Hypothermia can lead to acidosis, hypoglycaemia, poor respiratory effort and cardiac arrest | | | |
| 4. What are good ways to keep a neonate warm? | <ul style="list-style-type: none"> • Close windows and doors to minimise draft • Dry baby with a towel • Wrap in warm towel • Place underneath radiant heater • Place on warm bag • Place in a plastic packet (ensure head is exposed) if <1000g BEFORE drying and place under a radiant heater | | | |

| EXECUTION OF DRILL SCORE: | Before (B) | After (A) |
|---|--|-----------|
| 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 | 43 | 43 |
| 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 | |

ESMOE-EOST: Birth at home

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. | | | | |