

Scenario: O2	Patient: Judy Dench	Simulator: SIMMOM or other birthing mannequin or part task trainer
<p>Case Summary: This is presented as a pause and discuss scenario. Judy is a 25 year-old lady from out of town visiting friends. She is fit and well with a previous normal vaginal delivery. She is in labour at 36 weeks and feels that she needs to push. She is fully dilated with her waters having broken (clear liquor) in the car, on the way to the ED 60 minutes ago. The baby’s head is sitting low in the pelvis and is ready to be delivered. The team will delivery Judy’s healthy baby.</p>		<p>Participant Briefing: Judy Dench is a 25-year-old lady who is 36 weeks pregnant. She has been visiting friends in the area and has had to come to your ED.</p>
Clinical Issues		Human factors / Non technical issues
<p>Management of normal vaginal delivery in the ED</p> <p>Discussion of the third stage of labour</p>		<p>Awareness of what is needed to deliver a baby vaginally in the ED Contact help and communication</p> <p>Location of equipment and drugs required for the delivery</p>
<p>Learning Objectives: The structured team approach to delivering a baby vaginally in the ED</p> <p>Communicate: With the mother and with the team and external specialities</p> <p>Conduct: An ABCDE approach to the ED pregnant patient. A safe delivery of a cephalad presentation baby</p> <p>Demonstrate: Safe delivery of a baby in an uncomplicated birth. Good team working skills</p> <p>Interpret: PV examination findings along with history and other examinations</p>		
<p>Faculty Actors:</p> <p>Judy Dench: You have had a normal vaginal delivery before in your home town (away from the host site). You are visiting friends and have gone into labour. Your waters broke in the car on the way here and the contractions have become closer and closer together. You have been contracting for over an hour now and you feel the urge to push! Your previous labour lasted 4 hours and was uncomplicated. You are fit and well and have no allergies that you are aware of.</p> <p>Faculty Nurse: Please act as you would in your ED. Allow the team to come to their own decisions and plans and prompt as needed to maintain the correct course of action for the scenario. You are to be part of the team, helpful and gather equipment for the team, as the environment will be foreign for them. This is a pause and discuss scenario and we will be discussing the findings of examinations and plans of action with the team as we progress. After the first team has had a chance to deliver the baby we will run the scenario repeatedly (As time allows) for others in the group to practice the structured team approach.</p> <p>Judy’s Partner: Can be a man or a woman (depending on resources of the host site). You are supportive to Judy and the team and will help as you are able. You will be pushing the baby out of the mannequin so this should be the person who has practiced doing so!</p>		
<p>Patient Moulage: Judy will have the baby inside of her and a facilitator available to push the baby out of the cervix and vagina in a controlled manner. Will need plenty of lubricant! It would be ideal to have a training session with the person pushing the baby out, the day before, to practice the technique of pushing the baby out.</p>		

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<p>Equipment & Props: Lubricant and PPE! Host site facilitator who has practiced pushing the baby out of SIMMOM EdWise Obstetrics Box and equipment listed</p>		
<p>Monitor: ED monitor – 3 wave forms Sats EGC NIBP</p>	<p>Investigations: Rhesus D status result will be available. Judy is Rhesus D negative and received “anti D” after her last pregnancy. CTG of the baby will be available on screen, if appropriate for the host department</p>	<p>Remember that for at least the first running of the scenario, it will be a pause and discuss. We will interrupt from the hub site (Sydney) to discuss certain aspects of the scenario before asking the team to continue!</p>
Patient presentation	Expected response by participants	Faculty /Actors Notes
<p>Initial Presentation: RR – 35 Sats – 98% on air BP – 120/75 HR – 110 SR Contractions 4 in 10 minutes, strong CTG - normal</p>	<p>ABCDE approach to the pregnant ED patient Role allocation Call for obstetric help (they are in the middle of a c-section) Prepare equipment for vaginal delivery of a baby Examine the patient and realise that the head is engaged and the patient is fully dilated</p>	<p>Judy: You are in pain – especially when the contractions arrive. You really feel the urge to push and even if the team tell you not to you “can’t help it” and push anyway. The pain is similar to last time and you can cope with it. Partner: You will be holding Judy’s hand and supporting her (respond to her as needed but try not to say too much so that we can hear the other participants). When the team is ready to deliver the baby push the baby out in a controlled manner. Faculty Nurse: Helpful and supportive of the team. Prompt if necessary – the team may be reluctant to deliver the baby in the ED.</p>

<p>Progression: No change in Judy's observations</p>	<p>Prepare for the normal vaginal delivery of a baby in the ED. Communicate with team and with mother Deliver a healthy baby in the cephalad position. Give syntocinon as per obstetric protocols Discuss the clamping of the cord and the delivery of the placenta</p>	<p>Judy: As above. When delivering the baby attempt good breathing technique if the team request it. There is an increase in pain during the delivery but goes once baby is delivered. Partner: Supportive whilst pushing baby out of SIMMOM. Try to push the baby in a gradual realistic time frame. Plenty of lubrication will be needed! Faculty Nurse: As Above</p>
<p>Debrief Guide</p>		
<p>Key clinical issues: Normal vaginal delivery of a baby in the ED How to manage second stage of labour</p>	<p>Key non technical issues: Role allocation Communication Awareness of equipment, personnel and drugs available to help the team deliver the baby safely</p>	