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| Subject Topic | Post partum period |
| Framework Profile | Integrated case management 1- Management of third stage of labour and post partum hemorrhage |
| Simulation learning objectives | <ul style="list-style-type: none"> • Assessment of a patient after delivery • Normal management of third stage of labour including delivery of placenta • Assessment and management of obstetric hemorrhage |
| Target Group | Students and post-graduate level |
| Delivery method | Facilitated discussion followed by simulated learning case. |
| Timeframe | 60 minutes |
| Resources for session | <p>SimMom manikin and video link up set up.</p> <p>EdWISE Obstetrics Box</p> <p>Fake blood available for transfusion by the team – group O –ve.</p> <p>Fake FFP available for transfusion by the team – group O-ve</p> <p>Blood soaked sheets as above</p> <p>Orange based cleaner to clean up the mannequin after the session</p> <p>Placenta – torn placenta available to be assessed. All parts are there but team should consider retained products.</p> |

This project was possible due to funding made available by Health Workforce Australia

| Session Structure - EdWISE PROGRAM – (Obstetrics 3- Post Partum Period) | | |
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| Timing | Welcome and Introduction | Resource |
| 5 mins | <p><i>Welcome and Introduction</i></p> <ul style="list-style-type: none"> • Provide Housekeeping – Fire Exits, mobile phones on vibrate • Provide a summary of what the workshop will involve and the expectations from the participants • Introduce yourselves - facilitation team, host team and participants. Include experience of cardiac patients <p>If this is not the first module run on that day, the participants are the same and this has been covered previously, then this section can be missed out.</p> | <p>Video conferencing unit</p> <p>Enough seats for the participants and arranged in a horseshoe facing the VC unit and camera.</p> <p>Led by the team over VC but with host team supplying information on the fire exits/toilets/etc.</p> |
| Timing | Main Topic Presentation | |
| 20 mins | Power Point Presentation – should invite discussion from group during this. | PowerPoint presentation |
| Timing | Familiarisation to Mannequin & equipment | |
| 5 mins | Introduce students to mannequin & capabilities | Local faculty to familiarise the students to the environment/ mannequin/actors. Can use the familiarisation video, to guide the local faculty, if needed. |

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| Timing | Simulation |
|---------|---|
| 10 mins | <p>Participant Briefing:BAT Call</p> <p>I – 32 year old woman with post partum haemorrhage after delivering the baby and placenta en route. M – Delivery of healthy baby girl in the ambulance, ongoing maternal bleeding. The placenta has been delivered. I – Approximately 1 litre of blood loss with patient feeling lightheaded. S – RR 25/min, Sats 99% on oxygen, HR 115 regular, BP 100/65, GCS 15 and a BSL of 6.4. T – High flow oxygen, 2 IVC and 500ml normal saline. The baby is healthy and with dad at the moment.</p> <p>Case Summary: Barbra is a 32 year-old lady who has given birth to her second child in the back of an ambulance en route to hospital. Barbra has started to bleed heavily and continuously since the birth of her child. She will have reduced uterine tone and retained products, needing further specialist obstetric management. She is otherwise fit and well with no allergies or medications.</p> |
| Timing | Debrief |
| 10 mins | <p>Key clinical issues:</p> <ul style="list-style-type: none"> Structured approach to the patient with postpartum haemorrhage in the ED The 4Ts of PV bleeding Treatment options in the ED <p>Key non technical issues:</p> <ul style="list-style-type: none"> Role allocation Situational awareness of deterioration and also need for more specialist intervention/theatre Communication within the team (and teams external to the ED) and with the patient |
| Timing | Summary |
| 5 mins | <p>Prevent PPH by actively managing the third stage of labour.</p> <p>If PPH occurs call for help early and begin resuscitation.</p> <p>Treat the 4 Ts early, 70% are tone related and syntocinon must be given immediately.</p> |