SCENARIO

Atonic post Partum Haemorrhage

LEARNING OBJECTIVES

Be aware of the risk factors for Atonic PPH

Recognise and define severe PPH

Initiate first line management

Multidisciplinary Team Work and Communication

EQUIPMENT LIST

Noelle/ SimMom +/- baby
Foley's catheter
O2 Facemask
Maternal monitoring
IVC packs/IV giving sets
IV Fluids/Blood
Bed/trolley, phone
blood bottles/request slips/tourniquets
IVC packs/IV giving sets
PPH Box- oxytocinon/ergometrine/misoprostol/haemobate

PERSONNEL

MINIMUM: 5
ROLES:
Junior Doctor
Midwife x2
Obstetric Registrar
HCA
Scribe
Anaesthetic Registrar

FACULTY

MINIMUM: 4
Facilitator
Observer
Debrief Lead

TIME REQUIRMENTS

TOTAL 1.5hours

Set up: 30 mins
Pre Brief: 10 mins
Simulation: 20mins
Debrief: 30mins

INFORMATION TO CANDIDATE

PATIENT DETAILS

Name: Rebecca Milne
Age: 27
Weight/BMI: 59kg/25

Phx: nil
Allergies: nil

SCENARIO BACKGROUND

Location: Labour Ward

Midwife gives SBAR handover to the trainee:

S- Rebecca has just had a normal delivery 20mins ago. She is now actively bleeding

B- Rebecca is now P3 after a SVD, she is low risk and has no medical problems or allergies. Her perineum is intact and the EBL at delivery was 250mls. The baby weighed 4.1kgs and the placenta appears intact/complete.

A- There is now about 1000mls of fresh loss on the bed, she looks pale, her uterus is boggy and above the umbilicus. Her BP is 82/60 her pulse 115 O2 sats 98% RR16. I have rubbed up a contraction

R- I think Rebecca is having a PPH and I need you assistance to manage.

RCOG CURRICULUM MAPPING

Module 12 Management of Post Partum Problems
Primary Post Partum Haemorrhage
Acute Maternal Collapse
Management of Massive Obstetric Haemorrhage

INFORMATION FOR ROLEPLAYERS

-Midwife

BACKGROUND

You are the midwife looking after Miss Rebecca Milne in room 3 on labour ward. You are worried about the amount of bleeding.

Scenario:

Your SBAR handover to the trainee:

S- Rebecca has just had a normal delivery 20mins ago. She is now actively bleeding

B- Rebecca is now P3 after a SVD, she is low risk and has no medical problems or allergies. Her perineum is intact and the EBL at delivery was 250mls. The baby weighed 4.1kgs and the placenta appears intact/complete.

B- There is now about 1000mls of fresh loss on the bed, she looks pale, her uterus is boggy and above the umbilicus. Her BP is 82/60 her pulse 115 O2 sats 98% RR16. I have rubbed up a contraction

R- I think Rebecca is having a PPH and I need you assistance to manage.

RESPONSES TO QUESTIONS

INFORMATION TO FACILITATOR

SCENARIO DIRECTION

Communication:
Recognise major PPH and call for Help: Emergency buzzer/delegates 2222 call.
Brief introduction to patient/partner
Requests use of scribe
Aware of personnel needed
Aware of local criteria for Massive Obstetric Haemorrhage call

Resuscitation:
Initiates resuscitation measures- coordinates/delegates following tasks

Lies patient flat

Airways: checks patent, assesses conscious level

Breathing: applies 02 Face mask- asks for O2 sats/RR

Circulation: Requests Monitoring
IV access x2 18G
Requests blood *FBC/Crossmatch 4U/Clotting/U&E*
Fluid resuscitation crystalloid/colloid < 3.5L
Keeps patient warm

Monitoring: Requests 15mins Observations

Management: Inserts urinary catheter with hourly urometer (120mls)
actively bleeding, not responding to fundal rub
Bimanual compression
Uterotonics-
oxytocinon 5 units IV, ergometrine 0.5mg IM
oxytocinon 40 units IV infusion over 4 hours
active bleeding and should be transferred to OT
end scenario if taken to OT
carboprost 0.25mg x 8 IM 15mins apart
misoprostol 1000mg PR
if patient not transferred to theatre, becomes unresponsive
end scenario

SCENARIO OBSERVATIONS/ RESULTS

	BASELINE	STAGE 1 Prior To fluids	STAGE 2 Medical Mx	STAGE 3 Transfer OT	Stage 4 If no OT
RR	16	18	20	25	30
chest sound	normal	normal	normal	normal	shallow
SpO2	98%	99% O2	97%O2	98%O2	96% O2
HR	115	122	130	150	160
Heart sound	normal	normal	normal	tachy	tachy
BP	82/60	75/55	70/50	60/40	unrecordable
Temp	36C	36C	35.6C	35.7C	35C
Central CRT	4secs	5 secs	6 secs	7sec	>7secs
GCS/AVPU	A	V	V	P	U
EBL	1250mls	1400mls	1700mls	1800mls	2500ml

Venous Gas: Hb 60g/L

SCENARIO DEBRIEF

TOPICS TO DISCUSS

Effective teamwork and leadership
SBAR Communication
Initial Assessment and ABCD approach
Structured management of PPH
Differential diagnosis (4Ts- Tone/Tissue/Thrombin/Trauma)
Location of management- Room vs OT when to move
Senior involvement
Department Massive Obstetric Haemorrhage
Safe blood product use

REFERENCES

RCOG Green-top Guideline Prevention and Management of Postpartum Haemorrhage 2009

NHS
Health Education England

Developing people for health and healthcare

www.hee.nhs.uk

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