SCENARIO

Maternal Collapse- Uterine Inversion

LEARNING OBJECTIVES

Management of collapsed woman post partum-ABCDEs
Recognition of uterine inversion
Communication within team
Treatment options for uterine inversion

EQUIPMENT LIST

SimMom or Noelle with partially filled red balloon (uterus)
BabyHal
BP Cuff/pulse oximeter
IVC packs
Gloves
Fluid & giving sets
Uterine inversion Box (1L saline/blood giving set/ silastic ventouse)
PPH Box (oxytocinon, ergometrine, misoprostol, carboprost)
ECG

PERSONNEL

MINIMUM: 4
ROLES:
Midwife
Junior Obstetrician
Anaesthetist
Consultant Obstetrician

FACULTY

MINIMUM: 2
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:	Yasmin Ali	Phx:	Nil
Age:	27	Allergies:	Nil
Weight/BMI:	56kg/22		
	G3P3		

SCENARIO BACKGROUND

Location: Labour Ward

Situation:

You have been asked for assistance by the midwife looking after Yasmin Ali. This is Yasmin's third pregnancy and everything has been very straightforward. She arrived on the labour ward at 2am and immediately delivered a healthy baby. She wanted a physiological third stage. It has been 35minutes the placenta has not yet delivered

Task: Please assist the midwife to deliver the placenta.

RCOG CURRICULUM MAPPING

Module 12 Postpartum problems
Acute Maternal Collapse
Advanced Labour Ward Practice 11. Resuscitation

INFORMATION FOR ROLEPLAYERS

BACKGROUND

Your name is Yasmin Ali. You arrived on labour ward at 2am and very quickly delivered your baby. There have been no problems in your pregnancy.

You requested a natural third stage and after 35 mins the placenta has not delivered. The midwife suggests she gets as second opinion and returns with the assistance of a colleague. With your consent they gently pull to see if the placenta is close to being delivered. You start to feel nauseated. You tell the midwife that you want to be sick and then start retching ++

Then tell her you have pain in your chest and tummy and don't feel very well, then collapse.

After this you should not respond to any questioning and just groan to any stimulus.

INFORMATION TO FACILITATOR

SCENARIO DIRECTION

During the attempt at delivering the placenta the patient feels nauseated and vomits. She complains of chest pain and lower abdominal pain. She subsequently collapses.

Call for help
Initiation of ABCDEs
Review by Obstetric team
Baseline observations – Call obstetric Emergency 2222
O2 IVC Access, fluid resuscitation, atropine- CX4 units
Full examination
Diagnosis of uterine inversion – immediate manual replacement, with placenta insitu- hand kept in place until oxytocinon infusion commenced
Alternative hydrostatic reduction: warm saline infusion with cystoscopy/blood giving set (exclude uterine rupture) into vagina using hand/ventouse as seal – may require several litres
Continue resuscitation
Insert Foley's catheter
Anticipate PPH oxytocin infusion four hours- if omitted - PPH

Debrief patient and team

SCENARIO OBSERVATIONS/ RESULTS

	BASELINE	STAGE 1 Ut replacement	STAGE 2 PPH
RR	15	18	17
chest sound	Normal	Normal	Normal
SpO2	99%	99% O2	99% O2
HR	30	110	120
Heart sound	Brady	tachy	tachy
BP	70/30	100/50	80/60
Temp	36.7	36.5	36.4
Central CRT	4secs	3secs	3 secs
GCS/AVPU	U	V	V

SCENARIO DEBRIEF

TOPICS TO DISCUSS

Consider initial ABCs

Differential diagnosis

If diagnoses uterine inversion discuss options

- immediate manual replacement (Johnson Manoeuvre)
- hydrostatic (Osullivan's Technique)
- uterine relaxation with MG SO4, terbutaline or nitroglycerine iv
- type of anaesthesia
- Laparotomy surgery- Haultains incision

Management of PPH

REFERENCES

Grady K, Howell C, Cox C, editors. The MOET Course Manual. Obstetric Emergencies and Trauma. 2nd Edition London: RCOG Press; 2007