

1. Lead examiner

Candidate Number:

2. Co-examiner

Final Mark:

SCENARIO

A 24 year-old multiparous woman who is 36 weeks pregnant presents to triage in labour. She is transferred to the resuscitation room and the nurse tells you the head is on show. The maternity ward is located in an separate building to the ED.

Question 1: Outline your actions in response to this situation.

Expected Response	Details & Comments (to pass must address each category)	
Possible imminent delivery Prompt: "head on show"; "delivery imminent"	Near-term baby, therefore at lower risk Prepare for delivery in ED (critical error to move patients to O&G building)	
Assemble team	Assume leadership Allocate staff to roles- delivery, resuscitation of baby, support for mother	
Call for help	Midwife +/- O&G reg, paediatric registrar	
Prepare equipment Prompt "what about the baby"	Delivery pack available and open Neonatal Resuscitaire turned on / warmed up (must address neonatal resus) (critical omission) Check neonatal resuscitation equipment, suction, BVM etc Syntocinon available- drawn up -/+ IV access -/+ apply monitoring	
Brief relevant history	Delegate	

Question 2: The baby is delivered within minutes. The cord is clamped and cut. Outline your routine initial management of the newborn infant.

Expected Response	Details and Comments (must address bold categories)	
Temperature control	Warm, rub and dry. Nurse in heated cot.	
Airway	Anticipate a cry. Stimulate if required. Suction mucous if required.	
Breathing/Circulation	Anticipate pink colouration if crying. BVM and oxygen usually not required.	
Initial assessment (APGAR)	Tone, colour, HR (circulation) , breathing, reflexes.	
If well	Dry, wrap in swaddle cloth. Give to mother.	

Question 3: The cord has been clamped and cut and the placenta is still in-situ. The midwife is yet to arrive. Describe how you would manage the third stage of labour.

Expected Response	Details & Comments (must address bold categories)	
Check no twin	Pass requirement	
Administer syntocinon if not already given	10 Units IV or IM (prompt for twin – should you check for anything before giving syntocinon)	
Delivery of placenta "prompt how do you deliver the placenta"	Controlled cord traction (Fundus guarded by other hand) Inspect for complete placenta	
Uterine massage	After placenta delivered to ensure uterus contracted	
Observe for further PV loss		
Examine the perineum for tears		

Question 4: The placenta is delivered. It appears incomplete and the patient has very heavy PV bleeding. Outline your actions in response to this.

Expected Response	Details & Comments (must address bold categories)	
Call again for help if still no help arrived –notify O&G consultant if registrar not yet arrived		
Uterine massage/IDC	Until uterine contraction	
Visual inspection of perineum	Check for uterine inversion Direct pressure if site of bleeding identified eg. episiotomy site	

Give further syntocinon	Must be IV 40 IU in 1 litre N saline infusion (order of 10 U/hr depending on rate of bleeding)	
Prepare for massive Blood transfusion	Ensure large bore IV access X 2 (must have IV access now) Send off bloods- FBC, EUC, coags, fibrinogen, urgent X-Match Begin fluid resuscitation- early use of blood products IDC Notify lab and activate massive transfusion protocol	
Consider manual removal of the placenta in ED under procedural sedation (if had experience in past)	Potentially life saving if severe bleeding- wait for O&G support unless very experienced with this procedure	
Consider vaginal packing		
Bimanual uterine compression		
Notify theatre	Notify O&G consultant if registrar not available Notify anaesthetics	
Communication	Explain to patient and try to contact family Check on welfare of baby	

Question 5: Following this incident you decide to review the contents of the emergency delivery pack in your ED. Describe how you would undertake this review.

Expected Response	Details & Comments	
Discuss key stakeholders re contents	O&G, ED nurses, ED doctors, sterilisation procedure	
Contents (prompt for contents if have time)	Surgical scissors -For possible episiotomy Needles, syringes and lignocaine 1% Placenta basin Towels Cord clamp Sterile gloves Gauze sponges- multiple syntocinon	
Educator post review		

Comments: (if you fail the candidate, please state why)

If the candidate fails the exam overall, what feedback would you suggest CIC provide for this SCE?