SCENARIO

Postpartum Haemorrhage- Retained Placenta

LEARNING OBJECTIVES

Recognise and define severe PPH
Multidisciplinary Team Work and Communication
Coordinate transfer to theatre
Surgical Management of retained placenta

EQUIPMENT LIST

SimMom/Noelle + Placenta	IV Fluids/Blood
Bed/trolley, phone	Foley's catheter
Maternal monitoring	Consent form
O2 Facemask	IVC packs/IV

Giving sets/blood bottles/request slips/tourniquets
PPH Box- oxytocinon/ergometrine/misoprostol/haemobate

PERSONNEL

MINIMUM: 5
ROLES:

Partner	Midwife (x2)
HCA	Junior Dr
Anaesthetist	Scribe
Obstetric Registrar	

FACULTY

MINIMUM: 3
Facilitator
Observer
Debrief Lead

TIME REQUIRMENTS
TOTAL 1.5hours

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

INFORMATION TO CANDIDATE

PATIENT DETAILS

Name:	Susan Harper	Phx: Mild Asthma
Age:	31yrs	Allergies: Penicillin
Weight/BMI:	81kg/39	Rh +ve

SCENARIO BACKGROUND

Location: Labour Ward

Situation:

You are the ST4 on labour ward. The midwife has called you into room 3. She is worried about the amount of bleeding from her patient Susan Harper.

Task: Please assess the patient

RCOG CURRICULUM MAPPING

Module 10: Management of labour Ward
Safe use of blood products
Liaise with Staff
Module 11: Management of delivery
Retained placenta
Module 12: Postpartum problems (The Puerperium)
Primary postpartum haemorrhage
Management of massive obstetric haemorrhage
Acute Maternal Collapse

INFORMATION FOR ROLEPLAYERS

Midwife

BACKGROUND

Midwife gives SBAR handover to the trainee:

S- Susan had a normal delivery 35mins ago. She is now actively bleeding and the placenta is still insitu.

B- Susan is now P2 after a SVD, she has a BMI 39 and mild asthma. She takes PRN salbutamol. She is allergic to penicillin. Her perineum is intact and the EBL at delivery was 500mls. The baby weighed 3.2kgs.

A- There is now about 1000mls of fresh loss on the bed, she looks pale; her uterus is above the umbilicus. Her BP is 95/60 her pulse 110 O2 sats 99% RR16. I have attempted to the deliver the placenta with CCT and emptied her bladder.

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

RESPONSES TO QUESTIONS

As above

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

Resuscitation:
Initiates resuscitation measures- coordinates/delegates following tasks

Lies patient flat

Airways: checks patent, assesses conscious level

Breathing: applies 02 Facemask

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

Patient is still actively bleeding

Examination of patient – retained placenta
Decision to transfer to OT communicates this effectively to team with degree of urgency

if remain in room midwife prompt to transfer to OT

Reassess in OT
Initiates Massive Obstetric Haemorrhage Protocol
Commence O-ve blood transfusion
Inform blood bank/haematology

PLTS/FFP/Cryoprecipitate- on haematologist advice

Anaesthetist to determine – general anaesthesia
Aseptic Technique
Manual Removal of placenta- inserting dominant hand into the cavity indentify plane between placenta and uterine wall, separate and remove whilst placing other hand on abdomen to prevent inversion

Transfuse 2UNITS RBC

Bimanual compression

Bleeding significantly slowed

Uterotonics-

oxytocinon 5 units IV, ergometrine 0.5mg IM

prompt for contraindications

oxytocinon 40 units IV infusion over 4 hours
carboprost contraindicated ASTHMA
misoprostol 1000mg PR

SCENARIO DIRECTION (cont.)

Post Haemorrhage instructions:

Obstetric HDU >12hrs
MEWS: 0-1hr 15mins, 1-2 hr 30mins, hourly for 6 hours
Hourly urinary out put >30mls
LMWH – if PLTs normal when bleeding stable
Documentation
Debrief

SCENARIO OBSERVATIONS/ RESULTS

	BASELINE Pre Review	STAGE 1 Prior to fluids	STAGE 2 In OT	STAGE 3 MRP
RR	16	18	25	14
chest sound	Normal	Normal	Normal	Normal
SpO2	99%	98% O2	98% O2	98%ET
HR	110	122	130	115
Heart sound	Normal	Tachy	Tachy	Normal
BP	95/60	70/50	65/50	90/60
Temp	36.6C	36.5C	35.9C	36.4C
Central CRT	2secs	4secs	>4secs	4secs
GCS/AVPU	A	A	V	U
EBL	1500mls	1800mls	2100mls	2300mls

Urometer insertion: 70mls

Arterial Gas/Lactate: Hb 65g/L

	admission	OT	
Haemoglobin	123	74	110-147 g/L
WCC	7.6	13.6	3.5-9.5 $x10^9$/L
PLTs	202	80	150-400 $x10^9$/L
RBC	4.8	2.27	3.75-5.00 $x1^{12}$/L
HCT	0.399	0.28	0.32-0.45 L/L
MCV	83.1	75	80-98.1 fl
MCHb	28	26	27-33 Pg
PT	10.1	11	9.5-11.3 sec
APTT	24.6	26	20.2-28.7 sec
Fibrinogen	6.0	5.0	2.0-4.0 g/L

SCENARIO DEBRIEF

TOPICS TO DISCUSS

Effectiveness of communication and team working.
Use of SBAR.
Coordinating initial resuscitation and preparation for theatre –stabilisation prior to GA
Uterotonics and asthma
Management of massive obstetric haemorrhage
Consultant involvement
Safe use of blood products- involve haematology

REFERENCES

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

Paterson-Brown, S. (2007), Obstetric haemorrhage at Queen Charlotte's and Chelsea Hospital. The Obstetrician & Gynaecologist, 9: 116–120. doi:10.1576/toag.9.2.116.27313