

FOR ATONIC PPH / BIMANUAL COMPRESSION OF UTERUS

Name / Number of Trainee (ID): _____

Date of evaluation: (/ /)

Is this a pre-training or post-training assessment? (Circle one) a. PRE b. POST

GUIDELINES TO BE READ TO PARTICIPANTS

- Assume you are in a rural health care facility with no surgical or blood transfusion capacity. You have all equipment and supplies necessary for a normal vaginal birth and basic emergency management. You have a fellow midwife who is on duty as well.
- All essential information will be provided to you at the start of each OSCE station.
- Ask the evaluator to clarify any questions prior to beginning. Once the OSCE has started, the evaluator will only provide information about the patient status.
- You will have 5 minutes to complete each station.
- Talk to and care for the woman in front of you exactly as you would in real life. Do NOT talk to me as an examiner!
- Be explicit in verbalizing your clinical thinking and subsequent decisions.
- If you give a medication, you must state what you are giving, the dose, the route, and why you are giving it.

INSTRUCTIONS FOR THE FACILITATORS

- Review the instructions above for the participants.
- Start with birth simulator with the baby delivered and the placenta removed. Once time has begun, open the blood tank to full OR explain the woman is bleeding heavily from the vagina.
- Observe only; do not intervene in demonstration of the participant.
- In the items below you will see instructions to you in *italics*. Follow these instructions.
- The feedback will be given at the end of the assessment for all learners.

Read the following to the participant:

“You are in a rural facility at the start of this scenario. You have just conducted an uneventful birth about 10 minutes ago. You gave the woman 10 IU Oxytocin IM within 1 minute of birth. 10 minutes later, you delivered a complete placenta and the woman started bleeding heavily. You have massaged the uterus, given a repeat dose of 10 IU Oxytocin and your colleague has started an IV infusion of 20 IU Oxytocin in 1 liter IV infusion at 60 drops/min and catheterized the woman. What will you do now?”

BIMANUAL COMPRESSION OF THE UTERUS	YES (Performed to standard)	NO (Did NOT perform to standard)
1. Tells the woman (and her support person) what is going to be done, listen to her, and respond attentively to her questions and concerns.		
2. Provides continual emotional support and reassurance, as feasible.		
3. Puts on personal protective barriers.		
4. Washes hands thoroughly and put on sterile surgical gloves (long if available).		
5. Cleans vulva and perineum with antiseptic solution.		
6. Inserts a hand into anterior vaginal fornix and form a fist, with the back of the hand directed posteriorly and the knuckles in the anterior fornix; apply pressure against the anterior wall of the uterus.		
7. Places the other hand on the abdomen behind the uterus; press the hand deeply into the abdomen and apply pressure against the posterior wall of the uterus.		
8. Maintain compression until bleeding is controlled and the uterus contracts. <i>After 20 or 30 seconds say, it has now been 5 minutes and bleeding has slowed.</i>		
9. Removes gloves and washes and dries hands.		
10. Monitors vaginal bleeding, takes the woman's vital signs and makes sure that the uterus is firmly contracted.		

Score: ____ / 10 Pass / Fail (circle one) Pass score = 8 / 10

Facilitator initials: _____

HELPING BABIES BREATHE*

Name / Number of Trainee (ID): _____

Date of evaluation: (/ /)

Is this a pre-training or post-training assessment? (Circle one) a. PRE b. POST

GUIDELINES TO BE READ TO PARTICIPANTS

- Assume you are in a rural health care facility with no surgical or blood transfusion capacity. You have all equipment and supplies necessary for a normal vaginal birth and basic emergency management. You have a fellow midwife who is on duty as well.
- All essential information will be provided to you at the start of each OSCE station.
- Ask the evaluator to clarify any questions prior to beginning. Once the OSCE has started, the evaluator will only provide information about the patient status.
- You will have 5 minutes to complete each station.
- Talk to and care for the woman in front of you exactly as you would in real life. Do NOT talk to me as an examiner!
- Be explicit in verbalizing your clinical thinking and subsequent decisions.
- If you give a medication, you must state what you are giving, the dose, the route, and why you are giving it.

INSTRUCTIONS FOR THE FACILITATORS

- Read aloud to the learner the following instructions and the case.
- Provide prompts where noted in parentheses.
- As you observe the learner, tick the boxes “DONE” or “NOT DONE” for each activity.
- Indicate the baby’s response to the learner’s actions using the neonatal simulator or words.
- Note the time between birth and beginning ventilation (you will need a timer with seconds to do this)
- Comment on the learner’s performance only at the end of the case.

Read the following to the participant:

“I am going to read a case. Please listen carefully, and then show me how you would care for this baby. I will indicate the baby’s response with the simulator (OR in words). I will provide no other feedback until the end of the case.”

“You are called to assist at the birth of 37 weeks gestation baby. You arrived 2 minutes prior to birth. Introduce yourself and show what you will do.”

* American Academy of Pediatrics. “Objective Structured Clinical Evaluations- Evaluation B.” *Helping Babies Breathe, 2nd Edition*. www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/helping-babies-survive/Pages/Course-Materials.aspx.

		DONE	NOT DONE
1	Prepares for a birth. Identifies a helper, prepares the area for birth, cleans hands, prepares an area for ventilation and checks equipment		
	<i>Prompt: After 2 minutes the baby is born - give baby to learner and say, "The amniotic fluid is clear. Show how you will care for the baby."</i>		
2	Dries thoroughly and removes wet cloth, covers with dry cloth		
3	Evaluates crying <i>Prompt: Show or say the baby is not crying.</i>		
3.1	Recognizes baby is not crying		
4	Clears airway and stimulates breathing		
4.1	Keeps warm, positions head, clears airway		
4.2	Stimulates breathing by rubbing the back		
5	Evaluates breathing		
5.1	* Recognizes baby is not breathing		
6	Ventilates with bag and mask		
6.1	Cuts cord and moves to area for ventilation OR ventilates by mother		
6.2	Starts ventilation within the Golden Minute SM (at _____ seconds)		
6.3	* Ventilates at 40 breaths per minute (30-50 acceptable)		
6.4	* Looks for chest movement		
7	Evaluates breathing <i>Prompt: Show or say the baby is not breathing.</i>		
7.1	Recognizes baby is not breathing		
8	Calls for help		
9	Continues ventilation		
	<i>Prompt: Say, "Please show what to do if the chest is not moving with ventilation." After one or more steps to improve ventilation, say "The chest is moving now."</i>		
10	* Improves ventilation. Head: repositions head, reapplies mask Mouth: clears secretions, opens mouth slightly Bag: squeezes bag harder		
11	Evaluates breathing and heart rate <i>Prompt: Show or say the baby is not breathing; heart rate is normal.</i>		
11.1	Recognizes baby is not breathing but heart rate in normal		
12	Continues ventilation		
	<i>Prompt: After 3 minutes say, "The heart rate is 120 per minute and the baby is breathing."</i>		
13	Recognizes baby is breathing and heart rate in normal		
14	Stops ventilation; monitors baby and communicates with mother		

Score: _____ / 14 Pass score 11 / 14 AND "Done" **must be ticked** for "Recognizes baby is not breathing", "Ventilates at 40 breaths per minute", "Looks for chest movement" and "Improves ventilation."

ADMINISTERING THE LOADING DOSE OF MgSO_4^*

Name / Number of Trainee (ID): _____

Date of evaluation: (/ /)

Is this a pre-training or post-training assessment? (Circle one) a. PRE b. POST

GUIDELINES TO BE READ TO PARTICIPANTS

- For each station assume you are on the labor ward in a health care facility. You have all equipment and supplies necessary for a normal vaginal birth and for basic emergency management.
- All essential information will be provided to you at the start of each OSCE station.
- Ask the evaluator to clarify any questions prior to beginning. Once the OSCE has started, the evaluator will not provide any further information.
- You will have 5 minutes to complete each station.
- Talk to and care for the woman in front of you exactly as you would in real life.
- Be explicit in verbalizing your clinical thinking and subsequent decisions.
- If you give a medication, you must state what you are giving, the dose, the route, and why you are giving it.

INSTRUCTIONS FOR THE FACILITATORS

Start with these supplies prepared and accessible to the participant: alcohol hand rub, exam gloves, at least three 20 mL syringes, sterile water for injection or normal saline IV bag, 16, 1g/2mL ampules of MgSO_4 , 1 ampule 1 or 2% lignocaine, simulator for injection (small melon or other fruit), sharps container.

- Read prompts in italics but do not intervene in demonstration of the participant.
- The feedback will be held at the end of the assessment for all learners.

Read the following to the participant:

“Mrs. B has just presented to you at 38 weeks with a bad headache unrelieved by analgesics. You took her BP and it was 154/96 and she has 2+ protein per dipstick. You have called a nurse who came with these supplies and started an IV with normal saline. Demonstrate and verbalize what you would do next.”

* Helping Mothers Survive. “Pre-Eclampsia & Eclampsia OSCE 1: Administering the Loading Dose of MgSO_4 ,” October 2018.

CHECKLIST OF SKILLS		YES (Performed to standard)	NO (Did NOT perform to standard)
1.1	Ask: <i>What is the diagnosis?</i> Severe pre-eclampsia.		
1.2	Washes hands with soap and water or uses alcohol hand rub.		
1.3	States and draws up 12 mL of sterile water or normal saline from IV for injection.		
1.4	States, draws up MgSO ₄ 50% solution 4g (1g/2mL x 4) and adds to the 12 mL of water or saline to make 20mL of 20% solution.		
1.5	Ask: <i>Please show and say how you would administer this medication.</i> Provider demonstrates injecting IV slowly.		
1.6	Explains to patient what she is receiving and why.		
1.7	Ask: <i>Over how long are you administering this dose?</i> 5- 20 minutes. State: <i>The injection is complete. What will you do next?</i>		
1.8	States and prepares 2 syringes with: MgSO ₄ 50% solution 5 g (1g/2mL x 5) + lignocaine 1or 2% 1mL EACH.		
1.9	Provider injects one syringe in each side of an object (fruit, box, or cup).		
1.10	Records details of drugs given and continue to closely monitor woman.		

Score: ____ / 10 Pass / Fail (circle one) Pass score = 8 / 10