



GLOBAL EMERGENCY MEDICAL REGISTRY

Obstetrics - Abnormal Delivery with Newborn Care Skill Documentation Form

Candidate (Print): _____ Date: _____

Examiner (Instructor or Licensed Provider): _____

Examiner Signature: _____

Pass _____ Fail _____

Note: Examiner will use a full-scale simulator for this case to reflect a 35 y/o patient who has been in labor for 28 hours. Birth Dula states patient was “doing well” but believes the patient may be in trouble now. Patient currently responsive, contractions every 60-90 seconds, Pulse of 120 in sinus tachycardia, MAP of 65 mmHg, SpO2 92% (room air), Respiratory Rate at 30-36 bpm, EtCO2 26mmHg, blood glucose 80 mg/dl. On exam, patients appears exhausted and with active contractions. Patient has one prior pregnancy with one live child, has had prenatal care with no issues reported, amniotic sac rupture occurred 16 hours ago, no pre-existing medical conditions, no vaginal bleeding noted. When delivery occurs, the newly born is blue, pulse is 90, minimal respiratory effort, no response to stimulation. Examiner my improve newly born at end of skills sheet.

Task:	Correct	Incorrect
<u>Obtains history relevant to current pregnancy</u>		
Estimated date of confinement		
Frequency of contractions		
Duration of contractions		
Intensity of contractions		
Rupture of amniotic sac (time and presence of meconium)		
Previous pregnancies and deliveries (complications, vaginal delivery, C-section)		
Pre-existing medical conditions (HTN, DM, seizure, cardiac)		
Medications taken prior to labor		
Prenatal care (identified abnormalities with pregnancy)		
Vaginal bleeding		
Abdominal pain		
<u>Assessment</u>		
Vital signs (Respiration, Pulse, SpO2, EtCO2, MAP, ECG, Temperature)		
Evidence of imminent delivery (crowning, contractions, urge to push, urge to defecate)		
Physical exam of birth canal for dilation or presenting part(s)		
Vital signs (BP, P, R, Temperature) Evidence of imminent delivery (crowning, contractions, urge to push, urge to defecate)		
<u>Prepares for Delivery</u>		
Prepares appropriate delivery area		



GLOBAL EMERGENCY MEDICAL REGISTRY

Removes patient's clothing		
Opens and prepares obstetric kit		
Places clean pad under patient		
Prepares bulb syringe, cord clamps, towels, newborn blanket		
Large Bore vascular access obtained above the level of the diaphragm		
Prepares Advanced Airway Equipment for mother and newly born		
Considers preoxygenation of patient		
Considers emergent transport to obstetrical department and Obstetrician		
<u>Delivers Newly Born</u>		
During contractions, urges patient to push		
Delivers and supports the emerging fetal presenting part if not the head		
Recognizes abnormal presentation that requires immediate care and transport (prolapsed cord, hand, foot, shoulder dystocia)		
Delivers legs and body if possible and continues to support fetus		
Delivers head If fetal head is not promptly delivered, inserts gloved fingers/hand to establish a space for breathing/relieve pressure on umbilical cord		
Assesses for and notes the presence of meconium		
Delivers the shoulders if not previously delivered		
Delivers the remainder of the body if not previously delivered		
Clamps and cuts umbilical cord		
Notes the time of birth		
Controls hemorrhage as necessary		
Reassesses mother's vital signs		
<u>Newborn Care – 30 seconds post delivery</u>		
Warm/dry newly born, stimulate, cover head, wrap newly born to preserve body temperature		
Clears airway if obvious obstruction to spontaneous breathing or requires PPV		
Wraps newborn in blanket or towels to prevent hypothermia		
If delivery is normal and both patients are stable, may place newborn on mother's abdomen/chest. If abnormal, clamp and cut umbilical cord, begin newly born care and maternal care		
<u>Newborn care – 30-60 seconds Post Delivery</u>		
If heart rate is less than 100, gasping or apneic: <ul style="list-style-type: none"> Provides PPV without supplemental oxygen Monitors SpO2 		
Determines 1 minute APGAR score		
<u>Newborn Care – 1 to 5 minutes Post Delivery</u>		
If heart rate is less than 100: <ul style="list-style-type: none"> Takes ventilation corrective steps and continues PPV with supplemental oxygen If heart rate is less than 60: <ul style="list-style-type: none"> Place Advanced Airway and EtCO2 		



GLOBAL EMERGENCY MEDICAL REGISTRY

• Ventilate at 20 bpm initially		
Begins chest compressions		
If heart rate remains less than 60 after chest compressions and PPV:		
• Administers epinephrine IO or IV		
Determines 5-minute APGAR score		
<u>Affective:</u>		
Color/Closed Wounds		

Critical Failure Criteria	
	Failure to use PPE
	Failure to adequately assess airway, breathing, circulatory status
	Performs assessment in a disorganized manner
	Failure to identify or appropriately manage an abnormal presentation
	Performs any dangerous activity during delivery (pulls on fetus, places fetus in a dangerous position, pulls on umbilical cord to deliver placenta, handles newborn inappropriately)
	Failure to provide appropriate newborn care (correct sequence and within recommended time limits)
	Failure to manage the patient as a competent provider
	Performs assessment inappropriately, resulting in missed life threatening condition
	Uses inappropriate affect with patient or examiner
	Uses or orders a dangerous or inappropriate intervention

NOTE: You must factually document any “incorrect” or critical failure criteria on back of this form