**Mock Labour & Delivery Scenario - Shoulder Dystocia**

**Pre-brief**

1. The purpose of this mock birth is to increase confidence and skill in a safe/non-judgemental learning environment. The focus is on learning- if you don’t know something, please ask. This is not a test!
2. The mock code will last for 20 minutes, followed by a 5 minute de-brief.
3. Please treat this as you would with a regular emergency- get the actual supplies you need, from wherever you keep them.
4. We will need a Primary Nurse and a secondary nurse, plus at least one more person to help out.
5. Remember to communicate with the patient, family and each other.
6. Provide the scenario…

*A 24 year old primagravida woman at 41 weeks + 2 days is being induced. She is 140cm tall and 84 kg with a BMI 42.9.*

*Progress from 8cm to full dilation was slow. You have been asked to assess her after 3.5 hours in the second stage of labour.*

*Your examination confirms a vertex presentation, LOA position with the head on the pelvic floor. Caput is present. Fetal surveillance is reassuring. The patient is exhausted. The OB recommends a vacuum extraction, which she readily accepts.*

*You are currently attempting the vacuum delivery…. T*he mock code starts now!

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| Next steps? | * The fetal head descends with the vacuum extraction attempts. * Upon the delivery of the head, you observe this… (show picture at the perineum with head retracting snugly) |
| Team communication | * **What is the problem?**   + Shoulder Dystocia (turtle neck sign) * What is the team's response?   + Initiate **ALARMER**   + ***Record time head is delivered and have someone watch the clock… you have 4 minutes to get this baby out.*** |
| Next steps? | * **A - Ask for Help** * **L - Legs Hyperflexed - Two nurses, initiate the McRobert's Maneuver**    + one on each side lift the mother's legs/knees toward her shoulders to hyperflex and abduct her hips * **A - Anterior Shoulder Disimpaction (supra-pubic pressure)**   + The OB communicates which side the nurse should apply the pressure in a CPR motion (directed from the side of the fetal back * **R - Rotation of the Posterior Shoulder (Woods Screw Manoeuver)**   + 2 fingers apply pressure to the anterior aspect of either shoulder to rotate it 180 degrees * **M - Manual Delivery of Posterior Arm**   + Locate ELBOW of the posterior arm and flex it so that the hand can be reached   + The hand is then brought across the fetal chest so that the arm can be delivered * **E - Episiotomy**   + This makes it easier for the operator to introduce a hand into the vagina   + Repeat L, A, R, M * **R - Roll onto all Fours**   + This may allow the fetal position to shift and disimpact the anterior shoulder   + If the anterior shoulder does not deliver, the above maneuvers are attempted from this position to rotate and deliver the posterior shoulder   **At 2 minutes 30 seconds, you assist the mother to all fours, the anterior shoulder releases and the infant is delivered - Note time of delivery** |
|  | **If the above maneuvers are not successful, consider:**   1. **Deliberate fracture of the clavicle** 2. **Symphysiotomy** 3. **Zavanelli Manoeuver**    * Reversing cardinal movements to replace the head in the pelvis and perform a c-section |
| ***When the infant is delivered, what do you want to know about the infant?***  ***Tone - flat***  ***Respiratory Effort - none***  ***Colour - centrally blue/pale*** | |
| What are your next steps? | * Initiate NRP at the infant warmer * Infant requires PPV for 1 minute and infant's HR rises above 100 bpm and begins to cry under the mask * Tone improves and infant is now centrally pink   Infant may go skin to skin with mother. |
| ***What do you want to know about the mother after delivery?***  ***Fundus - Firm 1 finger above U***  ***Flow - Moderate Rubra Flow***  ***Lacerations - Episiotomy - requires repair*** | |
| Next steps? | * + Assist OB with perineal repair |

**De-brief**

How did that go?

What went well and why?

What was the most challenging?

In what way is there room for improvement?

What do *we* need to do to adjust?

Was communication clear during the Mock Code?

Was it clear to everyone who had each role and their responsibilities during the code?

Did the team have everything they needed to run the code?

What resources are available to you for your continuing education needs?

**Equipment:**

Annie

Baby with umbilicus

Umbilical Cord & Placenta

4 Kelly Clamps

1 Scissor

1 Umbilical Clamp

Baby Towels/Blankets

4 Green Towels

Softball (baseball) for “fundus”

Fluid (Amniotic) Bag & tubing (a feeding tube bag)