

**Subject Matter/Content:** L&D Complications & Induction and Augmentation

**Recommended Week in Orientation:** 5

**Prep Work Prior to Class:**

Modality	Topics	Evaluation
POEP Module III <i>(labor complications slides excluding hemorrhage)</i>	Induction and Augmentation of Labor Labor dystocia Shoulder Dystocia Precipitous birth Assisted vaginal birth Cesarean birth VBAC	POEP Pre-test POEP Post-test
May consider recommending that learners review specific institutional standards prior to coming to class.		

**Educators Needed:**

- 1 OB educator
- 2 OB content experts to be utilized during the Induction/Aug & PP activities

**Materials Needed:**

- 2 Shoulder dystocia video clips
- Copies of Debrief Tool
- Lower body manikin/moveable baby to demonstrate shoulder dystocia
- Show & Tell – Vacuums (i.e., kiwi, cup, mighty vac), Forceps
- Pt report in SBAR format and induction orders printed out for each of the induction/Augmentation activity
- Low Fidelity/Resource:
  - Pictures of baby with injuries (as described below)
  - Pictures of moms with injuries (as described below)
- High Fidelity/Resource:
  - Pelvis or manikin to demonstrate 4<sup>th</sup> degree lac
    - May consider using a standardized patient with a manikin pelvis for this activity

- Pelvis with moulaged vaginal hematoma
- Baby doll with moulaged cephalohematoma
- Baby doll with 1 arm wrapped in swaddle to simulate brachial plexus injury
- Institution standards related to aforementioned topics available to learners at stations
  - Can either have a digital or printed resource available
- Equipment for learners to practice setting up oxytocin (IV pole, pump, tubing, LR bag, Pitocin bag, IV in manikin arm, protocol)
- Balloon catheter for induction
- Expired misoprostol from pharmacy or simulated misoprostol
- AV equipment to show digital videos

**Enhancements:**

- Midwife available for Nurse Assisted Delivery talk
  - Guest Facilitator(s)? → **Confirm speaker 1 week prior**
- A manikin with clear abdomen so learners can visualize the fetal position for shoulder dystocia activity
- Standardized patient available for PP skill stations (does not need to be content expert)

**Classroom Set-up:**

- Induction and Augmentation activity:
  - Stations: Oxytocin, misoprostol, balloon catheter, failed induction
- Postpartum Complications activity:
  - Station 1. Bed, fundal trainer with post-partum belly (fundus), moulaged 4th degree laceration. Newborn Baby doll in arms with cephalohematoma (moulaged)
  - Station 2. Mrs. Jones has a vaginal hematoma (moulaged) and newborn baby doll has broken collar bone and brachial plexus injury on assessment (limp arm and swaddled with one arm in)
  - **May use printed images of complications if low-resource**

**Implementation:**

Time	Learning Activity	Facilitator Actions	Learner Objectives/Outcomes
45 min	Nurse Assisted Delivery	<ul style="list-style-type: none"> <li>● This topic comes first for the L&amp;D/Antepartum orientees (PP will join the class later)</li> <li>● Facilitated conversation with learners about “what happens if a baby is delivering and you (the RN) have to deliver the baby without an LIP present?”</li> </ul>	<ul style="list-style-type: none"> <li>● Summarize nursing actions for a nurse assisted delivery to provide safe care for mother and newborn</li> </ul>

		<ul style="list-style-type: none"> <li>• Provide learners with information about how to activate the appropriate response within your institution</li> <li>• For a healthy, normal delivery, explain to the RNs how to prioritize nursing care for both mom and baby</li> </ul>	<ul style="list-style-type: none"> <li>• Explain how to activate the appropriate response to this type of delivery</li> </ul>
30 mins	Ice Breaker & Questions	<ul style="list-style-type: none"> <li>• Spend time answering any questions from the prep work that was done prior to class – this will help you identify where the sticking points are and focus your teaching for the day</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate understanding of content reviewed prior to class</li> <li>• Distinguish areas of study that require further clarification</li> <li>• Get to know each other!</li> </ul>
1 hour Track A	Induction and Augmentation <i>Activity and Protocol Review</i>	<ul style="list-style-type: none"> <li>• Put learners in equal sized groups</li> <li>• Learners will rotate through stations as a group                             <ul style="list-style-type: none"> <li>○ Provide learners with a patient SBAR and induction orders at each station</li> </ul> </li> <li>• Instruct learners to:                             <ol style="list-style-type: none"> <li>1) Identify related protocols</li> <li>2) Distinguish pertinent information from SBAR</li> <li>3) Identify how to proceed – vocalize a plan of care</li> <li>4) For Oxytocin station: Allow for practice to set-up oxytocin for infusion</li> </ol> </li> <li>• Allow the learners to come up with answers to #1-3 and then debrief the planning, rationale with learners and give constructive feedback</li> <li>• Facilitator may also play the role of a charge RN, LIP or other healthcare professional to help the learners make decisions for their plan of care</li> </ul>	<ul style="list-style-type: none"> <li>• Identify institutional standards that guide nursing practice around induction and augmentation of labor</li> <li>• Apply new knowledge related to induction and augmentation of labor</li> <li>• Collaborate with colleagues and educators to create a plan of care at each station</li> <li>• Demonstrate proper oxytocin set-up according to institution standards</li> </ul>
1 hour Track B	Postpartum Complications <i>Activity and Protocol Review</i>	<ul style="list-style-type: none"> <li>• Assure the set-up is complete for activity stations (see above)</li> <li>• Split the PP group between stations 1 and 2</li> <li>• Station 1: Pt newly PP after vacuum delivery. Mom has 4<sup>th</sup> degree laceration and very emotional. Baby has cephalohematoma. Instruct the learners to:                             <ul style="list-style-type: none"> <li>○ Identify the couplet’s “red flags”: Mom -- Risk for PTSD, infection, PFD, hemorrhage; Baby-- Pain, feeding difficulty (hypoglycemia), hyperbilirubinemia and brain injury; Couplet -- Delayed bonding</li> <li>○ Use therapeutic &amp; team communication; ask “what other team members should be involved in this couplet’s care?”</li> <li>○ Identify interventions for mom and baby as appropriate (ice, assessment of perineum and baby’s head, proper feeding position, verbalize checking for hyperbilirubinemia and glucose)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Identify institutional standards that guide apply to the patient’s at each station</li> <li>• Identify institutional resources at each stations (i.e. consult with pediatrician, social work, spiritual care, OB for PPD evaluation, etc.)</li> <li>• Apply new knowledge about how induction and augmentation of labor affects the maternal/newborn couplet through the PP period.</li> </ul>

		<ul style="list-style-type: none"> <li>• Station 2: Pt with a history of shoulder dystocia. She has a hematoma and baby has broken collar bone and brachial plexus injury on assessment. Instruct the learners to:             <ul style="list-style-type: none"> <li>○ Identify the couplet’s “red flags”: Mom– risk for PTSD, hemorrhage, pain; Baby-- pain, feeding difficulty, hypoglycemia; Couplet-- Delayed bonding</li> <li>○ Use therapeutic &amp; team communication; ask “what other team members should be involved in this couplet’s care?”</li> <li>○ Identify interventions for mom and baby as appropriate (ice, assessment of perineum and baby’s motor function and comfort, verbalize checking glucose)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Collaborate with colleagues and educators to create a plan of care at each station</li> <li>• Demonstrate therapeutic communication with standardized patient</li> </ul>
1 hour Track A	Shoulder Dystocia  <i>Learners: L&amp;D/LDRP/AP</i>	<ul style="list-style-type: none"> <li>• Demonstrate the underlying mechanism of shoulder dystocia as well as the maneuvers to relieve the condition</li> <li>• Play Shoulder Dystocia (Poorly Managed)             <ul style="list-style-type: none"> <li>○ Debrief using institutional standard – Debrief tool and job aid available if non established</li> </ul> </li> <li>• Play Shoulder Dystocia (Well Managed)             <ul style="list-style-type: none"> <li>○ Debrief using institutional standard</li> </ul> </li> <li>• Role-play a dystocia with facilitator in the OB/GYN role. Follow institutional standard while working through the emergency response</li> </ul>	<ul style="list-style-type: none"> <li>• Discuss RN role when a shoulder dystocia occurs</li> <li>• Debrief the simulated shoulder dystocia presentations</li> <li>• Relate experience(s) from shoulder dystocia debrief to institution specific standards</li> <li>• Demonstrate understanding of how to react during a shoulder dystocia through Role Play</li> </ul>
1 hour Track B	Shoulder Dystocia  <i>Learners: PP/LDRP</i>	<ul style="list-style-type: none"> <li>• Observational during demonstration</li> <li>• Watch Dystocia videos along with Track A group</li> <li>• While Track A is debriefing the videos, the Track B facilitator will lead a discussion: “How do you think the family felt? Do you think they knew this was an emergency? What did you think of the communication between the HCPs? What support will this family need during their postpartum experience?, etc)</li> <li>• Mix with Track A for debrief role-play. Track B learners play the family member role</li> </ul>	<ul style="list-style-type: none"> <li>• Reflect on the patient experience in a shoulder dystocia through role-play and debriefing</li> <li>• Develop a plan around supporting postpartum families who have experienced a shoulder dystocia</li> </ul>
30 mins	Questions & Evaluations	<ul style="list-style-type: none"> <li>• Take time at the end of the class to answer any lingering questions and explain any after-class work</li> <li>• Encourage the learners to complete their class evaluations</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

**Evaluation:**

- POEP Pre/Post Tests
- Demonstrate critical thinking, care planning, team collaboration, and communication skills through mini-scenarios

**Post-Class Assignment:**

1. Go to online group (Wellspot, Sharepoint, etc)
2. Participate in online discussion: “What things will I do to support my patient/couplet who has experienced a dystocia?”

**Supplemental Activities:**

- Participate in any interdisciplinary shoulder dystocia simulations occurring at your institution
- We will be creating case studies related to this material that are optional and can be done alone or with preceptor or with others in cohort