



Washington
State
Hospital
Association

Hands - On Workshop September 4, 2014

Advancing Patient Safety in Maternity Care:
A Roadmap from Prenatal to Postpartum



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Presented at Washington State Hospital Association Safe Table, Sept. 4, 2014

Exercise

- Purpose: to practice using the Labor Management Bundle algorithms, checklists, and other tools (e.g. labor curve) in a simulated environment.
- Instructions:
 - Use the tools as we walk you through a clinical scenario
 - Required
 - Appropriate checklist and algorithm
 - Labor curve
 - Optional
 - Implementation guide
 - Obstetric definitions
 - FAQs



31 yo G1P0 at 40 weeks presents to L & D with c/o contractions “that really hurt every 5-10 minutes”. She is GBS-negative with no other significant comorbidities.



Exam

- Self-report of pain is 6/10 but is walking/talking through the contractions. Patient expresses desire for anesthesia for pain “as soon as possible”
- Fetal monitor on for 30” reveals Category I (reassuring) fetal heart tracing and contractions q 6-8” that palpate mild-moderate with soft uterine resting tone. Good fetal movement felt/reported
- Cervical exam is 2 cm/50% effaced/-3 station, soft & mid-posterior. Exam virtually unchanged from provider’s in clinic yesterday where baby was vertex on ultrasound also
- No evidence of ruptured membranes. Slight bit of pink-tinged mucus on exam



Table Discussion



Decision

Patient is admitted with increasingly painful contractions and CE of 4/90%/-2/soft /mid (either went home and came back with this exam or stayed under observation & on re-check had progressed)

EFM: Category I



Exam

- The patient's bag of waters is still intact. She is contracting every 3-5 minutes lasting 60-80 seconds, palpating moderate and rates her pain 6/10. She still wants an epidural but is willing to try walking a bit
- 2 hours later the patient is re-checked and she is 4/100%/-1. The decision is made to AROM and the fluid is clear. She requests and receives an epidural just prior to AROM. FHR is Category I

F/U

- She rests and wakes up a few hours later reporting “some pressure in my back”. She is checked and found to be 6/100%/-1 and the examiner feels the baby may be OP. FHR is still category 1
- 2 hours later, the cervix is found to be relatively unchanged so oxytocin augmentation is ordered and IUPC is placed. The RN positions the patient from side-to-side to try to optimize fetal rotation & cervical dilation. The patient and family express concerns that the labor is too long and “the baby won’t come out without a c/section”. The RN is also hearing some rumblings among the team

Table Discussion



Decision

Based on Spontaneous Labor Algorithm, patient continues to labor with oxytocin augmentation.



Exam

- Labor progress is 1cm every hour until she is 10cm the vertex is at a 0 station
- OB provider requests the patient starts pushing right away
- RN suggests period of laboring down
- FHR is category 2 [moderate variability, intermittent variable decelerations]
- Contractions every 2-3 mins, MVU 190mm/HG. Oxytocin remains at 16mU/min
- Temp is 37.8C



Table Discussion



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Decision

Based on Spontaneous Labor Algorithm, patient continues to labor. Oxytocin was decreased slightly, FHR now Category II with very rare variables noted & moderate variability



Exam

- The patient labored down for 2 hours and now has the urge to push, fetal station is +1
- She begins active pushing and after 1 hour of pushing the head is at a +2 station; Category II, moderate variability, rare variable decelerations. Oxytocin at 14 mU/min



Table Discussion



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Decision

The OB provider discusses slow descent with the Patient - plan of care to push one more hour if no progress will proceed to C-section



Exam and Outcome

- One hour later she is examined, vtx is LOA at +3 station and she is exhausted. FHR is unchanged. The OB provider consents the patient for an operative vaginal delivery.
- She delivers a male, 8lbs 4oz with a second degree laceration. Apgars 8/9

