Perinatal: A Difficult Delivery
Welcome to the 2010 National SUN Meeting!

Perinatal: A Difficult Delivery - A Simulation Experience

CYNTHIA SHUM

Agenda

- Review OB Simulation
- Review Shoulder Dystocia
- Practice with the PROMPT to simulate deliveries
- Practice with the PROMPT in a hybridized simulation
- Practice a “Full” OB simulation; including PROMPT, Sim NewB, and Nursing Anne
Simulation

- Simulation has roots in prehistoric times, when it facilitated acquisition of hunting skills and prepared people for tribal games or warfare.

- The airline industry is known for incorporating simulation techniques into training programs for pilots and flight crews. The first airplane simulator was built in 1910, after the first fatal airplane crash in 1908.

OB Simulation

- Perinatal teams can practice handling emergencies without endangering patients or risking litigation
- Hospitals and insurers are taking notice
- (Robert Gherman, MD, Andrew Satin, MD, Roxane Gardner, MD, MPH)
OB Simulation

- Obstetric simulators designed to illustrate the process of childbirth and teach midwives how to manage complications have been dated to the 1600s

Challenges in Obstetrics

- Obstetric emergencies are “rare” events.
- Medico-legal climate limits ability for “hands-on” learning, especially during obstetric emergencies.
- Two patients in one (literally)
- Quickly changing census/acuity requires team to adapt quickly to become a high acuity/ED-like team when emergencies do occur.
- Multi-disciplinary Labor and Delivery team requires increased need for team communication and coordination.
Why We Do the Things We Do

- Normalization of deviance
- Lack of practice
  - Clinician
  - Team
  - System
- That never happens!

Shoulder Dystocia

- Obstetric brachial plexus injury (OBPI) is a serious neonatal complication of shoulder dystocia which may be associated with excessive traction applied during delivery.

- In recognition of this, the Limbs & Things Force Monitoring System has been developed to create a better awareness amongst obstetric medical staff and trainees of the forces applied to the baby during delivery.
Academic Evidence

- Draycott et al (O&G 2008)
  - 50% reduction in Hypoxic Brain Injury
  - 70% reduction in Shoulder Dystocia Injury

- MacKenzie et al (O&G 2007)
  - Reported an increase in Shoulder Dystocia, Brachial Plexus Injury & Neonatal Asphyxia
Reference Articles

- The active components of effective training in obstetric emergencies (D Siassakos, a JF Crofts, b C Winter, c CP Weiner, d TJ Draycott) May, 2009
- Management of Shoulder Dystocia Skill Retention 6 and 12 Months After Training (Joanna F. Crofts, BMBS, Christine Bartlett, RM, Denise Ellis, RM, Linda P. Hunt, PhD, Robert Fox, MB, and Timothy J. Draycott, MD) Nov., 2007
- Improving Neonatal Outcome Through Practical Shoulder Dystocia Training (Timothy J. Draycott, MD, Joanna F. Crofts, BMBS, Jonathan P. Ash, MBBS, Louise V. Wilson, MBChB, Elaine Yard, RM, Thabani Sibanda, MSc, and Andrew Whitelaw, MD) July, 2008
- How simulation can train, and refresh, physicians for critical OB events (Robert Gherman, MD, Andrew Satin, MD, Roxane Gardner, MD, MPH) Sept., 2008

Next Steps

- Practice....
- Set realistic goals
- Develop an action plan
- Faculty enrichment/Continuing Education/Staff Development
- Budget for formal training
  - Time: Hands-on time with Simulator
  - Financially: Custom training with Simulation Experts
- Networking
- Set time lines and realistic goals
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