Cesarean Cord Prolapse

Rating Levels:
1 – Team meets all criteria
2 – Team meets criteria with minimal prompting
3 – Team requires retraining to meet criteria

Rating Team Competency Criteria:

OVERVIEW
The care team will:

*1) Listen to the initial **scenario** presented by the group facilitator*
*2) Hold a **briefing** session to discuss risk factors and roles after the facilitator presents the initial case (limit to five minutes)*
*3) Simulate patient care management (**teamwork in action**). The facilitator intervenes as little as possible. (limit to 30 minutes)*
*4) Participate in a structured **debriefing** lead by the facilitator. (approximately one hour)*

Videotape to playback sections during debriefing if possible.

INITIAL SCENARIO
"A 36 year old G4P30003 woman at 33 weeks one day by 12 week ultrasound with diet controlled gestational diabetes, sporadic prenatal care and polyhydramnios on a 32 week ultrasound comes to OB triage with contractions every three to five minutes for two hours. Membranes are intact. Fetal fibronectin, Gonorrhea/Chlamydia, wet mount and Group B strep are sent to the lab. Urine toxicology is sent to the lab. Urine analysis is negative for protein, glucose, nitrates and leukocytes. Cervical exam is 1 to 2 cm/75/-3. Fetal heart rate is category one with moderate variability and a baseline of 130 beats per minute. Blood sugar is 101."

"Review complications associated with polyhydramnios."

_____ **Brief: Potential complications of polyhydramnios reviewed**
- ☐ Cord prolapse
- ☐ Malpresentation
- ☐ Preterm labor/premature onset of contractions
- ☐ Respiratory depression

"Review the risk factors for umbilical cord prolapse."

_____ **Brief: Risk factors reviewed**
- ☐ Polyhydramnios

- ☐ Malpresentation
  - 0.4 percent cephalic
  - 0.5 percent frank breech
  - 4 percent complete breech
  - 15 to18 percent footling breech
- ☐ Prematurity
- ☐ Birthweight less than 2500g
- ☐ Multiple gestation (especially second twin)
- ☐ Rupture of membranes (artificial or spontaneous) prior to engagement
- ☐ Multiparity
- ☐ Fetal anomalies
- ☐ Premature rupture of membranes

"*Name some actions you will take to prepare for a prolapse cord."*

_____ **Brief: Team Preparation**

- ☐ Who is on core team? Ensures adequate staffing for delivery (whenever feasible, have two nurses present for delivery)
- ☐ All members understand and agree upon goals?
- ☐ Roles and responsibilities understood?
- ☐ Plan of care?
  - ☐ Ultrasound to verify presentation at admission if not clear from exam
  - ☐ Activate emergency cesarean team
  - ☐ Provider discovering cord elevates presenting part until cesarean done
  - ☐ Terbutaline 0.25mg available for subcutaneous (SQ) injection
  - ☐ Trendellenberg or knee chest position
  - ☐ Foley to fill bladder with sterile normal saline can be used to elevate presenting part
- ☐ Staff availability?
- ☐ Workload?
- ☐ Available resources?

"What other risk factors for complications does this patient have?"

_____ **Brief: Identifies Other Risk Factors**

- ☐ Breech presentation
- ☐ Prematurity
- ☐ Polyhydramnios
- ☐ High presenting part
- ☐ Long cord
- ☐ Occult cord position

On bedside ultrasound presentation is confirmed as vertex. The patient's contractions become more intense before the fetal fibronectin is back. On recheck, her cervix is now 5 cm. She is admitted. Soon after, you are called to her room because her water broke. You note clear fluid leaking. The fetal heart rate drops to 70 beats per minute. Upon vaginal exam, you discover a prolapsed cord. Describe what you do now."

Facilitator now observes the team in action to evaluate their performance.

Throw in challenges: significant other passes out or objects to needed intervention, medicines missing, equipment failures, language barrier, lack of prenatal record, electronic medical records down…

_____ **Teamwork in action: Call for cesarean and move to operating room**

- ☐ Primary caregiver prioritizes at the patient level (requests immediate help; stays with the patient, communicates emergent situation and the plan of care with patient and family while providing care)
- ☐ Primary caregiver provides bedside interventions
  - Elevate the presenting part off of the prolapsed cord if transfer required or delivery delayed (avoid handling of the cord as this can cause vasospasm).
  - Consider filling bladder with 500 to 700 ml saline
  - Trendelenburg or hands and knees position
  - Consider terbutaline 0.25mg SQ to stop contractions
- ☐ Primary caregiver delegates tasks to assistants who respond
- ☐ Assistant initiates emergency c-section notification process (insert your facility's emergency notification process here):
  _____
  _____
  _____
  _____

_____ **Teamwork in action: Cesarean**

- ☐ Demonstrates knowledge of equipment (Unplugs bed, uses IV pole on the bed, places bed in mid-high position, and disconnects cables)
- ☐ Moves patient to the operating room and transfers safely to the table
- ☐ Places right-hip roll to displace the uterus
- ☐ Places safety straps
- ☐ Maintains supplemental oxygen
- ☐ Resumes fetal monitoring
- ☐ Establishes patent IV's
- ☐ Administers volume expanders as ordered
- ☐ Inserts foley catheter
- ☐ Places grounding pad, connects to the cautery machine, and establish the cutting/cautery settings (insert facility protocol here):_____
  _____
  _____
- ☐ Covers patient with warm blankets, leaving abdominal area open
- ☐ Opens sterile supplies needed for surgery
- ☐ Performs abdominal prep (insert facility protocol here):_____
  _____
  _____
- ☐ Performs surgical count if possible (if not possible, follow facility policy when beginning count was not performed):_____
  _____
  _____

_____ **Teamwork in action: Neonatal resuscitation (optional)**

- ☐ See neonatal resuscitation drill if included

_____ **Teamwork in action teamwork: Primary tools**

- ☐ **Huddle** (for critical issues and emerging events)
- ☐ **Situation Monitoring**: STEP (Status of patient; Team members; Environment; Progress towards goal)
- ☐ **Shared Mental Model**
- ☐ **SBAR** (Situation; Background; Assessment; Recommendation)
- ☐ **Check back** (closed loop communication)

_____ **Teamwork in action teamwork: Other tools:**

- ☐ Cross monitoring (monitoring actions of other team members)
- ☐ Feedback (Timely; Respectful; Specific; Directed toward improvement; Considerate)
- ☐ Advocacy and assertion (Advocate for patient; Assert corrective action in firm and respectful manner)
- ☐ Two-challenge rule for informational conflict; Anyone can "stop the line" after concern voiced twice
- ☐ CUS (I'm Concerned; I'm Uncomfortable; This is a Safety issue)
- ☐ DESC script for personal conflict (Describe; Express; Suggest; Consequences)
- ☐ I'M SAFE checklist (Illness; Medication; Stress; Alcohol and Drugs; Fatigue; Eating and elimination)
- ☐ Collaboration (Win/win; commitment to common mission)
- ☐ Call out (for critical information)

"Your patient is delivered and the neonate is stable. What complications will you assess for in the mother and infant?"

_____ **Teamwork in action content: Assesses Possible Maternal Complications**

- ☐ Vital signs; ABCs
- ☐ Surgical complications
- ☐ Increased risk DVT
  - SCDs and/or TED hose
- ☐ Postpartum hemorrhage
- ☐ Emotional implications of emergency
  - Review what happened and answer questions

_____ **Teamwork in action content: Assesses Possible Neonatal Complications**

- ☐ Prematurity
- ☐ Low blood sugars
- ☐ Hypoxic brain injury (Obtains cord blood gases)
- ☐ Death

"When and how will you discuss the emergency with the family?"

_____ **Discusses effective communication with patient and family members**

"Tell me about what you will document and what forms are needed in your facility for adequate documentation (including applicable policies). Can you share suggestions in your team for capturing events/times for documentation during an emergency cesarean delivery?"

_____ **Discusses adequate documentation**

"Is there a plan in your facility to debrief emergency situations? What can be learned and/or gained from debriefing session?"

_____ **Debriefing**

- ☐ What went well and why?
- ☐ What could have gone better and why?
- ☐ What would you do different next time?
- ☐ Communication clear?
- ☐ Roles and responsibilities understood?
- ☐ Situation awareness maintained?
- ☐ Workload distribution?
- ☐ Did we ask for or offer assistance?
- ☐ Were errors made or avoided?
- ☐ Did our team have a shared and understood plan of care?

Facilitator now discusses team performance during the drill, reviewing points of success and recommendations for improvement.

Date: _____

Observer: _____ Title: _____

Participants:

_____ _____
_____ _____
_____ _____

Summary of Training:

Competency Validated (circle one) YES NO
If no, discuss the areas of concern and repeat the scenario and document below

Competency Validated following remediation YES NO
If no, unit leaders must be informed so re-education and training can be addressed