



## Cesarean Section - Placenta Previa

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### 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:

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### 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 37 year old, gravida 8 para 6016 at 30 weeks by LMP consistent with 18 week ultrasound presents as an outpatient with a report of vaginal bleeding. After examining the patient, you find she has saturated a pad in the last hour. She denies pain, contractions, and leaking fluid. She denies having recent intercourse. The fetus has a baseline FHR of 140 with moderate variability. No decelerations are noted. You learn that her OB history includes one cesarean section for breech presentation. Her prenatal chart is not available.*

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*“Review the differential diagnosis for second and third trimester bleeding.”*

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#### Brief: Differential Reviewed

- ☐ Placenta previa
  - ☐ Placental abruption
  - ☐ Cervical change/preterm labor
  - ☐ Other: cervicitis, trauma from recent sexual activity or exam, UTI, cervical polyp, cervical dysplasia
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*“Review the risk factors for placenta previa.”*

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#### Brief: Identifies Risk Factors

- ☐ Previous cesarean delivery
- ☐ Previous uterine instrumentation

- ☐ High parity
  - ☐ Advanced maternal age
  - ☐ Smoking
  - ☐ Multiple gestation
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*"Name some actions you will take to prepare for a hemorrhage from a placenta previa."*

\_\_\_\_\_ **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?
  - ☐ Staff availability?
  - ☐ Workload?
  - ☐ Available resources?
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*"What actions would you take to assess the patient who presents with third trimester bleeding?"*

\_\_\_\_\_ **Teamwork in action: Performs additional testing**

- ☐ Performs gentle speculum exam
  - ☐ DEFERS digital examination
  - ☐ Orders ultrasound for confirmation
  - ☐ Orders lab work for significant bleeding (CBC, ABO, Rh, coags, type & cross)
  - ☐ Monitors maternal hemodynamic status
  - ☐ Monitors fetal status
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"Ultrasound results showed a complete placenta previa, and lab results included a hematocrit of 32, platelets of 255. Coagulation studies were all within normal limits. Her blood type is A negative. In the last four hours, the patient has showed irregular uterine contractions and bleeding has stopped. FHR is reassuring, and maternal vital signs are stable. The patient lives 45 minutes away from a hospital."

\_\_\_\_\_ **Teamwork in action: Continues treatment**

- ☐ Administers corticosteroids
  - ☐ Administers RhoGam
  - ☐ Discusses outpatient vs inpatient management
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*"You have decided to admit the patient to observe for further bleeding episodes. Your hospital has a neonatal intensive care unit and 7/24 onsite obstetrical surgeons and anesthesia providers. What actions will you take to adequately prepare for the possibility of an emergency c-section if it is necessary?"*

\_\_\_\_\_ **Teamwork in action: Prepares adequately**

- ☐ Establish IV access with at least 18 gauge size
- ☐ Ensure patient ID band and allergy band, if applicable, are applied
- ☐ Verbalizes the importance of maintaining an uncluttered area to allow for rapid exit from the patient room

- ☐ Verbalizes the importance of keeping IV lines, monitor cables, etc. from being intertwined so rapid transfer can occur without losing time or losing IV access

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*“Several hours later, the patient calls with a report of bleeding again. Blood has pooled onto her chux underpad and bed sheets that you estimate to be about one liter. You obtain vital signs which show blood pressure 130/80 and a heart rate of 130. FHR is 160. What will you do next?”*

*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...*

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**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
  - Positioning
  - Oxygen
  - IV fluid bolus
  - Type and cross (should be done sooner when patient arrives with bleeding)
- ☐ Primary caregiver delegates tasks to assistants who respond
  - Additional IV access
  - Notify Blood Bank to have 4 units PRBC's brought to OR
- ☐ Assistant initiates emergency cesarean notification process (insert your facility's emergency notification process here):

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**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 and maintains patent IV's
- ☐ Administers volume expanders as ordered
- ☐ Inserts a 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 – core 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 appropriate 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)
- ☐ 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)
- ☐ Handoff

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

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**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

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**Teamwork in action content: assesses possible neonatal complications**

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

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*“When and how will you discuss the emergency with the family?”*

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

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*“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 within your team for capturing events/times for documentation during an emergency c-section?”*

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**Discusses adequate documentation**

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

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**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?

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*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