BLSO
Basic Life Support in Obstetrics

# Instructor Scenario Sheet

## Group Testing: Hypertension-Eclampsia

Team Leader Name: ______________________________________________

**Instructor reads scenario introduction:** “A 21-year-old Gravida 1 Para 0 at 39 5/7 weeks’ estimated gestational age was admitted to the labor and delivery department in active labor 4 hours ago. One hour ago you performed a cervical exam after a spontaneous rupture of membranes (SROM) and noted a dilation of 8cm. There have been a couple of systolic blood pressure (BP) measurements of approximately 150 mm Hg, which have been attributed to pain. The patient now reports having a severe headache. Hold a 1-minute team brief to prepare for this situation.”

**1. Team leader facilitates team brief (1 minute: Review of written materials acceptable, such as mnemonic card or poster).**

**After team brief, Instructor adds:** “You are called to the room because the pregnant person suddenly became unresponsive and is reportedly shaking. What do you do?”

**2. Safe Performance and Team Communication checklist (7 minutes maximum: No written materials permitted)**

| Leader/team should verbalize: | After leader/team verbalizes, instructor says: | Expected safety behaviors:<br>*Please adjust behavior expectations according to audience skill level and potential of location, i.e., ambulance, hospital, etc. |
|---|---|---|
| Help Requested | • What additional personnel do you need? | Calls for:<br>☐ Extra nurses<br>☐ Newborn resuscitation team<br>☐ Obstetric backup<br>☐ Anesthesia |
| Protect and Monitor the Patient | • What else would you do?<br>Assess fetus (fetal heart rate is 140 BPM)<br>Determine type of seizure and assess history of epilepsy | ☐ Protects airway<br>☐ Places woman in rescue position on left side to drain secretions<br>☐ Suctions secretions<br>☐ Administers oxygen<br>☐ Positions padded side rails<br>☐ Assesses length of seizure<br>☐ Obtains frequent vital signs<br>☐ Obtains intravenous (IV) access<br>☐ Obtains STAT laboratory tests |
| Administer Drugs | • What drug do you order initially?<br>• The BP is now 170/110 mm Hg. Now what do you do initially?<br>• After remeasuring BP, the BP level is 176/112 mm Hg. Now what do you do?<br>• Alterative drug if needed prior to intravenous access | ☐ Administers magnesium sulfate 6 g bolus IV over 10 minutes, then maintenance rate of 2 g/hour<br>☐ Remeasures BP to confirm severe range<br>☐ Administer antihypertensives<br>☐ Administer initial dose of labetalol 20 mg IV, initial dose of hydralazine is 5 mg IV (learner may verbalize repeated drugs [not required])<br>☐ Administer immediate release or nifedipine 10 to 20 mg orally |

| Delivery Plans | • What information is needed to make delivery plans?<br><br>• Does the patient need a cesarean delivery right now?<br><br>• Patient has another seizure. Now what do you do? | ☐ Assess for dilation after seizure<br><br>☐ No. Cesarean delivery is reserved for usual obstetric reasons or inability to resolve recurrent seizures. Are there adequate contractions? Augment labor with oxytocin if needed<br><br>☐ With second seizure, re-bolus with magnesium sulfate 2 g IV |
|---|---|---|

**Closed-loop communication was successfully performed by the team on all interventions/orders:**

☐ Yes

☐ No

**Case conclusion:** “Patient does not have any additional seizures after the second bolus of magnesium sulfate. The patient progresses to a vaginal delivery of an infant with Apgar scores of 7 and 9.”

**3. Team leader facilitates an effective team debrief (2 minutes maximum)**

- What went well?
- What did not go well?
- What could we do differently next time?

**Instructor evaluates team for safety and use of expected behaviors:**

☐ Passed

☐ Needs remediation

X ______________________

Instructor Signature

X ______________________

Instructor Printed Name

X ______________________

Date

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# Instructor Scenario Sheet

## Group Testing: Malpresentations-Emergency Vaginal Breech

Assigned Team Leader Name: ____________________________________________

**Instructor reads scenario introduction:** "You are transporting a 34-yr-old patient with complaints of leaking fluid 2 hours ago and is having intense contractions every 2-3 minutes. The patient reports this is their 6th pregnancy. The previous 5 were all uncomplicated, vaginal deliveries. En route to the hospital, the patient feels the need to push. Upon visual examination, you find that the presenting part is the buttocks. What do you do next?"

**1. Team leader facilitates team brief (1 minute: Review of written materials acceptable, such as mnemonic card or poster).**

**After team brief, Instructor adds:** "The patient begins to bear down with the next contraction. What do you do now?"

**2. Safe Performance and Team Communication checklist (7 minutes maximum: No written materials permitted)**

| Leader/team should verbalize: | After leader/team verbalizes, instructor says: | Expected safety behaviors: |
|---|---|---|
| **C**heck for:<br>• Full dilation<br>• Fetal presentation<br>• Cord prolapse | • Fetus is in breech presentation with palpable buttocks<br>• Patient is fully dilated<br>• Neither umbilical cord nor feet are palpated<br><br>• You arrive at the hospital and assist getting the patient transferred to the ED | ☐ Counsels patient about options<br>☐ Checks fetal heart rate (FHR) status<br>☐ Obtains intravenous (IV) access<br>☐ Notify receiving hospital and prep OR if there appears to be adequate time |
| **A**sk for Help<br>**A**wait Umbilicus<br>Maintain Sacrum **Anterior** | • You have no anesthesia, OR nurse, or scrub technician<br>• Buttocks are slowly rumping and you visualize the umbilicus<br>• Traction is not applied<br>• Position is sacrum anterior<br>• FHR baseline 140 BPM with variables to 90 BPM for 20 seconds with pushing | Calls for:<br>☐ Extra nurses<br>☐ Newborn resuscitation (in place of neo-natal) team<br>☐ Anesthesia with IV nitroglycerin available<br>☐ Surgical backup personnel |
| **R**otate for Arms if needed | • Arms are not delivering. How do you deliver when there are nuchal arms? | ☐ Demonstrate rotational maneuvers<br>☐ Delivers arms (sweep across face) |
| **E**nter for Mauriceau-Smellie-Veit Maneuver (MSV) | • How do you know it's time to deliver head?<br>• What if your hand cannot fit inside the birth canal? | ☐ Verbalize nape of neck observed prior to enter maneuver<br>☐ Allow infant to dangle 20 to 30 seconds if nape not seen<br>☐ Consider episiotomy (usually not needed) |

| **F**lex Head | • Where are your hands positioned?<br>• Hand on occiput/hand on maxilla<br>• What if head becomes entrapped?<br>• Assess if barrier is cervix not fully dilated or pelvic bones | ☐ Team member applies suprapubic pressure if asked<br>☐ Team member offers to elevate infant's trunk with blanket sling<br>If head entrapment:<br>☐ Cervical entrapment<br>• Nitroglycerin or cervical incisions<br>☐ Pelvic bone entrapment<br>• Piper forceps (may describe heroic maneuvers of symphysiotomy or abdominal rescue [cesarean delivery after breech, Zavanelli maneuver]) |
|---|---|---|
| (Back) **U**p (Sacrum Anterior) | • Breech infants typically present and deliver sacrum anterior. If not sacrum anterior when delivered to umbilicus, what would you do? | ☐ Hands on bony pelvis for delivery after umbilicus, and if needed to rotate to sacrum anterior<br>☐ Position of sacrum should be observed throughout delivery and rotation accomplished before delivery of arms<br>☐ Maintain sacrum anterior |
| **L**ift Baby Onto Abdomen | • What kind of resuscitative measures might be performed for a breech delivery? | ☐ Allow delayed cord clamping if appropriate<br>☐ Acknowledge high increased likelihood of low Apgar scores and need for resuscitative efforts<br>☐ Team assists with resuscitation if needed |

**Closed-loop communication was successfully performed by the team on all interventions/orders:**

☐ Yes

☐ No

**Case conclusion:** "The newborn delivers vaginally and is dried, stimulated, and suctioned. The newborn initially has decreased tone, heart rate of 80 BPM, and apnea; however, this rapidly resolves with a brief period of positive pressure ventilation and the newborn is placed on the patient's chest."

**3. Team leader facilitates an effective team debrief (2 minutes maximum)**

- What went well?
- What did not go well?
- What could we do differently next time?

**Instructor evaluates team for safety and use of expected behaviors:**

☐ Passed

☐ Needs remediation

______________________________
(Instructor Signature)

______________________________
(Instructor Printed Name)

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(Date)

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# Instructor Scenario Sheet
## Group Testing: Normal Labor & Initial Assessment

Team Leader Name: ______________________________

**Instructor reads scenario introduction:** "You are transporting a 26-year-old G2P1. The pregnant person reports their due date was yesterday and clear fluid leaking for the past 6 hours. Contractions started at that time and have been more regular and stronger for the past 2 hours. The patient reports a previous normal vaginal delivery with no complications with either pregnancy."

**1. Team leader facilitates team brief (1 minute: Review of written materials acceptable, such as mnemonic card or poster).**

**After team brief, Instructor adds:** "En route to the nearest hospital, the pregnant person says "the baby is coming". What do you do?"

**2. Safe Performance and Team Communication checklist (7 minutes maximum: No written materials permitted)**

| Leader/team should verbalize: | After leader/team verbalizes, instructor says: | Expected safety behaviors: |
|---|---|---|
| Complete Maternal and Fetal Assessment | • Pregnant person's vital signs are stable: BP: 118/77, P: 88, R: 16<br>• FHR is approximately 150 bpm with no decels noted<br>• Contractions are strong to palpation and every 3 minutes, lasting 70 seconds<br>• Presenting part is not visible at perineum at rest, however with the next contraction you see the head is crowning. | ☐ Vital signs<br>☐ Abdominal measurement and palpation<br>☐ Doppler for FHR<br>☐ Check cervix and/or visualize for presenting part<br>☐ Initiate IV access |
| Prepare for Delivery | • What would you do?<br>• Infant delivers and is crying, pink, and vigorous. Now what? | ☐ Assist with maternal positioning<br>☐ Monitor FHR every 5-15 min between contractions, if able<br>☐ Assist with delivery of head<br>☐ Reduce nuchal cord if present<br>☐ Assist with delivery of shoulders (down then up after anterior shoulder if patient is on back) |

| | | |
|---|---|---|
| Newborn Care/Prepare for 3rd Stage of Labor | • Placenta has not yet delivered, what can you do to decrease the risk of PPH? | ☐ Delay cord clamping<br>☐ Clamp cord x2, 2-4cm from infant, cut between clamps<br>☐ Dry, warm, and stimulate infant<br>☐ Encourage skin to skin contact under blankets on maternal abdomen/chest<br>☐ Encourage breastfeeding<br>☐ AMTSL:<br>• Administer oxytocin 10 U IM or 10-40 U at 250mL/hr IV<br>• Transabdominal massage-Brandt-Andrews Maneuver |
| Prepare for Delivery of Placenta | • The placenta delivers within 10 minutes and appears to be intact. Now what? | ☐ Start uterine massage<br>☐ Assess if bleeding is a concern<br>☐ Apply pressure to any bleeding lacerations |

**Closed-loop communication was successfully performed by the team on all interventions/orders:**

☐ Yes

☐ No

**Case conclusion:** "You arrive to the hospital and transfer care of stable patient and breastfeeding infant."

**3. Team leader facilitates an effective team debrief (2 minutes maximum)**

- What went well?
- What did not go well?
- What could we do differently next time?

**Instructor evaluates team for safety and use of expected behaviors:**

☐ Passed

☐ Needs remediation

___________________________________

(Instructor Signature)

_______________________________

(Instructor Printed Name)

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(Date)

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# Instructor Scenario Sheet

## Group Testing: Postpartum Hemorrhage

Team Leader Name: ____________________________________________

**Instructor reads scenario introduction:** "You are transporting a 16-year-old primigravida who delivered a term, 9lb infant just as you arrived. The placenta has not yet delivered. What can be done to prevent a postpartum hemorrhage? Hold a 1-minute team huddle to discuss how to prepare."

**1. Team leader facilitates team brief (1 minute: Review of written materials acceptable, such as mnemonic card or poster)**

**2. Safe Performance and Team Communication checklist (7 minutes maximum: No written materials permitted)**

| Leader/team should verbalize: | After leader/team verbalizes, Instructor says: | Expected safety behaviors: |
|---|---|---|
| Active Management of the Third Stage of Labor (AMTSL) | | ☐ Performs all aspects of AMTSL:<br>☐ Administer oxytocin 10 U intramuscularly (IM) or intravenous (IV) equivalent<br>☐ Hold gentle traction on cord<br>☐ Delay cord clamping if infant does not need immediate assistance<br>☐ Perform transabdominal massage following delivery of the placenta |
| | • Delivery of placenta is followed by a large amount of bleeding<br>• What do you do now? | ☐ Performs bimanual uterine massage while directing team to perform CAB (circulation, airway, breathing)<br>☐ Obtains IV access with 2 large-bore IVs<br>☐ Begins quantitative blood loss by assessing volume in the under-buttocks drape and/or requesting serial weight measurement of blood-stained pads, gauze, laps, etc. |

| | | |
|---|---|---|
| Initiation of the Four Ts<br>**T**one<br><br>*Note: The group can be tested on institution-specific drug protocols and dosages for postpartum hemorrhage management (eg, oxytocin protocols) when appropriate (If all participants are from same center)* | • Initial QBL is 500mL<br>• What are you looking for when you say tone?<br><br>• After using all drugs, you see that bleeding continues | ☐ Verbalizes drug dosages and routes: oxytocin—30IU in 500 mL NS, infuse 167 mL over 10 min then 90-200 mL/hr. Can increase up to 80 IU/L if needed<br>• Methylergonovine (0.2 mg IM; contraindicated in women with hypertension)<br>• Misoprostol (600 mcg sublingually or 800 mcg rectally)15-methyl<br>• Prostaglandin F2-alpha (0.25 mg IM) Tranexamic acid 1 g in 100 mL NS IV over 10 minutes<br><br>☐ Notes if massage stopped inappropriately and directs team to continue |
| **T**rauma | • What are you looking for and how would you address trauma?<br><br>• You see no bleeding lacerations or hematoma<br><br>• QBL is now 1000 mL | ☐ Explore vagina, vulva, and cervix for bleeding lacerations<br>☐ Performs thorough examination for lacerations |
| **T**issue | • Part of the placenta is missing and the patient is not receiving epidural analgesia | ☐ Explores uterus for retained tissue<br>☐ Performs manual removal of retained tissue fragment<br>☐ Proactive preparation for regional or general anesthesia in tissue exploration/removal<br>☐ Advocate for adequate pain control |
| **T**hrombin | • No personal or family history of bleeding disorder. Patient is still bleeding vaginally, and is now oozing from her IV sites<br><br>• QBL is 1700 mL and patient is hypotensive, pale, and has tachycardia | ☐ Obtains laboratory tests for “thrombin” (consider CBC, PT, PTT, INR, fibrinogen and others depending on availability at your institution)<br>☐ Perform bedside clot test by looking at clot tube while awaiting coagulation study results<br><br>☐ Initiate massive transfusion protocol and administer blood products |

| | | |
|---|---|---|
| | | |

**Closed-loop communication was successfully performed by the team on all interventions/orders:**

☐ Yes

☐ No

**Case conclusion:** “After massive transfusion protocol is implemented, the patient stabilizes. Patient is monitored for 24 hours in the intensive care unit and discharged home 2 days later in stable condition.”

**3. Team leader facilitates an effective team debrief (2 minutes maximum)**

- What went well?
- What did not go well?
- What could we do differently next time?

**Instructor evaluates team for safety and use of expected behaviors:**

☐Passed

☐Needs remediation

___________________________________

(Instructor Signature)

___________________________________

(Instructor Printed Name)

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(Date)

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# Instructor Scenario Sheet

## Group Testing: Preterm Labor

Team Leader Name: ______________________________

**Instructor reads scenario introduction:** "You are called to transport a 23-year-old pregnant person with two prior vaginal deliveries at 34 and 32 weeks' gestation. They report contracting "regularly" at 28 weeks' gestation, despite receiving weekly progesterone injections to reduce the likelihood of another preterm delivery. They deny leaking fluid and report that the baby is moving well."

**1. Team leader facilitates team brief (1 minute: Review of written materials acceptable, such as mnemonic card or poster).**

**After team brief, Instructor adds:** "After arrival, you perform an assessment and find normal vital signs and fetal heart tones that are approximately 140 bpm, per doppler. What do you do?"

**2. Safe Performance and Team Communication checklist (7 minutes maximum: No written materials permitted)**

| Leader/team should verbalize: | After leader/team verbalizes, instructor says: | Expected safety behaviors: |
|---|---|---|
| Determine Appropriate Receiving Hospital | • Which is most appropriate: Critical care access, 10 minutes away or Level III NICU, 25 minutes away? | ☐ Notify receiving hospital<br>☐ Obtain orders for medications if necessary |
| Assess and Monitor the Patient- Determine if Delivery is Imminent | • What would you do?<br>• FHR remains in 140's<br>• Contractions are every 8 minutes, lasting 60 seconds, and are moderate-strong per palpation<br>• Pt reports pain 7/10 | ☐ Frequent FHR monitoring with doppler, especially during contractions<br>☐ Palpate and time contractions-strength, frequency, and duration<br>☐ Assist in keeping patient comfortable and safe with positioning<br>☐ Encourage focus-breathing during contractions<br>☐ Initiate IV access |
| Consider Drugs | • What drugs do you consider?<br>• Discuss appropriate dosing<br>• The patient states the pain is worsening and per palpation, contractions are now every 7 minutes | ☐ Tocolytics—nifedipine, terbutaline, or magnesium sulfate (if available and orders received)<br>☐ Steroid injection—betamethasone or dexamethasone (if available and orders received)<br>☐ Visualize for presenting part/crowning |

| Consider Delivery Plans | • What equipment is needed to make delivery plans? | ☐Prepare resuscitation and delivery equipment in case of birth-suction bulb, warming blankets, gown, gloves, mask/shield, encourage deep breaths and notify receiving hospital of immenint birth |
|---|---|---|

**Closed-loop communication was successfully performed by the team on all interventions/orders:**

☐ Yes

☐ No

**Case conclusion:** "You arrive to the hospital prior to delivery and assist in transferring the patient to labor and delivery. You give report to the receiving staff and the patient is stabilized."

**3. Team leader facilitates an effective team debrief (2 minutes maximum)**

- What went well?
- What did not go well?
- What could we do differently next time?

**Instructor evaluates team for safety and use of expected behaviors:**

☐ Passed

☐ Needs remediation

___________________________________

(Instructor Signature)

_______________________________

(Instructor Printed Name)

_____________

(Date)

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# Instructor Scenario Sheet

## Group Testing: Shoulder Dystocia

Team Leader Name: ____________________________________________

**Instructor reads scenario introduction:** “A 38-year-old, Gravida 3 para 2 at 39 weeks’ pregnant presents complaining of leaking fluid 2 hours ago. The patient reports painful contractions every 2-3 minutes. The patient also reports two previous term, vaginal deliveries. The first delivery was uncomplicated with a 7lb, 8oz infant; however, the patient reports a shoulder dystocia with the delivery of their second infant, weighing 9lb, 2oz. During your intake, the pregnant person involuntarily starts pushing. The head delivers but the shoulders do not. What do you do?”

**1. Team leader facilitates team brief (1 minute: Review of written materials acceptable, such as mnemonic card or poster)**

**After team brief, Instructor adds:** “After 30 seconds of more than adequate attempts to deliver, there is no delivery of the anterior shoulder. What do you do now?”

**2. Safe Performance and Team Communication checklist (7 minutes maximum: No written materials permitted)**

| Leader/team should verbalize: | After leader/team verbalizes this step in the mnemonic, the instructor may use the following prompts as needed: | Expected safety behaviors: |
|---|---|---|
| **H =** Call for **H**elp early | • What extra personnel do you need? | Call for:<br>☐ Extra nurses<br>☐ Newborn resuscitation team<br>☐ Anesthesia<br>☐ Surgical backup personnel |
| **E = E**valuate and **E**xplain (which shoulder is anterior/assign roles to your team) | • Following brief explanation to patient, family, and team of shoulder dystocia; instructor says “30 seconds pass without delivery” | ☐ Team prepares for McRoberts and suprapubic pressure |
| **L =** Elevate **L**egs for McRoberts maneuver | • After McRoberts, there is still no delivery | ☐ Staff assist in performing McRoberts Maneuver |
| **P =** Directs others to perform suprapubic **P**ressure (indicate which direction the pressure is applied) continuous, then 'rocking' | • Suprapubic pressure is performed, but there is still no delivery | ☐ Staff assist in performing suprapubic pressure |

| | | |
|---|---|---|
| **R = R**oll the patient (Gaskin maneuver) | • This alone also does not deliver the infant<br>• What else can be done? (only prompt if student does not spontaneously state) | ☐ Instructs team to “rotate patient” to hands and knees position<br>☐ Team members assist as needed |

**Closed-loop communication was successfully performed by the team on all interventions/orders:**

☐ Yes

☐ No

**Case conclusion:** “After all efforts, anterior shoulder and fetal body delivers. Newborn is dried, stimulated, and suctioned. The infant requires 2 minutes of positive pressure ventilation after which the newborn has a pulse rate >100 BPM, cries, turns pink, and flexes all extremities.”

**3. Team leader facilitates an effective team debrief (2 minutes maximum)**

- What went well?
- What did not go well?
- What could we do differently next time?

**Instructor evaluates team for safety and use of expected behaviors:**

☐ Passed

☐ Needs remediation

___________________________________
(Instructor Signature)

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(Date)

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