Case 2: Postpartum Hemorrhage Secondary to Uterine Atony Requiring Intrauterine Tamponade with a Balloon or Uterine Packing

Learning Objectives

By the end of this scenario, each care team member should be able to successfully do the following:

- Recognize risk factors for postpartum hemorrhage.
- Identify postpartum hemorrhage due to uterine atony and be able to treat with appropriate medical management.
- Recognize persistent hemorrhage requiring additional management with intrauterine tamponade with a balloon or packing.
- Demonstrate teamwork and communication skills during a simulated postpartum hemorrhage.

Planned Completion Points

To successfully complete this scenario, the care team should do the following:

- Recognize uterine atony as the etiology for postpartum hemorrhage.
- Perform uterine massage.
- Administer two different uterotonic medications correctly.
- Recognize the need for intrauterine tamponade with a balloon or packing.

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- Call for blood (*e.g.* 2 units of PRBCs).

OR

- If 10 minutes has elapsed after recognition of hemorrhage and the team has not corrected the hemorrhage or called for blood.

Expected Duration

Approximately 60 minutes (30 minutes for simulation / 30 minutes for debriefing).

Case Scenario

Patient: Patty Noble

Mrs. Patty Noble is a 42-year-old G5P4014 who was admitted in active labor at 38+2 weeks and just had a spontaneous vaginal delivery 30 minutes ago. The delivery was uncomplicated, and she had no lacerations. She is approximately 30 minutes postpartum and has just called out because she feels dizzy and has noticed more bleeding.

Patient Information:

- The patient has no significant past medical history.
- She has no known drug allergies.
- Her pregnancy was uncomplicated except for asymptomatic anemia with an H/H=10/30.3 and was on iron BID during her prenatal course.

Laboratory Data (On Admission):

- Hemoglobin: 10.5
- Hematocrit: 31.1
- WBC: 12,000
- Platelets: 218,000

Delivery Information:

- Measurement of cumulative blood loss (as quantitative as possible) from the delivery was 400cc.
- The placenta was inspected at the time of delivery and appeared to be intact per the delivery note.
- The vaginal vault and perineum was inspected; no lacerations were found
- The infant weighed 4220 grams.
- The patient has an IV line in place with oxytocin running.

Family Member/Patient Instructions

- **Standardized Patient:** If a person plays the role of the patient during the scenario, she should emphasize that this is a lot of bleeding, similar to what she had last delivery. As the bleeding continues she can also state that she is feeling faint and dizzy.

- **Family Member/Friend:** Someone can play the role of the patient's family or friend. This person may be the patient's partner, mom, other relative, or a friend and should continue to ask questions during the scenario including things like, "Why is she bleeding so much?" "Is this normal for her?" "Do we need to be worried?" or "She looks like she is kind of pale" or "Does she need blood?"

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As the patient's vital signs continue to decline, this person can occasionally ask, "Is she going to die?" This person should be anxious with any mention of going to the OR and ask for clarification as to why that is necessary. This person should continue to voice that the patient wants to have more children and should initially refuse to, but reluctantly, leave the patient's bedside when/if asked to.

Answers to Common Questions for the Scenario

- The patient does not have a history of asthma or hypertension in this case.
- The patient does not have any known allergies to medications.
- If asked additional questions, try and redirect and not answer specifics so as not to introduce things that might complicate the scenario (i.e. don't say that she has a relative with an unknown bleeding disorder).

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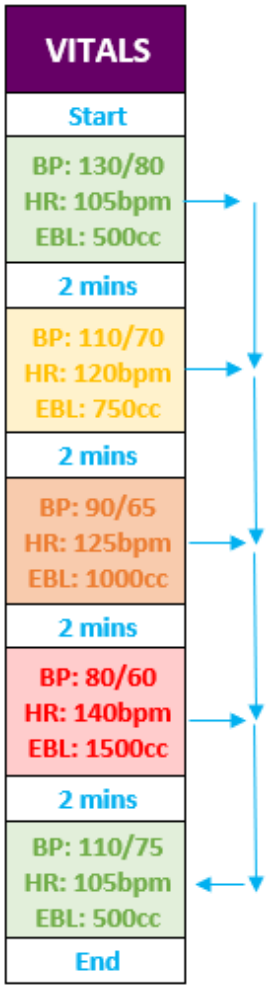
Case 2: Case Flow/Algorithm with Branch Point and Completion Criteria

Simulation facilitator will introduce the scenario to the team outside the room and then bring OB Nurse to the patient's room and then read them the patient scenario. The OB Nurse should then enter the room, assess the patient and then call for assistance



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OB Provider/team as called enters room and is briefed by OB Nurse

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The patient should be examined by the team and initial management of the hemorrhage started (fundal massage, examination for lacerations, retained products of conception, etc.)

When asked or the provider does the appropriate exams, inform the team of the following:

No evidence of additional lacerations
No evidence of retained products of conception
The uterus continues to be boggy
Initial vital signs should also be available

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The patient will continue to hemorrhage, and the uterus will remain atonic and vital signs should change approximately every 2 minutes and get worse as bleeding continues (can use monitors or Vital Signs cards). Team should be calling for blood.

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OB provider may order labs; however, no additional labs are available during the hemorrhage. The team should progress with treatment based on deteriorating vital signs.

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Providers should recognize hemorrhage and call for additional help and administer medications, but the patient continues to bleed and have vital signs worsening

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Providers call for and may also use intrauterine balloon tamponade or pack uterus

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Scenario ends when the team has done the following:

Recognized uterine atony as the etiology for postpartum hemorrhage
Performed uterine massage
Administered two different uterotonic medications correctly
Placed intrauterine balloon or packs the uterus
Called for blood

OR

The team fails to correct the hemorrhage within 10 minutes or fails to call for blood.

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