

Essential Newborn Care 1 - Case scenario B

To the facilitator: Read the instructions for the case scenario in quotations below.

"I am going to read a role play case. Please listen carefully, and then show me the actions you would take. I will indicate the baby's responses, but I will provide no other feedback until the end of the case."

"You are called to assist at the birth of a baby. Your assessment finds that mother is in preterm labor at 34 weeks (7 1/2 months). You have identified a helper and an emergency plan, prepared an area for ventilation, washed your hands, put on PPE and checked your equipment. The baby is born, and the amniotic fluid is clear. Show how you will care for the baby."

| | Done | Not Done |
|-------------------------|--------------------------|--------------------------|
| Dries thoroughly..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Removes wet cloth. | <input type="checkbox"/> | <input type="checkbox"/> |

Prompt: Show the baby is not crying or breathing. "You do not see or hear secretions in the baby's mouth or nose."

| | | |
|---|----------------------------|--------------------------|
| Recognizes baby is not crying or breathing..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Stimulates breathing by rubbing the back..... | <input type="checkbox"/> * | <input type="checkbox"/> |

Prompt: Show the baby is not breathing.

| | | |
|--|----------------------------|--------------------------|
| Recognizes baby is not breathing | <input type="checkbox"/> | <input type="checkbox"/> |
| Calls for help..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Clamps and cuts cord and moves to area for ventilation OR positions by mother for ventilation..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Ventilates with bag and mask within The Golden Minute (at ____seconds) | <input type="checkbox"/> | <input type="checkbox"/> |
| Achieves a firm seal as demonstrated by chest movement (at ____seconds) | <input type="checkbox"/> * | <input type="checkbox"/> |
| Ventilates at 40 breaths/minute (30-50 acceptable) | <input type="checkbox"/> * | <input type="checkbox"/> |
| Evaluates for breathing or chest movement..... | <input type="checkbox"/> * | <input type="checkbox"/> |

Prompt: Show the baby is not breathing.

| | | |
|---|--------------------------|--------------------------|
| Recognizes baby is not breathing..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Continues ventilation..... | <input type="checkbox"/> | <input type="checkbox"/> |
| ☞ Helper gives uterotonic to mother and cuts cord (if not already done) | | |

Prompt: Show the chest is not moving.

After two or more steps to improve ventilation, say "The chest is moving now."

| | | |
|--|----------------------------|--------------------------|
| Reapplies mask..... | <input type="checkbox"/> * | <input type="checkbox"/> |
| Repositions head..... | <input type="checkbox"/> * | <input type="checkbox"/> |
| Clears secretions from the mouth and nose as needed..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Opens mouth slightly..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Squeezes bag harder | <input type="checkbox"/> | <input type="checkbox"/> |

Prompt: Show the baby is not breathing; heart rate is normal.

| | | |
|--|--------------------------|--------------------------|
| Recognizes baby is not breathing but heart rate is normal..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Continues ventilation..... | <input type="checkbox"/> | <input type="checkbox"/> |

Prompt: (After 3 minutes) Show the heart rate is 120 per minute and the baby is breathing.

| | | |
|--|--------------------------|--------------------------|
| Recognizes baby is breathing and heart rate is normal..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Stops ventilation..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Monitors the baby skin-to-skin with mother and communicates with the mother..... | <input type="checkbox"/> | <input type="checkbox"/> |
| ☞ Helper takes steps to reduce risk of bleeding and monitors mother. | | |

Use the questions below to help the participant reflect on his or her own performance and then provide feedback.

1. What happened at the birth?
2. Did you follow the Action Plan?
3. What went well and what could have gone better?
4. What did you learn?
5. What will you do differently next time?
6. What do you need to practice?

SCORING:

Successful completion requires a total score of 17 correct of 23 and "Done" must be ticked for the boxes marked with *.

Number Done Correctly Facilitator initials