

Helping Mothers Survive Bleeding after Birth Complete Day 2 OSCE 4: Uterine balloon tamponade



- For each station assume you are in a rural health care facility with no surgical or blood transfusion capacity. You have all equipment and supplies necessary for a normal vaginal birth and basic emergency management. You have a fellow midwife who is on duty as well.
- All essential information will be provided to you at the start of each OSCE station.
- Ask the evaluator to clarify any questions prior to beginning. Once the OSCE has started, the evaluator will only provide information about the patient status.
- You will have 5 minutes to complete each station.
- Talk to and care for the woman in front of you exactly as you would in real life. Do NOT talk to me as an examiner!
- Be explicit in verbalizing your clinical thinking and subsequent decisions.
- If you give a medication, you must state what you are giving, the dose, the route, and why you are giving it.

Instructions for the examiner

- Ensure all supplies are on the table for making UBT
- Use a wide mouth water bottle OR a postpartum uterus simulator.
- Review the instructions above for the participants.
- Observe only; do not intervene in demonstration of the participant.
- In the items below you will see <u>instructions to you in italics</u>. Follow these instructions.
- The feedback will be given at the end of the assessment for all learners.

Read the following to the learner: "Using the supplies here, make and insert a uterine balloon tamponade. Describe any treatment you would give to go with insertion."

Key

Pass score for Condom Tamponade = 10 /13

Helping Mothers Survive: Bleeding after Birth Complete OSCE 4: Uterine balloon tamponade

Participant name or ID#	!	Date	

	Checklist of skills	Yes Performed	<u>No</u> Did NOT perform to standard
	Note: Throughout OSCE, evaluate RMC. Observe their communication with you in your role as the woman. They should be respectful, supportive, tell you what they are doing and why. You will score this at the end.	to standard Check appropriat	e box for each item
4.1	Gives ampicillin 2 grams IV		
4.2	Washes hands		
4.3	Correctly makes UBT: wearing examination gloves places condom over Foley catheter, ties lower end of condom tightly onto catheter with suture or sterile string		
4.4	Places speculum into vagina and grasps cervix with forceps		
4.5	Places end of the condom high into uterus with forceps and ensures entire condom is above the os		
4.6	Connects Foley catheter to IV set connected to infusion bag and rapidly inflates condom with saline to 300-500 ml (Stop learner after 100 ml and say, "You have inflated to 300 ml and bleeding as stopped.)		
4.7	Folds over the end of the catheter and ties firmly		
4.8	Ask learner: "How often will you monitor the woman and what will you monitor?" Answer: vital signs, uterine tone, bleeding, and urinary output every 15 minutes for the first 2 hours after placenta is out, and every 30 minutes until 6 hours postpartum		
4.9	Ask learner: "How long will you leave the UBT in place? Answer: "UBT in place for 12 – 24 hours if bleeding controlled and the woman is stable"		
4.10	Ask learner: "What will you do with uterotonic?" Answer: Maintain, continue IV infusion with 20 IU oxytocin in 1 L at 60 dpm		
4.11	Ask learner: "When and how would you remove UBT in a facility that cannot perform surgery?" Answer: The woman must be transferred.		
4.12	Ask learner: "When and how would you remove UBT in a facility that can perform surgery?" Answer: UBT remains in place for 12 – 24 hours if bleeding		

	controlled and client is stable. At this time deflate UBT by letting out 100 mL of saline every hour. Re-inflate to previous level if bleeding reoccurs.	
4.13	Provided respectful care and good communication, told you as the woman what was to happen and why.	

Score	/ 13	Pass / Fail	(circle one)
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