

## **MANAGEMENT OF DELIVERY**

# Module II : Management of Delivery

## Learning outcomes:

- To understand and demonstrate appropriate knowledge, skills and attitudes relating to management of delivery.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<ul style="list-style-type: none"> <li>■ Normal vaginal delivery</li> <li>■ <b>Operative vaginal delivery</b></li> <li>■ Complex vaginal delivery</li> <li>■ Retained placenta</li> <li>■ <b>Sterilisation procedures</b></li> <li>■ Sterilisation procedures</li> <li>■ General anaesthesia</li> <li>■ Regional anaesthesia</li> <li>■ The unconscious patient</li> </ul>	<ul style="list-style-type: none"> <li>■ Normal delivery</li> <li>■ <b>Vacuum extraction without rotation</b></li> <li>■ Forceps delivery without rotation</li> <li>■ Shoulder dystocia</li> <li>■ Retained placenta</li> <li>■ Recognition of malpresentation</li> <li>■ Caesarean section with sterilisation</li> <li>■ Cord prolapse</li> <li>■ Uncomplicated caesarean section</li> <li>■ Repeat caesarean section</li> <li>■ Acute emergency caesarean section</li> <li>■ Rotational assisted delivery</li> <li>■ Vaginal delivery of twins</li> <li>■ Vaginal breech delivery</li> <li>■ Delivery with fetal malpresentation</li> <li>■ Previously undiagnosed breech</li> <li>■ Caesarean section with placenta praevia</li> <li>■ Uterine rupture</li> <li>■ Vaginal breech delivery including second twin</li> </ul>	<ul style="list-style-type: none"> <li>■ Make appropriate decisions in the choice of delivery in partnership with the mother and respect the views of other healthcare workers (midwives)</li> <li>■ Be aware of emotional implications for woman, family and staff</li> <li>■ Acknowledge and respect cultural diversity</li> <li>■ Respect individual dignity and privacy</li> <li>■ Respect confidentiality</li> <li>■ Demonstrate the ability to communicate clearly and effectively at times of stress</li> <li>■ Show ability to prioritise workload</li> <li>■ Demonstrate team management and show leadership according to year of training</li> <li>■ Be realistic recognition of own competence level and have self-awareness to call for help when necessary</li> <li>■ Demonstrate the use of appropriate protocols and guidelines</li> </ul>	<ul style="list-style-type: none"> <li>■ Shoulder dystocia drill</li> <li>■ Perinatal mortality and morbidity meetings</li> <li>■ StratOG.net: Management of Labour and Delivery e-tutorials</li> <li>■ MOET/ALSO course</li> <li>■ Local protocols</li> <li>■ Useful websites: <ul style="list-style-type: none"> <li>■ <a href="http://www.nice.org.uk">www.nice.org.uk</a></li> <li>■ <a href="http://www.rcog.org.uk">www.rcog.org.uk</a></li> <li>■ <a href="http://www.sign.ac.uk">www.sign.ac.uk</a></li> <li>■ <a href="http://www.show.scot.nhs.uk/spcerh">www.show.scot.nhs.uk/spcerh</a></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>■ Audit project</li> <li>■ <b>SOE</b></li> <li>■ MRCOG Part 2</li> <li>■ Logbook</li> <li>■ <b>PROMPT COURSE</b></li> <li>■ ALSO course</li> <li>■ OSATS: <ul style="list-style-type: none"> <li>■ Operative vaginal delivery</li> <li>■ Caesarean section</li> <li>■ Manual removal of Placenta</li> </ul> </li> </ul>

## Appendix to Curriculum Module I I: details of knowledge criteria

### Operative/complex vaginal delivery:

- Malpresentation (brow, face, shoulder, variable lie)
- Malposition
- Manual rotation of the fetal head
- Outlet forceps/ventouse
- Mid-cavity forceps/ventouse
- Rotational forceps/ventouse
- Pelvic floor anatomy
- Episiotomy
- Perineal trauma and repair
- Assisted breech delivery
- Breech extraction
- Twin delivery
- High order multiple births
- Shoulder dystocia
- Caesarean section:
  - Indications and complications
  - Routine
  - Repeat
  - Acute emergency
  - Sterilisation procedures

### Anaesthesia:

- General
- Regional
- Induction agents
- Inhalation agents
- Prophylactic measures
- Complications

### The unconscious patient

### Resuscitation

### Intensive care

## Module II : Management of Delivery

Fill in as a record of experience.

Skills	Competence level					
	<input type="checkbox"/> Basic training		<input type="checkbox"/> Intermediate training		<input type="checkbox"/> Advanced training	<input type="checkbox"/> Not required
	Observation		Direct supervision		Independent practice	
	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
Normal delivery						
Shoulder dystocia						
Ventouse extraction without rotation						
Uncomplicated acute/elective caesarean section						
Repeat caesarean section (two or more previous sections)						
Retained placenta						
Cord prolapse						
Forceps delivery without rotation						
Caesarean section with sterilisation						
Vaginal delivery of twins						
Preterm (< 28 weeks) caesarean section						
Rotational assisted ventouse delivery						
Complex emergency caesarean section						
Caesarean section for placenta praevia						
Caesarean section after failed instrumental delivery						
Caesarean section at full dilation						
Recognise undiagnosed breech						

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Fill in as a record of experience.

Skills	Competence level					
			<input type="checkbox"/> Basic training	<input type="checkbox"/> Intermediate training	<input type="checkbox"/> Advanced training	<input type="checkbox"/> Not required
	Observation		Direct supervision		Independent practice	
	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
Vaginal breech delivery						
Delivery with fetal malpresentation						
Uterine rupture						

Training courses or sessions		
Title	Signature of educational supervisor	Date
Shoulder dystocia drill		

Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainer (please print)	Signature of clinical trainer

<b>OSATS</b>	Record all formal assessments until trainee passes. Record date of satisfactory assessment.									
<b>Operative vaginal delivery</b>	Date		Date		Date		Date		Date	
	Signature		Signature		Signature		Signature		Signature	
<b>Fetal blood sampling</b>	Date		Date		Date		Date		Date	
	Signature		Signature		Signature		Signature		Signature	
<b>Caesarean section</b>	Date		Date		Date		Date		Date	
	Signature		Signature		Signature		Signature		Signature	
<b>Manual removal of placenta</b>	Date		Date		Date		Date		Date	
	Signature		Signature		Signature		Signature		Signature	

**COMPLETION OF MODULE II**

**I confirm that all components of the module have been successfully completed:**

Date	Name of educational supervisor	Signature of educational supervisor

# OPERATIVE VAGINAL DELIVERY

Trainee Name:		StR Year:		Date:	
Assessor Name:		Post:			
<b>Clinical details of complexity/ difficulty of case</b>					
<b>Instrument used:</b>					

	Performed independently	Needs help
<b>Items under observation: opening</b>	PLEASE TICK RELEVANT BOX	
Ensure patient and accompanying partner understand procedure		
Appropriate preoperative preparation: adequate analgesia, bladder empty		
Examination: engagement, position, station, caput, moulding, descent with contraction, pelvic size and shape		
Decision making: choice of instrument		
Correct assembly and checking of equipment		
Correct application of instrument		
Appropriate direction, force and timing of pull. Ensures head descends with traction		
Appropriate alteration of traction with delivery of head		
Protects perineum and assess need for episiotomy		
Checks for cord. Correct delivery of shoulders and body		
Delivery of placenta and membranes		
Checks for uterine laxity and vaginal trauma		
Estimated Blood Loss and manages blood loss		
Appropriate use of team		
Awareness of maternal and fetal wellbeing throughout		
<b>Comments:</b>		

## Examples of minimum levels of complexity for each stage of training

### Basic Training

Uncomplicated. Non rotational

### Intermediate Training

Rotational ventouse

### Advanced

Rotational forceps/ventouse in theatre

*Both sides of this form to be completed and signed*

# GENERIC TECHNICAL SKILLS ASSESSMENT

Assessor, please ring the candidate's performance for each of the following factors:

<b>Respect for tissue</b>	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
<b>Time, motion and flow of operation and forward planning</b>	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
<b>Knowledge and handling of instruments</b>	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
<b>Suturing and knotting skills as appropriate for the procedure</b>	Placed sutures inaccurately or tied knots insecurely and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward.	Consistently placed sutures accurately with appropriate and secure knots and with proper attention to safety.
<b>Technical use of assistants</b>	Consistently placed assistants poorly or failed to use assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team.	Appropriate use of assistant most of the time. Reasonable communication and awareness of the needs of the patient and/or of the professional team.	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team.
<b>Insight/attitude</b>	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
<b>Documentation of procedures</b>	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

Based on the checklist and the Generic Technical Skills Assessment, Dr ..... has achieved/failed\* to achieve the OSAT competency

Needs further help with: * *	Competent to perform the entire procedure without the need for supervision
Date	Date
Signed (trainer)	Signed
Signed (trainee)	Signed

Delete where applicable, and date and sign the relevant box



# CAESAREAN SECTION

Trainee Name:		StR Year:		Date:	
Assessor Name:		Post:			
<b>Clinical details of complexity/ difficulty of case</b>					

	Performed independently	Needs help
	PLEASE TICK RELEVANT BOX	
<b>Item under observation</b>		
Appropriate skin incision (e.g. length, position)		
Safe entry of peritoneal cavity		
Careful management of bladder		
Appropriate uterine incision (e.g. length, position)		
Safe and systematic delivery of baby		
Appropriate delivery of placenta		
Check uterine cavity (e.g. intact, empty, configuration)		
Safe securing of uterine angles		
Check for ovarian pathology		
Appropriate closure of rectus sheath		
Attention to haemostasis		
Neatness of skin closure		
<b>Comments:</b>		

Trainees are expected to do caesarean section for increasingly more complicated cases e.g. Transverse lie as they progress in training.

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# MANUAL REMOVAL OF PLACENTA

Trainee Name:		StR Year:		Date:	
Assessor Name:		Post:			
<b>Clinical details of complexity/ difficulty of case</b>					

	Performed independently	Needs help
	PLEASE TICK RELEVANT BOX	
<b>Item under observation:</b>		
Ensures adequate analgesia		
Ensures empty bladder/catheterises		
Performs procedure with appropriate abdominal countertraction		
Ensures cavity empty		
Ensures adequate uterine contraction		
Checks blood loss and haemostasis		
Checks for trauma		
<b>Comments:</b>		

*Both sides of this form to be completed and signed*

# GENERIC TECHNICAL SKILLS ASSESSMENT

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# FETAL BLOOD SAMPLING

Trainee Name:		StR Year:	
Assessor Name:		Post:	
<b>Clinical details of complexity/ difficulty of case</b>			

	Performed independently	Needs help	Not Applicable
<b>PLEASE TICK RELEVANT BOX</b>			
<b>Preparation of the patient:</b>			
Ensures patient and partner understand procedure			
Establishes level of pain relief and acts appropriately			
Supervises positioning of patient – corrects as required			
Appropriate use of assistants			
Assembles/positions equipment			
Demonstrates knowledge of equipment and can troubleshoot problems			
<b>Operative procedure</b>			
Assesses dilatation and position of cervix			
Obtains clear, well-lit view of fetal scalp			
Collects uncontaminated good-sized sample without air bubbles			
Applies pressure to scalp wound			
Has strategies to overcome technical difficulties such as high head, inadequate bleeding			
Correct interpretation of results			

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