

**L&D Scenario #4: PostPartum Hemorrhage with Infant Abduction**

**Objectives:** At the completion of the simulation, the participant will be able to:

- Correctly interpret the signs/symptoms of PPH (What are early S&S of PPH? How much blood can a woman lose before exhibiting traditional S&S of hypovolemia?)
- Identify assessments (amount of bleeding, firmness of uterus) and interventions (notify MD/nurse midwife, large bore IV, massage uterus) needed immediately.
- Discuss therapeutic interventions for PPH
- Correctly set-up or administer medications as ordered, verify correct dosages
- Identify - and demonstrate the management of - patient safety issues related to PPH
- Maintain security of an infant

**Critical Actions:**

- Assesses & appropriately intervenes related to post partum hemorrhage
- Prevents infant abduction

**Potential Overlays:**

- 1) women at higher risk of PPH: **Hispanic or Asian, young, prolonged labor, oxytocin use for induction of labor, pre-eclampsia/PIH, anesthesia)**
- 2) **minor mother ± husband ± boyfriend ± parents disapprove but support her during pregnancy**
- 3) **concerned about finances (no insurance)**
- 4) **confusion about last name**

**Instructor notes:** Debriefing guide

**Confederates:** ± signif other; 2<sup>nd</sup> nurse, nonstaff female in lab coat ([profile if possible: female, lab coat, age=](#))

**Overview of the Plot:** While staff are attending mother with postpartum bleeding, an unidentified person in white lab coat, offers to take the baby from the room so that they can concentrate on helping the mother. Only after a nursery staff comes to offer help with the baby, do they realize that an unauthorized person has taken the baby & call for a lock down (code pink, code stork, etc).

**Set-up**

Manikin	Supplies on	Supplies available
METI HPS	Gown,	Exam supplies, gloves
infant	Post partum belly (boggy uterus)* & breasts	IV start kit/tote, I L LR or NS, phlebotomy supplies
Use CC room	Name band	Meds: pitocin, methergine (see below)
Bassinet/berning table	Blue pad with blood & jelly	Blood bags (correct & incorrect), pump
<b><u>Medical Record:</u></b>	Peri-pad with red jelly clots	Infusion pump
• Admission order sheet	<b>Dark wig</b>	PP hemorrhage protocol
• Standing orders	<b>Catholic: cross or saint medallion</b>	OR consent/ OR check list
• Policy & procedure: Post Partum Hemorrhage, infant abduction	*Pink foam with center cut out, insert mashed grapefruit, cover with gel pad	OR scrubs, hat, etc. for spouse
		Female abductor: lab coat, name tag
		<b>Language board or dictionary</b>

**Readings / References:** Olds, London, Ladewig, & Davidson (2004). *Maternal-Newborn Nursing & Women's Health Care, 7<sup>th</sup> Ed.* The Postpartal Family at Risk p.1075-81; faculty: Gregory (2006) Clinical Decision Making: Case Studies in Maternity & Women's Health, p.219-20 & 229-232; [www. Ethnomed.org](http://www.Ethnomed.org)

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**Situation:** Report from previous shift nurse:

“(insert name) **Lynda Maria Lopez delaRosby** is a **16** year old G1P1001. She had a **prolonged labor** but an uncomplicated delivery of a 9 pound girl at 0400 this morning, VSS. Afebrile. Fundus has been firm at the umbilicus with minimal flow. She had 400 mg of ibuprofen at 0600 & has been sleeping since then. Her boyfriend left to go to work. Infant is at the bedside. She does not speak English very well.

**I. Baseline**

**LOC:** alert, oriented; GCS=15

**VS:** 97/42 -100 -20 – 97.7 °F(°C)

**Resp:** independent airway, lungs clear

**IV:** none

**Labs:** Hgb, Rh ?

**Meds/response:** slept after ibuprofen (po)

**Skin:** pale

**Patient (in Spanish):** “*I’m feeling very.... dizzy. I’ve had to change my pad quite a few times*”. “*Estoy mareada...*” “*Tres [3] por la hora pasada.*”

**Critical Interventions:**

- How many pads? *3 in last hour*
- Check peri-pad
- Look at her:** Assess pain, dizziness (*tender, cramping off & on, dizzy, wet, thirsty, tired*); “*El estómago está sensible; esta parte está acalamburada con dolor intermitente; estoy mareada, mojada, tengo sed, estoy cansada.*”
- Check BP, pulse (*may be WNL*)
- Palpate fundus (*boggy*)
- Massage uterus (*was a pain 3/10 but goes up to 7/10 when they massage*)

**II. Peri-Pad and blue pads are saturated**

**Patient:** “*\_Estoy mojada, muy mojada. ¿Qué pasa?*”

**Critical Interventions:**

- Call for help (and interpreter if not done before, **- on the way...**)
- Notify docs/midwife
- Massage uterus “*!Ay ay ay! !No! !Me duele, me duele! Quiero ver a mi familia.*”
- Start large bore IV with Lactated Ringers (2<sup>nd</sup> IV may be necessary)
- Preload with 1000ml
- Clearly explain the situation to the patient/significant others at the appropriate level “*?Es necesario?*”
- Request that infant be sent back to the nursery
- Anticipate medications/check standing orders:
  - ⇒ oxytocin (Pitocin) (**dosage, route, precautions**)
  - ⇒ cytotec (**dosage, route, precautions**)
  - ⇒ methylergonovine maleate (Methergine) if not hypertensive (**dosage, route, precautions**)
  - ⇒ or Hemabate if she does not have a history of asthma (**dosage, route, precautions**)
- Set up BP cuff & pulse oximeter
- Continue to assess bleeding
- Labs: Hgb, type & screen (hold for cross-match) (**are patients are typed before admission?**)

**III. While the staff is occupied with the mother, an unidentified person in a lab coat/scrubs enters the room and wheels the baby out in the basinet.****Critical Interventions:**

- Prevents removal of infant unless person in lab coat/scrubs is appropriately identified

**If they allow the infant to be removed, a few minutes later, a nursery staff member comes to the room to offer help:** “*I heard you are really busy in here, I can take the baby back to the nursery.*”

**Critical Interventions:**

- Recognize that there has been a potential infant abduction
- Call an infant abduction code
- Staff move to appropriate doorways/lock down.