Contextualise: Scenario - Sarah Davies

Handover: Sarah 39+1 weeks notices regular contractions and presents at the hospital at 22:30hrs. At 23.00 Sarah’s membranes spontaneously rupture and the liquor is clear. A VE indicates Sarah’s cervix was fully effaced, and 7 cms dilated. The head was located on her spine at station 0

At 02.30 Sarah has an urge to push however decent of the fetal head is slow. Sarah has a full bladder and is unable to micturate - thus an IDC is inserted. The fetal head advances with contractions and baby Jane, is born at 03.10. The placenta and membranes are pushed out 5 minutes later and inspected.

Establishing the environment:
What competencies do I need to have?
Professional practice
Critical thinking and analysis
Provision and coordination of care
Collaborative and therapeutic practice

Patient intervention:
Activities:
(i) Complete labour chart
(ii) Practice your palpations
(iii) Perform vaginal examinations
(iv) Insert an indwelling catheter
(v) Inspect the placenta and membranes
(vi) Demonstrate cardinal movements
(vii) Complete your nursing documentation

Debriefing:
Reflect on performance:
(i) Required knowledge
(ii) Skill acquisition
(iii) Behaviour & Attitudes

Tutorial - Birth
Normal birth

Workshop - self directed
Visembryo
Parentsplace
Centre for genetics education

Reflect on group discussion.

Skill development:
Practice sessions