

MANAGEMENT OF LABOUR

Module 10 : Management of Labour

Learning outcomes:

- To understand and demonstrate appropriate knowledge, skills and attitudes in relation to labour.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<ul style="list-style-type: none"> ■ Mechanisms of normal labour and delivery ■ Induction and augmentation of labour ■ Drugs acting upon the myometrium ■ Structure and use of partograms ■ Fluid balance in labour ■ Blood products ■ Regional anaesthesia, analgesia and sedation ■ Fetal wellbeing and compromise ■ Prolonged labour ■ Emergency policies/maternal collapse/haemorrhage ■ Preterm labour/premature rupture of membranes ■ Cervical cerclage ■ Multiple pregnancy in labour ■ Severe pre-eclampsia and eclampsia ■ Intrauterine fetal death, including legal issues ■ Acute abdominal pain 	<ul style="list-style-type: none"> ■ Manage: <ul style="list-style-type: none"> ■ in-utero transfer ■ intrauterine fetal death ■ women who decline blood products ■ obstetric haemorrhage ■ severe pre-eclampsia ■ obstetric collapse ■ Prioritise labour ward problems ■ Evaluate clinical risk ■ Liaise with other staff ■ Interpret a CTG ■ Manage: <ul style="list-style-type: none"> ■ induction of labour ■ delay in labour ■ labour after a previous lower-segment caesarean section ■ preterm labour ■ Perform and interpret a fetal blood sample ■ Prescribe blood products appropriately ■ Advise on pain relief ■ Remove a cervical suture ■ Counsel and consent for fetal postmortem examination in cases of intrauterine fetal death ■ Manage abdominal pain 	<ul style="list-style-type: none"> ■ Demonstrate the appropriate use of protocols and guidelines ■ Demonstrate the ability to prioritise cases and have the skills to supervise the workload on a labour ward ■ Respect cultural and religious differences in attitudes to childbirth ■ Practice effective liaison with colleagues in other disciplines, clinical and nonclinical ■ Demonstrate the ability to deal sensitively with the issues regarding intrauterine fetal death ■ Recognise personal limitations and the need to refer appropriately 	<ul style="list-style-type: none"> ■ CTG training ■ Eclampsia drill ■ Drill for obstetric collapse ■ 'Breaking bad news' study session ■ Perinatal mortality and morbidity meetings ■ StratOG.net: Management of Labour and Delivery e-tutorials ■ Disposal of fetal parts ■ Disposal Following Pregnancy Loss Before 24 Weeks of Gestation (RCOG, January 2005) ■ Courses such as MOET/ALSO ■ Useful websites: <ul style="list-style-type: none"> ■ www.nice.org.uk ■ www.rcog.org.uk ■ www.sign.ac.uk ■ www.show.scot.nhs.uk/spcerh 	<ul style="list-style-type: none"> ■ Meetings attended ■ Case reports ■ Audit project ■ SOE ■ MRCOG Part 2 ■ Logbook ■ OSATS – Fetal blood sampling

Appendix to Curriculum Module 10: details of knowledge criteria

- Mechanisms of normal and abnormal labour.
- Mechanism of spontaneous vaginal delivery.
- Methods of induction of labour; indications, contraindications and complications.
- Methods of augmentation of labour; indications, contraindications and complications.
- Drugs acting upon the myometrium and cervix.
- Structure and use of partograms.
- Fluid balance in labour.
- Transfusion.
- Types and methods of action of regional anaesthesia including epidural (lumbar, caudal), spinal, pudendal nerve block; indications and contraindications.
- Types and methods of action of analgesia and sedation including narcotics, hypnotics, psychotropics, nonsteroidal anti-inflammatory drugs; indications, contraindications.
- Complications of anaesthesia and analgesia including cardiac arrest, respiratory arrest, aspiration, drug reactions.
- Assessment of fetal wellbeing using fetal heart rate monitoring, acid/base balance, and fetal scalp blood sampling.
- Causes and management of fetal compromise, including cord prolapse and intrauterine fetal death.
- Intrauterine fetal death: legalities regarding registration and disposal of fetal tissue.
- Causes and management of prolonged labour.
- Causes and management of maternal collapse, including massive haemorrhage, cardiac problems, pulmonary and amniotic embolism, drug reactions, trauma.
- Emergency guidelines and procedures.
- Ante- and intrapartum haemorrhage, including placenta praevia, vasa praevia, ruptured uterus, coagulation defects, iatrogenic causes.
- Causes, mechanisms of action and complications of preterm labour/premature rupture of membranes including fetal pulmonary maturity, infection risks
- Preterm labour, including therapy (antibiotics, steroids, tocolysis), consultation with neonatologists, in utero transfer, methods of delivery (induction of labour, timing, mode), outcomes, risks.
- Role and types of cervical cerclage.
- Multiple pregnancy in labour.
- Severe pre-eclampsia and eclampsia.
- Placental abruption.

Module 10 : Management of Labour

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
Induce labour						
Manage delay in first labour						
Manage delay in second stage of labour						
Advise on pain relief						
Interpret cardiotocograph						
Perform fetal blood sampling						
Manage fetal acidaemia						
Manage preterm labour and delivery						
Manage labour after previous caesarean section						
Management of the breech in labour						
Management of transverse lie in labour						
Cord prolapse						
Manage severe pre-eclampsia						
Manage eclampsia						
Manage obstetric antepartum haemorrhage						
Safe use of blood products						
Manage obstetrical collapse						
Manage intrauterine infection						

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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
Prioritise labour ward problems						
Evaluate clinical risk						
Coordinate and run labour ward						
Liase with other staff						
Manage in utero transfer						
Manage in utero fetal death						
Leadership in acute emergency						

Training courses or sessions		
Title	Signature of educational supervisor	Date
ALSO/MOET or similar		

Authorisation of signatures (to be completed by the clinical trainers)

Name of clinical trainer (please print)	Signature of clinical trainer

OSATS	Record all formal assessments until trainee passess. Record date of satisfactory assessment.									
Fetal blood sampling	Date		Date		Date		Date		Date	
	Signature		Signature		Signature		Signature		Signature	

COMPLETION OF MODULE 10

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

Date	Name of educational supervisor	Signature of educational supervisor

FETAL BLOOD SAMPLING

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

	Performed independently	Needs help	Not Applicable
PLEASE TICK RELEVANT BOX			
Preparation of the patient:			
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			
Operative procedure			
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			

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:

Respect for tissue	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.
Time, motion and flow of operation and forward planning	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.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
Suturing and knotting skills as appropriate for the procedure	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.
Technical use of assistants	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.
Insight/attitude	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
Documentation of procedures	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