

POSTPARTUM PROBLEMS (THE PUERPERIUM)

Module 12 : Postpartum Problems (the Puerperium)

Learning outcomes:

- To understand and demonstrate appropriate knowledge, skills and attitudes in relation to postpartum problems.
- To understand and demonstrate appropriate knowledge, skills and attitudes in relation to neonatal problems.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<ul style="list-style-type: none"> ■ Normal and abnormal postpartum period ■ Techniques for control of postpartum haemorrhage ■ Appropriate use of blood and blood products ■ Perineal surgery ■ Postpartum and postoperative complications ■ Retained placenta ■ Normal and abnormal postpartum period ■ Infant feeding 	<ul style="list-style-type: none"> ■ Demonstrate skills in acute resuscitation ■ The normal puerperium, including contraception ■ Breast problems ■ Perineal and vaginal tears ■ Damage to rectum and anal sphincters ■ Manual removal of placenta ■ Postpartum sepsis ■ Primary, secondary and other postpartum haemorrhage ■ Acute maternal collapse ■ Puerperal psychiatric disorders 	<ul style="list-style-type: none"> ■ Demonstrate the ability to counsel women about management and implications of anal sphincter trauma ■ Understands the roles of other healthcare professionals (e.g. social workers, psychiatrists, physiotherapists) ■ Be aware of Breastfeeding Initiative ■ Display empathy with women with puerperal problems and their families 	<ul style="list-style-type: none"> ■ Massive haemorrhage drill ■ Problems after childbirth ■ Counselling after perinatal loss ■ Perineal trauma course ■ Perineal mortality and morbidity meetings ■ StratOG.net: Postpartum and Neonatal Problems e-tutorials ■ 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 ■ SOE ■ Audit project ■ EXIT EXAMINATION ■ MRCOG Part 2 ■ OSATS: <ul style="list-style-type: none"> ■ Perineal repair ■ Manual removal of placenta
NEONATAL PROBLEMS				
<ul style="list-style-type: none"> ■ Sequelae of obstetric complications ■ Recognition of normality ■ Resuscitation of the newborn ■ Common neonatal problems ■ Feeding 	<ul style="list-style-type: none"> ■ Appropriately manage immediate resuscitation of the neonate 	<ul style="list-style-type: none"> ■ Liaise with paediatricians and the neonatal team 	<ul style="list-style-type: none"> ■ StratOG.net: Postpartum and Neonatal Problems e-tutorials ■ Basic neonatal resuscitation ■ Perinatal morbidity and mortality meetings ■ Useful website <ul style="list-style-type: none"> ■ www.nice.org.uk 	<ul style="list-style-type: none"> ■ MRCOG Part 2 ■ Logbook ■ Neonatal resuscitation drill ■ SOE ■ EXIT EXAMINATION

Appendix to Curriculum Module 12: details of knowledge criteria

Epidemiology, aetiology, pathogenesis, recognition, diagnosis, prevention, management, complication, prognosis regarding:

- uterine involution
- bleeding, including placenta accreta, atonic uterus
- retained placenta, retained products of conception
- pyrexia
- infections
- maternal collapse, including massive haemorrhage, cardiac problems, pulmonary and amniotic embolism, drug reactions, trauma
- thromboembolism
- lactation (inadequate, suppression)
- medical disorders (diabetes mellitus, renal disease, cardiac disease)
- postnatal review
- contraception.

Techniques for the control of haemorrhage:

- manual removal of placenta
- bimanual compression of uterus
- exploration of genital tract
- cervical laceration (identification and repair)
- drug management
- balloon tamponade of uterus
- laparotomy including B-Lynch stitch
- radiological embolisation
- ligation of internal iliac arteries
- caesarean hysterectomy.

Perineal surgery:

- repair of episiotomy, second-, third-, fourth-degree laceration.

Postpartum and postoperative complications, including pathophysiology, diagnosis, management and prognosis in puerperal psychological disorders (blues, depression), mood disorders, reactions to pregnancy loss.

Puerperal sepsis, mastitis, urinary tract infection.

Breast cancer.

Appendix to Curriculum Module 12 (Neonatal Problems) : details of knowledge criteria

Sequelae of obstetric events:

- antenatal
- intrapartum.

Recognition of normality:

- postnatal management
- clinical evaluation.

Resuscitation of the newborn:

- collapse
- primary apnoea
- secondary apnoea
- ventilation
- effect of maternal drugs
- cardiac massage
- umbilical catheterisation
- volume replacement
- temperature control
- acid/base status.

Common problems (aetiology, management sequelae):

- respiratory distress
- hyperbilirubinaemia
- infection
- seizures
- hypoglycaemia
- hypothermia
- heart disease
- intracranial haemorrhage
- necrotising enterocolitis
- the preterm infant
- the growth-restricted infant
- congenital anomalies
- syndromes
- cerebral palsy.

Feeding:

- breast (advantages, promotion, techniques)
- artificial (formulae, techniques).

Module 12 : Postpartum Problems (the Puerperium)

Fill in as a record of experiences.

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
Conduct a postnatal consultation						
Bladder dysfunction						
Bowel dysfunction						
Primary postpartum haemorrhage						
Secondary postpartum haemorrhage						
Other obstetric haemorrhage						
Acute maternal collapse						
Running obstetric emergency drill						
Perineal and vaginal tears						
Damage to rectum and to anal sphincters						
Immediate resuscitation of neonate						
Puerperal sepsis						
Puerperal psychiatric problems						
Contraceptive advice						
Breast problems						
Management of mastitis						
Management of thromboembolic problems						

Training courses or sessions		
Title	Signature of educational supervisor	Date
Basic neonatal resuscitation		
Massive obstetric haemorrhage		
Perineal trauma course		

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.									
Perineal repair	Date		Date		Date		Date		Date	
	Signature		Signature		Signature		Signature		Signature	
Manual removal of placenta	Date		Date		Date		Date		Date	
	Signature		Signature		Signature		Signature		Signature	

COMPLETION OF MODULE 12

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

Date	Name of educational supervisor	Signature of educational supervisor

PERINEAL REPAIR

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

	Performed independently	Needs help
Items under observation:	PLEASE TICK RELEVANT BOX	
Assessment of anatomical damage including rectal examination		
Ensures adequate analgesia		
Secures apex of vaginal tear		
Suture of vaginal skin		
Suture of perineal muscles		
Anatomical apposition of vaginal and perineal skin		
Subcuticular suture to perineal skin		
Checks haemostasis		
Needle and swab count		
Vaginal examination		
Rectal examination		
Comments:		

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

MANUAL REMOVAL OF PLACENTA

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

	Performed independently	Needs help
Item under observation	PLEASE TICK RELEVANT BOX	
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		
Comments:		

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:

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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