

# Transfer to Theatre Scenario

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## Local Scenario

### Key Learning Points

- Importance of leadership & clear plans to improve communication across the teams
- To manage a prolonged deceleration effectively using the 'Rule of 3s' (RCOG, 2021) (as long as the preceding CTG is normal)
- To understand the use of conservative measures in acute hypoxia
- To understand the roles & responsibilities of everyone within the time
- Communication Tool for shared team goals – the introduction of the 'Birth By....Initiative'
- Clear communication with the woman & family, including potential courses of action e.g. returning to the room, proceeding to an EM LSCS
- Practicalities of documentation, communication and logistics and what is understood practice within the local setting.

### Aims of the 'Transfer to Theatre' Scenario

This scenario helps the whole maternity team to work through the management of a prolonged deceleration (acute hypoxia), on the CTG that does not recover. The scenario is in a labour ward setting and the subsequent transfer to theatre is for a Category 1 emergency caesarean section. Communication, team-working, leadership, situational awareness and practicalities around the management of a prolonged deceleration will be explored along with the introduction of the 'Birth By Initiative', a communication tool to aid teams in working together towards a common goal.

### Scenario Outline

**The scenario is a prolonged deceleration, that doesn't recover, with an unknown cause, resulting in an EM LSCS. Difficult instrumental birth not advised with acute hypoxia (SBUHB, 2021 Assisted Vaginal Birth Guidelines).**

## **Drill Facilitator Instructions (See 'Instructions for Facilitators')**

### ***ESSENTIAL discussion BEFORE the scenario***

1. Explain to the group what the 'Rule of 3s' is before starting the scenario, including discussion around the potential causes of acute hypoxia (non-reversible & reversible) before the scenario is introduced.
2. Explain the Birth By....' Initiative and the rationale behind its' use.
3. Explain that this scenario will help the team apply this knowledge into practice.

***If required consider one of the facilitators keeping time and prompting the team with \*\*3,6,9,12,15 minutes, as appropriate\*\****

### **The Scenario.....**

Start with one midwife (including student midwife if available) in the room. The audio will play a deceleration after about 30 seconds. This deceleration never recovers to baseline.

#### **Start the scenario:**

Emma is having her first baby at 39 weeks' gestation. She was transferred from the Bay Birth Unit for Syntocinon augmentation after having a longer than expected 1<sup>st</sup> stage of labour. She was 5cm dilated an hour ago and Syntocinon is infusing at 24ml/hr. Contractions are strong on palpation, with resting tone.

She has no antenatal risk factors and the CTG has been normal since arriving on labour ward.

Emma is using Entonox and mobilising around the room.

#### **End the scenario:**

The scenario ends once the plan has been re-reviewed in theatre, resulting in an EM LSCS, under spinal or GA (depending on what the group anaesthetist chooses).

## **Actor script/prompts (See 'Instructions for Actor')**

Emma is in active labour, contracting 5:10, mobilising, using Entonox, so take your time to move etc. The communication with the woman should be as real as possible.

*First baby.*

*No antenatal concerns.*

*No medication. BMI 28.*

*Dating & anomaly USS normal.*

*You were 5cm (again) in the Bay Birth Unit and agreed to come up to the labour ward for Syntocinon.*

## **Clinical & Teamwork checklists to facilitate debriefing**

To be based on the PROMPT Checklists in existence.

## **Resource/equipment List**

Deceleration audio 12 minutes (on phone placed by CTG)

Rule of 3s – large and laminated

Liaise with co-ordinator on the morning re.

- Room on labour ward

- Back-up theatre

Laminated Pre-op checklist

Labour Ward SBAR handover sheet (-laminated and pre-written with scenario on)

CTG trace showing prolonged deceleration

Syntocinon infusion 'running' at 24 ml/hr

Terbutaline injection

FSE

A2 paper

Blue tack  
Flip chart paper

## **Debrief & Feedback**

See Instructions for Facilitators.

## **Evaluation – (discuss with the team for evaluation purposes)**

Facilitators to record these at the end of the scenario

1. Discuss what barriers are there in practice in achieving effective & timely transfer to theatre?

2. Note on a piece of paper on the wall outside:

*On a scale of 1 – 10 following the station, how much more confident do you feel in the management of an acute hypoxia with immediate transfer to theatre?*

**Not at all more confident**

**A lot more confident**

