

**MATERNAL AND NEWBORN QUALITY OF CARE FACILITY ASSESSMENT**  
**Postpartum Hemorrhage Simulation**

Section X: Checklist for Management of PPH

RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS:  
 (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY)

**Scenario:** Gulsina is a 24 year old woman who has just given birth to her third baby, a healthy girl, after a normal labor. Active management of the third stage of labor (AMTSL) was performed and the placenta was delivered. Gulsina's vital signs and bleeding are stable at 15 and 30 minutes after the birth, but 45 minutes after the birth it is noted that there is excessive vaginal bleeding.

**Question**

**Yes      No      DK      Go to**

**Q100: Observer: what will you do now?**

Q101: Calls for help

1      0      8

Q102: Explains to the woman what is being done, reassuring her

1      0      8

Q103: Asks assistant to check for signs of shock, including blood pressure, pulse, level of consciousness, color and temperature of skin.

1      0      8

Q104: Palpates the uterus to assess for tone

1      0      8

Q105: Observer states "On examination you find: BP – 100/60, P – 100, skin is pale but warm and dry; her mental status is normal but she is anxious. Bleeding continues to be excessive."

**Q106: Observer: What are the signs and symptoms of shock?**

Q107: Defines shock as:

a. P>110

1      0      8

b. systolic BP <90mm Hg

1      0      8

c. cold clammy skin

1      0      8

d. pallor

1      0      8

e. respirations > 30 / min

1      0      8

f. anxious and confused or unconscious

1      0      8

g. Other

1      0      8

**Q108: Observer: Is Mrs. G in shock?**

a. Answers No (correct answer)

1                Q109

b. Answers yes (incorrect answer)

1                Q110

**Q109: Observer: Why is Mrs. G not in shock?**

a. Systolic BP is >90 mmHg

b. Pulse is <110 beats per minute

c. Normal mental status

d. Other

**Q110: Observer: what are the possible causes of Mrs. G's bleeding?**

Q111: Identifies:

a. atonic uterus

1      0      8

b. cervical and perineal tears

1      0      8

c. retained placenta or placental fragments

1      0      8

d. ruptured uterus

1      0      8

e. clotting disorder

1      0      8

f. Other

1      0      8

**Q112: Observer: when you examine her you find a soft, atonic uterus; what do you do now?**

Q113: Massages the uterus to stimulate a contraction.

1      0      8

Q114: Gives oxytocin IV (20 IU / L at 60 gtts/min) OR Ergometrine 0.2 mg slow IV OR misoprosol 800 mg orally

1      0      8

Q115: Continues to monitor (or has assistant monitor) BP, pulse and blood loss and massages the uterus to maintain tone.

1      0      8

**Q116: Observer: What would you do if an IV cannula is not immediately available or a vein is not immediately entered?**

Q117: Gives medication IM (oxytocin 10 IU or ergometrine 0.2 mg)

1      0      8

**Q118: Observer: Re-examination of uterus shows uterus still not firm.**

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Q119: Explains to Mrs. G what is being done and what to expect	1	0	8
Q120: Performs internal bimanual compression of the uterus.	1	0	8
Q121: Has assistant locate placenta and examines for missing pieces.	1	0	8
<b>Q122: Observer: Examination of the placenta shows missing piece (placenta incomplete).</b>			
Q123: Explains to Gulsina what s/he is going to do and what to expect.	1	0	8
Q124: Gives pethidine and diazepam IV slowly or uses ketamine or another drug for sedation (PLEASE SPECIFY NAME AND DOSAGE _____).	1	0	8
Q125: Gives a single dose of prophylactic antibiotics (ampicillin 2 g IV plus metronidazole 500 mg IV OR cefazolin 1 g IV plus metronidazole 500 mg IV or other (PLEASE SPECIFY NAME AND DOSAGE _____))	1	0	8
Q126: Using elbow-length sterile or HLD gloves, palpates inside the uterus for placental fragments and removes with lateral edge of open hand.	1	0	8
<b>Q127: Observer: What would you do after the placental fragments are removed?</b>			
Q128: Observes the woman closely until effect of IV sedation has worn off.	1	0	8
Q129: Monitors vital signs (P, BP, R), uterine firmness, and bleeding every 15 minutes for the next hour and then every 30 minutes for next 5 hours or until stable. Continues oxytocin infusion or gives another dose of oxytocin 10 IU IM.	1	0	8
<b>Q130: Observer: When uterus examined, finds firm uterus, but bleeding continues.</b>			
Q131: Examines perineum, vagina and cervix for tears and repairs	1	0	8
Q132: Considers use of bedside clotting test.	1	0	8
<b>Q133: Observer: Further examination shows that the uterus is firm, bleeding has stopped, and vital signs are stable.</b>			
Q134: Makes plan for monitoring vital signs, uterine firmness and blood loss every 15 min for one hour and then if stable, every 30 min for next 5 hours or until stable.	1	0	8
Q135: Continue with routine postpartum care, including breastfeeding of infant.	1	0	8
<i>COMMENTS ON QUALITY OF CARE:</i>			
<i>PLEASE COMMENT ON THE FOLLOWING:</i>			
<i>WAS MOTHER TREATED RESPECTFULLY?</i>	1	0	8
<i>WAS MOTHER INFORMED OF PROCEDURES?</i>	1	0	8
<i>WAS THE SITUATION CHAOTIC OR CALM?</i>	1	0	8
<i>WERE THERE ANY MAJOR DELAYS IN NEEDED TREATMENT?</i>	1	0	8
<i>IF SO, FOR WHAT PROCEDURES AND WHY?</i>			
<i>WERE MULTIPLE HEALTH WORKERS INVOLVED?</i>	1	0	8
<i>IF SO, DID THESE HEALTH WORKERS KNOW THEIR ROLES?</i>	1	0	8
<i>IF YES, DID THEY CARRY OUT THESE ROLES?</i>	1	0	8
<i>WERE NECESSARY EQUIPMENT, SUPPLIES, MEDICATIONS AVAILABLE?</i>	1	0	8
PLEASE PROVIDE ANY FURTHER COMMENTS ON THE QUALITY OF CARE:			