

**OBSTETRICS VIGNETTE
Postpartum Hemorrhage Simulation**

Cover Page

| | | |
|---|--|--------------------------------------|
| Q1: Facility ID | Q2: Facility Name | Q4b: Time simulation started (HH:MM) |
| Q3: Observer number | Q4a: Today's date (DD/MM/YYYY) ____ / ____ / ____ | ____ : ____ AM/PM |
| Q4c: Result | | |
| <input type="checkbox"/> Interview done | <input type="checkbox"/> Partially completed | |
| <input type="checkbox"/> Person in charge refused interview | <input type="checkbox"/> Person in charge is out | |

THIS TEST IS TO BE ADMINISTERED TO A HEALTH WORKER FROM OB/GYN SERVICES. EACH FOLIO (SET OF PAPERS) CORRESPONDS TO ONE HEALTH WORKER ONLY. IF YOU ADMINISTER THIS TEST TO SEVERAL HEALTH WORKERS, YOU NEED A NEW FOLIO FOR EACH HEALTH WORKER. ALSO BE SURE TO RECORD THE STAFF ID NUMBER OF THE HEALTH WORKER ANSWERING THIS TEST, BY REFERRING TO THE STAFF ROSTER TO OBTAIN THE STAFF ID NUMBER.

CHECK THE STAFF ROSTER AND SEE IF THE HEALTH WORKER IS RECORDED AS HAVING GIVEN CONSENT FOR THE RESEARCH. IF NOT YOU MUST READ THE FULL CONSENT FORM AND OBTAIN HIS/HER SIGNATURE. IF YES, REMIND HIM/HER USING THE TEXT BELOW.

Q5a: Has the health worker previously signed a consent form? Yes → go to Q6a No → go to Q7a

Q6a: ASK HEALTH WORKER: I would like to ask you some questions about your knowledge of a specific medical case. Your answers will remain confidential, we will not share the result of this interview and it will not have any impact on your work or the assessment of your performance. Do I have your permission to administer this questionnaire?

Yes → go to Q8a No, consent is not given → observation of this health worker must END; if available, approach another health worker for participation.

Q7a: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?

Yes → go to Q8a No, consent is not given → observation of this health worker must END; if available, approach another health worker for participation.

| | | |
|-----------------------------------|---|--|
| Q8a Staff Roster ID number | Q9a Gender | Q10a: Health Worker Category Code (see below for codes) |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | |

READ THE FOLLOWING TO THE HEALTH WORKER:

I will start asking you questions about your knowledge now. Please answer the following questions to the best of your knowledge. Most of the questions I will be asking you will require multiple responses from you. Please provide all responses that come to mind. I will probe sometimes to help you remember some more information. I may also ask you to demonstrate certain actions during the course of this interview. Finally, if you need me to repeat the question, just let me know.

| Health Worker Category Codes | | | | |
|---------------------------------|-----------------------|--|-------------------------|---------------------------------|
| 1. MD-Obstetrician/Gynecologist | 2. MD-Neonatologist | 3. MD-Surgeon | 4. MD- Family Physician | 5. MD - Pediatrician |
| 6. Physician's Assistant | 7. Nurse midwife | 8. Bachelor and Science of Nursing Nurse | 9. Diploma Nurse | 10. Nurse with Associate Degree |
| 11. Licensed Practical Nurse | 12. Certified midwife | 13. Midwife | 14. Nurse aide | 96. Other, please specify: |
| | | | | |

OBSTETRICS VIGNETTE
Postpartum Hemorrhage Simulation

Checklist for Management of Post-Partum Hemorrhage

| RECORD TIME OF BEGINNING OF THE SIMULATION (HH:MM) | __ : __ AM/PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------|-----|-------|-------|--|---|---|--|---------------------------------|---|---|--|--------------------------|---|---|--|------------------------------|---|---|--|---|---|---|--|--|---|---|--|--------------------------------|---|---|--|------------------------|---|---|--|-----------------------------------|---|---|--|---|---|---|--|-------------------------------|---|---|--|--------------------------------|---|---|--|-------------------|---|---|--|-------|--|--|--|-------|--|--|--|--|
| <p>THE FOLLOWING QUESTIONS CORRESPOND TO A CLINICAL CASE SCENARIO THAT THE HEALTH WORKER COULD EXPECT TO OBSERVE IN THE CLINIC. READ THE CASE SCENARIOS AND QUESTIONS EXACTLY AS THEY ARE WRITTEN. DO NOT READ THE OPTIONS OF ANSWERS. FOR CERTAIN QUESTIONS, MULTIPLE ANSWERS ARE POSSIBLE; IN THIS CASE, CIRCLE ALL ANSWERS GIVEN BY THE HEALTH WORKER. AFTER THE HEALTH WORKER HAS FINISHED ANSWERING THE QUESTION, ASK "ANYTHING ELSE?" IF ADDITIONAL ANSWERS ARE GIVEN AT THAT TIME, MAKE DUE RECORD OF THEM ON THE SURVEY FORM. BE CAREFUL TO FOLLOW THE SKIPS AS THEY ARE MARKED.</p> <p>DO NOT READ OPTIONS ALOUD, ONLY READ THE TEXT IN BOLD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT.</p> <p>Scenario: Mrs. C. is brought to the emergency department of the district hospital by her husband after she complained of a severe headache this morning.</p> <p>The following information is available from Mrs. C.'s antenatal record</p> <ul style="list-style-type: none"> • She is 20-years old • This is her first pregnancy • She is 37 weeks of gestation • She had two antenatal care visits during this pregnancy at 20 and 33 weeks gestation and there was nothing that indicated a problem <p>Question 101: Given the clinical information above, which information MUST be obtained IMMEDIATELY in order to initiate emergency management on her condition?</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%; text-align: center;">Go to</th> </tr> </thead> <tbody> <tr> <td>a. Ask time of onset of present symptoms</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>b. Check level of consciousness</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>c. Measure fundal height</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>d. Ask/Check any convulsions</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>e. Check vital signs (Temp, BP, Pulse, Respiration)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>f. Listen to/Assess foetal heart tones</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>g. Assess foetal movement</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>h. Check urine protein</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>i. Check for abdominal tenderness</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>j. Check any leaking of fluid from vagina</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>k. Check for vaginal bleeding</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>l. Health worker does not know</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>m. Other, specify</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | Yes | No | Go to | a. Ask time of onset of present symptoms | 1 | 0 | | b. Check level of consciousness | 1 | 0 | | c. Measure fundal height | 1 | 0 | | d. Ask/Check any convulsions | 1 | 0 | | e. Check vital signs (Temp, BP, Pulse, Respiration) | 1 | 0 | | f. Listen to/Assess foetal heart tones | 1 | 0 | | g. Assess foetal movement | 1 | 0 | | h. Check urine protein | 1 | 0 | | i. Check for abdominal tenderness | 1 | 0 | | j. Check any leaking of fluid from vagina | 1 | 0 | | k. Check for vaginal bleeding | 1 | 0 | | l. Health worker does not know | 1 | 0 | | m. Other, specify | 1 | 0 | | _____ | | | | _____ | | | | |
| | Yes | No | Go to | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Ask time of onset of present symptoms | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Check level of consciousness | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Measure fundal height | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Ask/Check any convulsions | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Check vital signs (Temp, BP, Pulse, Respiration) | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Listen to/Assess foetal heart tones | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Assess foetal movement | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Check urine protein | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Check for abdominal tenderness | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j. Check any leaking of fluid from vagina | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. Check for vaginal bleeding | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| l. Health worker does not know | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| m. Other, specify | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Scenario: Mrs. C. reports onset of severe headache and blurred vision six hours prior to coming to the clinic. She denies upper abdominal pain or decreased urine output, and fetal movement is normal.</p> <p>The following information is available from Mrs. C.'s records:</p> <ul style="list-style-type: none"> • BP: 160/120 mm Hg • Pulse: 84/minute • Temp: 37.2°C • Respirations: 18/minute • Fetal heart tones: 140 beats per minute • Fundal height: Appropriate for gestational age • Abdomen: Non-tender • Patellar reflexes: Normal • Urine: 3+ protein • Contractions: Two in ten minutes lasting 20 seconds by palpation <p>Question 201: Given the clinical information above, what is your working diagnosis?</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Yes | No | Go to | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Kidney infection | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Pre-eclampsia | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Severe pre-eclampsia | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Malaria | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Eclampsia | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. In labour | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Health worker does not know | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Other, specify | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

OBSTETRICS VIGNETTE
Postpartum Hemorrhage Simulation

| | | | |
|--|------------|-----------|--------------|
| _____ | | | |
| Question 202: What action do you believe is appropriate in managing the MOST urgent presenting condition? | Yes | No | Go to |
| a. Provide antimalarial | 1 | 0 | |
| b. Send home on strict bed rest | 1 | 0 | |
| c. If available, stabilize with magnesium sulfate | 1 | 0 | |
| d. If available, stabilize with antihypertensives | 1 | 0 | |
| e. Document findings and immediately refer Mrs. C to a higher level | 1 | 0 | |
| f. Health worker does not know | 1 | 0 | |
| g. Other, specify | | | |
| _____ | | | |
| _____ | | | |
| Question 203: If Mrs. C had been having a convulsion at the time she came to the clinic, what IMMEDIATE action should be taken? [probe, anything else?] | Yes | No | Go to |
| a. Give intravenous Diazepam | 1 | 0 | |
| b. Administer oxygen at 4-6L per minute if available | 1 | 0 | |
| c. Actively restrain | 1 | 0 | |
| d. Place in side lying position | 1 | 0 | |
| e. Protect from injury | 1 | 0 | |
| f. Give magnesium sulfate | 1 | 0 | |
| g. Give antihypertensives (nifedipine or apresoline) | 1 | 0 | |
| h. Health worker does not know | 1 | 0 | |
| i. Other, specify | 1 | 0 | |
| _____ | | | |
| _____ | | | |
| Question 204: What ESSENTIAL equipment and supplies MUST be available at the referral facility for someone with this condition?[probe, anything else?] | Yes | No | Go to |
| a. IV with normal saline or ringers lactate | 1 | 0 | |
| b. Urinary catheter and urinary bag | 1 | 0 | |
| c. Patellar hammer | 1 | 0 | |
| d. Wrist restraints | 1 | 0 | |
| e. Suction machine and catheter | 1 | 0 | |
| f. Oxygen and adult mask | 1 | 0 | |
| g. Injectable magnesium sulphate | 1 | 0 | |
| h. Calcium gluconate | 1 | 0 | |
| i. Injectable antihypertensives | 1 | 0 | |
| j. Injectable quinine | 1 | 0 | |
| k. Artemisinin combination therapy | 1 | 0 | |
| l. Health worker does not know | 1 | 0 | |
| m. Other, specify | | | |
| _____ | | | |
| _____ | | | |
| Scenario: One hour after the treatment, Mrs C has a moderate headache but she has no further convulsions. | | | |
| The following information is available from Mrs. C.'s records: | | | |
| • BP: 140/100 mm Hg | | | |
| • Pulse: 84/minute | | | |
| • Temp: 37.2°C | | | |
| • Respirations: 18/minute | | | |
| • Lungs: Clear to auscultation | | | |
| • Fetal heart tones: 130-140 beats per minute | | | |
| • Fundal height: Appropriate for gestational age | | | |
| • Abdomen: Non-tender | | | |

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| | | | |
|--|-----------------|-----------|--------------|
| <ul style="list-style-type: none"> • Patellar reflexes: Normal • Urine output: 40ml per hour • Contractions: Three in ten minutes lasting 40-60 seconds by palpation • Cervix: Soft, 4 cm dilation • Fetus: Cephalic presentation, head not palpable above the symphysis pubis | | | |
| Question 301: What are the APPROPRIATE next steps in management given the condition of Mrs. C at the current time?[probe, anything else?] | Yes | No | Go to |
| a. Repeat MgSO4 4 hours after last dose if respirations and reflexes are normal | 1 | 0 | |
| b. Repeat MgSO4 4 ONLY IF Mrs C has another convulsion | 1 | 0 | |
| c. Maintain diastolic BP between 90-100 thru anti-hypertensives | 1 | 0 | |
| d. Arrange for immediate C-section | 1 | 0 | |
| e. Monitor her labour and begin partograph | 1 | 0 | |
| f. Induce labour immediately | 1 | 0 | |
| g. Auscultate lungs hourly | 1 | 0 | |
| h. Record fluid intake and output hourly | 1 | 0 | |
| i. Get and record respirations, reflexes and patellar reflexes hourly | 1 | 0 | |
| j. Use ergometrine with amtsl | 1 | 0 | |
| k. Health worker does not know | 1 | 0 | |
| l. Other, specify | 1 | 0 | |
| _____ | | | |
| _____ | | | |
| TIME AT END OF MATERNAL HEALTH KNOWLEDGE QUESTIONS | ___ : ___ AM/PM | | |
| PLEASE PROVIDE ANY FURTHER COMMENTS ON THE QUALITY OF CARE: | | | |