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**Guidelines for teaching clinical skills at the practical skills center
(using the execution algorithm)**


Specialty: 5B130100 " General medicine"»

Discipline: Obstetrics

Course: 4

Department: Obstetrics and gynecology


Compiled By: Kulbayeva S. N., Junussova R. K.

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Considered at the meeting of the Department of obstetrics and gynecology

Protocol № 01 « 28 » 08 2022y.

Head of the Department, PhD, Ass. Professor  **S. N. Kulbayeva**

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1. Clinical skills title: The active management of the 3rd stage of labor

2.Tasks of training: teach active management of the 3rd stage of labor.

3. The time required for preliminary briefing and demonstration of the skill on the mannequin (in minutes) - 5 minutes.

4. Time required for independent mastering of the skill (in minutes, per student) - 10 minutes

5. Necessary theoretical knowledge for mastering skills: anatomy of the obstetric tract.


6. List of simulators, dummies, models, visual aids: Nadezhda simulator for active management of the 3rd stage of labor, placenta, tray, clamps, scissors, measuring container, oxytocin, syringe.

7. List of medical devices and equipment: a set for active management of the 3rd stage of labor.

8. The execution of skills:

№	Step-by-step actions	executed	Not executed	notice
1	The third stage of labor starts after the birth of a child and covers the period of time of the release of the placenta.			
2	Active management of the 3rd period: after the birth of the anterior shoulder, 10 units of oxytocin (or 5 units of i/v oxytocin) are injected i/m (for contraction of the uterus after the birth of the child); Delivery of the placenta by controlled cord traction: not earlier than 1 minute after the birth of the baby, clamp the cord closer to the perineum; hold the clamped umbilical cord slightly taut with one hand; place your other hand directly over the woman's pubis and stabilize the uterus by pulling it away from the womb while controlled pulling on the umbilical cord (this will help avoid uterine eversion); wait for a strong contraction of the uterus (2-3 minutes).			
3	As soon as you feel that the uterus has contracted (rounded, become dense) or the umbilical cord has lengthened, very gently pull the umbilical cord down (traction) to deliver the placenta. Don't wait for signs of placental separation before you start pulling on the umbilical cord.			
4	At the same time, continue to retract the uterus with the other hand (countertraction) in the opposite direction of pulling on the umbilical			

	<p>cord; if the placenta does not descend within 30-40 seconds during controlled traction, stop pulling on the cord and wait for another uterine contraction. if necessary, move the clamp closer to the perineum as the umbilical cord lengthens. during the next uterine contraction, repeat controlled traction for the umbilical cord with simultaneous countertraction to the opposite side.</p>			
5	<p>Never perform umbilical cord traction (pulling) without countertraction (abduction) of a well-contracted uterus! at the birth of the placenta, the thin fetal membranes can break off. Hold the placenta with both hands and gently twist the membranes until they are born (examine the placenta carefully to make sure it is intact).</p>			
6	<p>Uterine Massage: Immediately after delivery of the placenta, massage the uterus through the anterior abdominal wall until the uterus contracts.</p>			
7	<p>Control over the tone of the uterus is carried out: every 15 minutes during the first hour; every 30 minutes during the second hour; every hour during the third and fourth hours after childbirth; then every four hours for up to 24 hours postpartum. Women at low risk of postpartum haemorrhage may request physiological management of the third stage of labor. The transition from physiological management to active management of the third stage of labor is indicated in the case of: bleeding; retained placenta for an hour; a woman's desire to artificially accelerate the third period. • Cord pulling/uterine palpation should only be performed after oxytocin administration as part of active labor management.</p>			
8	<p>Indications for examination of the cervix: bleeding; instrumental childbirth; rapid or</p>			


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	impetuous delivery.			
9	<p>A midwife's observations of a woman in the third stage of labor should include:</p> <ul style="list-style-type: none"> • assessment of the general physical condition, hemodynamic parameters and skin color; • the nature and amount of vaginal discharge. <p>Long third period:</p> <ul style="list-style-type: none"> • The third stage of labor is diagnosed as prolonged if not completed within 30 minutes of birth with active labor management and 60 minutes with physiological management. 			
	<p>Treatment recommendations for retained placenta:</p> <ul style="list-style-type: none"> • IV access should always be available in women with retained placenta. An intravenous infusion of oxytocin should be used to assist delivery of the placenta. • If the placenta does not separate within 30 minutes of the oxytocin injection, or bleeding begins, the woman should have the placenta removed manually after information has been provided. 			
8	<p>Indications for calling a doctor (if the birth is conducted by a midwife)</p> <ul style="list-style-type: none"> • if active management of the 3rd stage of labor is ineffective, there are no signs of separation and discharge of the placenta within 30 minutes of active management; • at a separation of an umbilical cord; • with a defect in the placenta; • at bleeding; • ruptures of the soft birth canal, requiring suturing; • worsening condition of the puerperal. 			


9.Tasks: diagnosis, demonstration of skills of management of normal childbirth, filling partogram.

10. Materials for evaluation on the topic of the lesson


1. Bleeding in the afterbirth period is due to
 - a) violation of the processes of separation and releasing of the afterbirth
 - b) premature detachment of the normally located placenta
 - c) long anhydrous period
 - d) postponed pregnancy
 - e) birth abnormalities
2. When the afterbirth defect is detected, is carried out
 - a) bimanual compression

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- b) inspection of the cervix in the mirrors
 - c) manual examination of the uterine cavity
 - d) aortocaval compression
 - e) anesthesia
3. After the independent birth of the afterbirth, its integrity is in doubt. The uterus is dense. Blood loss-200,0 ml. Tactics:
- a) manual separation and release of the afterbirth
 - b) curettage of the uterine cavity
 - c) cold on the lower abdomen
 - d) oxytocin administration
 - e) manual examination of the uterine cavity
4. After the birth of the fetus, the parturient for 30 minutes has no signs of the placental separation, there is no bleeding from the genital tract. Presumptive diagnosis:
- a) infringement of the afterbirth
 - b) total true placenta increment
 - c) hypotonia of the uterus
 - d) full placenta previa
 - e) incomplete tight attachment of the placenta
5. The best prevention of postpartum bleeding is:
- a) administration of oxytocin i/v
 - b) methylergometrine i/v
 - c) active maintenance of the third period
 - d) rectal misoprostol administration
 - e) external massage of the uterus
6. Volume of surgery for hypotonic bleeding and blood loss 1500ml:
- a) hysterectomy
 - b) manual examination of the uterine cavity and uterine massage on the fist
 - c) supravaginal amputation of the uterus
 - d) ligation of internal iliac arteries
 - e) suturing by Lositsky method.
7. Interventions for hypotonic bleeding and blood loss 500 ml:
- a) bimanual compression of the uterus
 - b) supravaginal amputation of the uterus
 - c) hysterectomy
 - d) internal iliac artery ligation
 - e) suturing by B-Linch
8. In the early postpartum period, bleeding has reached 1000 ml and continues. Your tactics:
- a) amputation of the uterus with vascular ligation
 - b) manual examination of the uterine cavity
 - c) enter the contractile drugs
 - d) infusion-transfusion therapy
 - e) swab with ether in the rear of the vagina
9. The state of the puerpera is relatively satisfactory. Blood pressure 100/70 mmHg, pulse 98 beats/ minute. The skin of the usual color, from the genital tract is moderate spotting, reached 500.0 ml and continues. The afterbirth is whole. Upon inspection of the birth canal – there's no breaks. With external massage, the uterus becomes toned and after a while relaxes. Your diagnosis:

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- a) blood clotting disorder
 - b) uterine rupture
 - c) trophoblastic disease
 - d) atonic bleeding
 - e) DIC-syndrome
10. There was an timely delivery of a full-term female fetus weighing 3200.0 g., 52 cm long. within 30 minutes, there is no separation of the placenta and bloody discharge from the genital tract. Your diagnosis:
- a) Tight attachment of the placenta
 - b) Physiological post-partum period
 - c) Delay of the afterbirth in the uterus
 - d) Infringement of the placenta
 - e) Low placentation
11. In the early postpartum period bleeding has reached 1000 ml and continues. Your tactics:
- a) manual examination of the uterine cavity
 - b) enter the contractile drugs
 - c) ligation of blood vessels, the seams on the B - Linch
 - d) infusion-transfusion therapy
 - e) swab with ether in the rear of the vagina
12. Parturient D., 28 years old, who gave birth to a fetus weighing 4300.0, when examining the cervix on the mirrors, a bleeding rupture of the cervix of the 2nd degree was found. Tactics of the doctor:
- a) apply for a cervical rupture sutures
 - b) manual examination of the uterine cavity
 - c) dynamic observation
 - d) extirpation of the uterus without appendages
 - e) Ultrasound of the uterine cavity
13. In the afterbirth period for 30 minutes, the placenta did not separate. Bleeding from the genital tract 250.0 ml and continues. Your tactics:
- a) manual separation of the placenta and the releasing of the afterbirth
 - b) oxytocin administration
 - c) pulling the umbilical cord
 - d) introduction of saline
 - e) surgical hemostasis
14. There was an timely delivery of a full-term female fetus weighing 3200.0g, 52 cm length, within 30 minutes there were no signs of placenta separation and bloody discharge from the genital tract. Obstetric situation:
- a) delay of the afterbirth in the uterus
 - b) partial tight attachment of the placenta
 - c) infringement of the placenta
 - d) normal course of the postpartum period
 - e) placenta increment
15. After the birth of a child weighing 4000,0 g , after 10 min. bleeding reached 400 ml, there are no signs of placenta separation. Your tactics:
- a) manual separation and elimination of the afterbirth
 - b) i/v infusion of oxytocin and FFP
 - c) afterbirth separation by Krede-Lazarevich method

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- d) prepare donors
- e) an examination of the cervix in the mirrors

16. 10 minutes after the birth of the child, the bleeding reached 400 ml. There are no signs of placenta separation. Your tactics:

- a) manual separation and releasing of the afterbirth
- b) bladder catheterization
- c) administration of oxytocin/v
- d) examination of the cervix in the mirrors
- e) placental separation by Crede-Lazarevich

17. During the caesarean section hypotonic bleeding began. After birth, 1.0 ml of oxytocin solution was injected into the thickness of the uterus, there is no effect, bleeding continues. Your tactics:

- a) uterine massage on the fist
- b) overlay suture B-Linch
- c) supravaginal uterine amputation
- d) i/v oxytocin
- e) i/methylergometrine

18. The woman with 39-40 weeks of pregnancy was admitted to the maternity hospital in the 1st period of labor. After 5 hours, she gave birth to a live full-term girl. After the birth of the child, the midwife palpated the abdomen for the presence of another fetus in the uterus. Convinced of the absence of the second fetus, the midwife carried out the prevention of bleeding in childbirth. Specify the drug that was used by the midwife?

- a) Oxytocin of 2.0 i/m
- b) Papaverine 2.0 i/m
- c) Methylergometrine 1.0 i/m
- d) Dicinone 1.0 i/m
- e) Analgin 2.0, i/v


11. Criteria for assessing the performance of a skill


1. The task has been completed in full.
2. The task is not completed in full or in part.
3. The task is not completed completely.

12. Literature: basic and additional

1. Clinical Protocol normal birth (moderate birth in congenital heart disease) of the Ministry of health of the Republic of Kazakhstan from 03.05.2019, no. 65
2. Bodyazhina, V. I. Cyesthesiology. Part 1: the book /. - Almaty : "Evero", 2017. - 244 p.
3. Bodyazhina, V. I. Cyesthesiology. Part 2: the book /. - Almaty : "Evero", 2017. - 244 p.
4. Bodyazhina, V. I. Cyesthesiology. Part 3 : the book /. - Almaty : "Evero", 2017. - 244 p.

13. Standard of correct answers based on materials for evaluation Diagnosis: 1 – a, 2- c, 3-e, 4-b, 5-c, 6-a, 7-a, 8-a, 9-d, 10-a, 11-c, 12-a, 13-a, 14-e, 15-a, 16-a, 17-b, 18-a, 19-a.

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