



ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of Obstetrics and gynecology	044-34/16	
Guidelines for teaching clinical skills at the practical skills center (using the execution algorithm)	1 page out of 8	

**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
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ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ	 SKMA -1979-	SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of Obstetrics and gynecology	044-34/16	
Guidelines for teaching clinical skills at the practical skills center (using the execution algorithm)	2 page out of 8	

Considered at the meeting of the Department of obstetrics and gynecology

Protocol № 01 « 28 » 08 2022y.

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ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ	 SKMA -1979-	SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of Obstetrics and gynecology Guidelines for teaching clinical skills at the practical skills center (using the execution algorithm)	044-34/16 3 page out of 8	

1. Clinical skills title: Management of the 2nd stage of physiological childbirth

2.Tasks of training: to teach to diagnose, carry out the 2nd stage of physiological childbirth

3.Time for demonstration of skills on a preliminary briefing and a dummy-5 minutes.

4. Time to master skills-10 minutes


5. The necessary theoretical knowledge for the development of skills: the anatomy of the bones of the female pelvis, the size of the bones of the fetal skull, the anatomy of the birth canal, the emergence of the mechanism of the labor.

6. List of models: simulator, mannequin, multi-functional mannequin in newborns and women in labor; Nadejda simulator for practical skills of physiological delivery; simulator model for determining the state of the cervix before birth, during delivery, in the postpartum period; model-Leopold methods for external obstetric research; model of a child with movable joints.


7.The list of medical instruments and equipment: a set for childbirth, a set for newborns, a diagram of a partogram, a stethoscope, a centimeter tape.

8. The execution of skills:

№	Step-by-step actions	executed	Not executed	notice
1	The second stage of labor begins with the full dilation of the cervix and ends with the birth of the fetus.			
2	Passive phase of the second stage of labor: • detection of full disclosure of the cervix before active attempts. Active phase of the second stage of labor: • from the beginning of attempts to the expulsion of the fetus. The following temporal criteria for the duration of the active phase of the second stage of labor have been proposed: • in nulliparous: 2 hours without regional anesthesia and 3 hours with regional anesthesia; • in multiparous: 1 hour without regional anesthesia and 2 hours with regional anesthesia.			
3	Recommendations for monitoring in the second stage of labor: The midwife's observations of the woman in labor in the second stage of labor include (all observations are recorded in the partograph): • hourly measurement of blood pressure and pulse; • measurement of body temperature every 2 hours; • vaginal examination offered hourly during the active phase of the second stage of labour; • documenting the frequency of contractions			

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Department of Obstetrics and gynecology		044-34/16
Guidelines for teaching clinical skills at the practical skills center (using the execution algorithm)		4 page out of 8

	<p>every half an hour;</p> <ul style="list-style-type: none"> • auscultation of the fetal heart rate should be performed after each effort for one minute. The mother's pulse should be palpated if fetal bradycardia/any fetal heart rate abnormalities are suspected to distinguish between the two heartbeats. • control over the frequency of bladder emptying; • constant satisfaction of the emotional and physiological needs of women. 			
4	<p>NB! It is necessary to constantly take into account the position of the woman, the need to drink, the relief of pain during the second period.</p>			
5	<p>Help in the second stage of childbirth:</p> <ul style="list-style-type: none"> • the birth of a child can take place in any position that the woman herself has chosen (undesirably - the position on the back); • attempts are regulated by the woman in labor; • if pushing is not effective, support, posture changes, bladder emptying, and rewards can be used; • in the pushing period, it is necessary to auscultate the fetal heartbeat for one minute - every 5 minutes or after each push. <p>episiotomy should be performed during surgical interventions or a threatening condition of the fetus;</p> <ul style="list-style-type: none"> • an effective infiltrative analgesia should be carried out before performing an episiotomy (lidocaine solution 2% - 2.0 ml or procaine solution 0.5% - 10 ml); • after the birth of the head, check if there is any entanglement with the umbilical cord, if the entanglement is tight, cross the umbilical cord between 2 clamps, if it is not tight, loosen the tension on the umbilical cord and wait for the next attempt. 			
6	<p>The newborn is accepted on pre-warmed diapers. The child drains, spreads on the mother's stomach. Cuts the umbilical cord between clamps.</p> <p>Primary newborn care:</p>			

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Department of Obstetrics and gynecology		044-34/16
Guidelines for teaching clinical skills at the practical skills center (using the execution algorithm)		5 page out of 8

	<p>Care is provided by the midwife who delivered the baby or in collaboration with the pediatric nurse.</p> <p>For the first two hours, the baby is in constant skin-to-skin contact with the mother.</p> <p>When signs of readiness appear, give the newborn the opportunity to independently begin breastfeeding.</p> <p>The first breastfeeding consultation is given by the midwife.</p> <p>Measure the child's body temperature with an electronic thermometer after 30 minutes and by the end of the 2nd hour from the moment of birth (the norm is 36.5 - 37.5 ° C).</p> <p>Prophylactic application of 1% tetracycline ointment to the eyes of a newborn is carried out at the end of the 1st hour after birth.</p>			
7	<p>Use home clothes for a newborn.</p> <p>Weighing and measuring the child is carried out by the end of the second hour in compliance with all the rules of thermal protection.</p> <p>An examination by a neonatologist is recommended at the end of the 2nd hour, after which the child is changed into clean and dry clothes, undershirts and sliders. To prevent hemorrhagic disease of the newborn, administer phytomenadione IM 10 mg once (peroral administration of the drug is possible according to the instructions).</p> <p>After 2 hours, in the absence of complications, the puerperal woman with the newborn is transferred to the postpartum ward.</p>			


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

10. Materials for assessment on the topic of the lesson

Clinical case: A woman in labor, 26 years old, with normal pelvic dimensions, 4 hours after the onset of regular labor, with whole amniotic sac, was admitted to the regional perinatal center.

In the anamnesis: in sexual contact since 21 years. There are no gynecological diseases. No drug allergies. Two births, normal.

Objectively: the condition is satisfactory, t-36.60 C, pulse 86 times per minute. BP 120/80, 120/70 mm.crit.gr. Vesicular breathing in the lungs. The heartbeat is rhythmic. The size of the uterus corresponds to the full term pregnancy. The location of the fetus is vertical, second position, front view, the head is placed at the entrance of the small pelvis. Fetal heartbeat 140 times / min., to the left of the navel. Contractions for 40-45 seconds, after 3-4 minutes. Excreted

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Department of Obstetrics and gynecology		044-34/16
Guidelines for teaching clinical skills at the practical skills center (using the execution algorithm)		6 page out of 8

mucous, with an admixture of blood. When examining by vaginal mirror vagina is without pathology.

PV: the cervix is smoothed, the opening is 6-7 cm, the fetal bladder is intact. The head of the fetus is installed at the entrance of the small pelvis. Small fontanelle is on the right. Sagittal suture is in the left oblique size of the small pelvis. Excreted mucous, with blood.


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: III pregnancy, III childbirth, 39 weeks, childbirth.

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<p>Department of Obstetrics and gynecology</p>		<p>044-34/16</p>
<p>Guidelines for teaching clinical skills at the practical skills center (using the execution algorithm)</p>		<p>7 page out of 8</p>