



Case 3: Postpartum Hemorrhage Secondary to Retained Products of Conception and is Responsive to a Single Medication

Learning Objectives

By the end of this scenario, each care team member should be able to successfully do the following:

- Recognize risk factors for postpartum hemorrhage.
- Identify postpartum hemorrhage due to retained products of conception and be able to treat with appropriate medical management.
- Demonstrate teamwork and communication skills during a simulated postpartum hemorrhage.

Planned Completion Points

To successfully complete this scenario, the care team should do the following:

- Recognize retained products of conception as the etiology for postpartum hemorrhage.
- Perform uterine massage.
- Perform a vaginal exam and examine lower uterine segment.
- Examine the delivered placenta.



- Administer at least one uterotonic medication correctly.
- Call for blood (e.g. 2 units of PRBCs).

OR

- If 10 minutes has elapsed after recognition of hemorrhage and the team has not corrected the bleeding or called for blood.

Expected Duration of Exercise

Approximately 60 minutes (30 minutes for simulation / 30 minutes for debriefing).

Case Scenario

▶ Patient: Jennifer Patton

Mrs. Jennifer Patton is a 32-year-old G5P0040 who was admitted in active labor at 41+2 weeks. History is significant for 4 surgical terminations. She progressed in labor and has an uncomplicated delivery of a live female infant with Apgars 9¹9⁵ and a weight of 3755 grams. Immediately after delivery, she had some brisk bleeding. The placenta took about 20 minutes to deliver and required a bit more traction than normal. After the delivery of the placenta she continues to have bleeding that is more than normal. She had no lacerations. She is now approximately 30 minutes postpartum and is still having some bleeding.

▶ Patient Information

- She has no significant past medical history.
- She has no known drug allergies.
- Her pregnancy was uncomplicated except for an elevated 1-hour glucose screen with a normal 3-hour glucose tolerance test.

▶ Laboratory Data (On Admission)

- Hemoglobin: 12.2
- Hematocrit: 36.6
- WBC: 12,000
- Platelets: 218,000

▶ Delivery Information

- Measurement of cumulative blood loss (as quantitative as possible) from the delivery thus far is 400cc.
- The vaginal vault and perineum was inspected; no lacerations were found.
- The infant weighed 3755 grams.
- The patient has an IV line in place with oxytocin running.
- Placental inspection shows missing portions of the placental bed.

▶ Family Member/Patient Instructions

- **Standardized Patient:** If you have a person playing the role of the patient during the scenario, she should emphasize that this is a lot of bleeding and she is worried if that is normal. As the bleeding continues she can also state that she is feeling faint and dizzy.



- **Family Member:** You can also have someone play the role of the patient’s family or friend. This person may be the patient’s partner, mom, other relative, or a friend. This person should continue to ask questions during the scenario including things like “Why is she bleeding so much?” “Is this normal?” “Do we need to be worried?” “Why is she bleeding so much” or “She looks like she is kind of pale” or “Does she need blood?”

As the patient’s vital signs continue to decline, this person can occasionally ask, “Is she going to die?” The person should be anxious with any mention of going to the OR and ask for clarification as to why that is necessary. This person should continue to voice that the patient wants to have more children. This person should initially refuse to, but reluctantly, leave the patient’s bedside when/if asked to.

▶ **Answers to Common Questions for the Scenario**

- The patient does not have a history of asthma or hypertension in this case.
- The patient does not have any known allergies to medications.
- If asked additional questions, try and redirect and not answer specifics so as not to introduce things that might complicate the scenario (i.e. don’t say that she has a relative with an unknown bleeding disorder).



Case 3: Case Flow/Algorithm with Branch Point and Completion Criteria

Simulation facilitator will introduce the scenario to the team outside the room and then bring OB Nurse to the patient's room and then read them the patient scenario. The OB Nurse should then enter the room, assess the patient and then call for assistance

VITALS	
Start	
BP: 130/80 HR: 105bpm EBL: 500cc	
2 mins	
BP: 110/70 HR: 120bpm EBL: 750cc	
2 mins	
BP: 90/65 HR: 125bpm EBL: 1000cc	
2 mins	
BP: 80/60 HR: 140bpm EBL: 1500cc	
2 mins	
BP: 110/75 HR: 105bpm EBL: 500cc	
End	

