

# Midwifery Emergency Skills Program (MESP) Team Action Checklist

## Abnormal Fetal Status / Cord Prolapse

→ Check each action performed by either 1<sup>st</sup> or 2<sup>nd</sup> attendant

Primary attendant: \_\_\_\_\_

2<sup>nd</sup> attendant: \_\_\_\_\_

Checked by: \_\_\_\_\_

- Counts as per standard and identifies FHR as abnormal
  - Communicates with client & team
  - Changes client's position
  - Repeats IA immediately after next contraction – or may choose EFM if available
  - Recognizes abnormal FHR + initiates Intrauterine resuscitation
  - VE re: presentation, progress and RO cord prolapse
  - 16-18g IV access– if volume depleted w bolus N/S / IV access
  - O<sup>2</sup> only if O<sub>2</sub> Sat low or resuscitation required
  - If **cord presentation** (Intact membranes) – REMOVES hand immediately
  - If **cord prolapse** keep hand in! Push presenting part out of pelvis
  - Calls for help / communicates urgency of situation to all
    - EMS
    - Asks 2<sup>nd</sup> or family / support to call hospital and /or consultant
    - Asks 2<sup>nd</sup> to document
    - Prepare for CS
  - Knee Chest or lateral sims
  - Monitor FHR continuously
  - Prepare for Transport – **bring** Doppler, Birth kit, oxy, NB resus, chart
  - Consider retrofill bladder if long transport
  - SBAR on arrival at hospital
  - Do NOT remove hand until surgeon instructs in the OR after uterine incision
- Accelerate birth if clear vaginal birth can be quickly achieved.
  - Upright posture
  - Encourage strong pushing efforts between and during contraction
  - Consider episiotomy
- Keep cord intact – with initial steps and PPV
  - Recommend Active management 3<sup>rd</sup> stage.