LINDSAY (OP2-1)

Scenario Script Lindsay	
Case Presentation (to be read to participants):	You are called to attend a vaginal delivery of a 39-week infant because mother is psychiatric (schizophrenia). The mother is 26-year-old, G1 P1. Treatment was Haloperidol Olanzapine, Oxazepam. The pregnancy was uncomplicated, but follow up of the pregnancy began late at 20 weeks. The labour started spontaneously 6 hours ago. The amniotic fluid was clear. The foetal heart rate was normal. The mother wants to leave to go back to the psychiatric hospital. Talk is incoherent The anesthesiology team decided to perform sedation (no opioids). Quick birth after sedation

Facilitator 1 Midwife	• **Bold Point in prebriefing →**
	• Make feel it could be an unusual situation.
	• Exit from the room, learners have to prepare what they could need
	• **Role in the scenario**
	  ○ Come with the newborn, tells she doesn't cry and she is floppy
	  ○ Birthweight is 3000g
	  ○ She has to leave because there is a second delivery in another delivery room
	  ○ If learners stucked, suggests ventilation

Pedagogic sheet	
Learning objectives	Objective 1: Initiate resuscitation with correct Phase A Objective 2: Recognition of a newborn requiring PPV and dependant to the PPV Objective 3: Discuss the potential need for intubation
Stage of the scenario Trigger: **1-Ventilation** **2- Stop Ventilation** **3 Resuming ventilation**	**Initial state**: RR 5/min, SpO$_2$ 65%, HR 80/min, grunting, limp
	Ventilation: RR 40/min, SpO$_2$ 80%, HR 130/min, increase HR after 20 seconds of ventilation
	No ventilation: leads to bradycardia 80 stop weak cry, RR 0, SpO$_2$ 74.
	Resuming ventilation: RR 55/min, SpO$_2$ 90%, HR 150/min at 5 minutes End of the scenario

Key points of the debriefing	• **PPV at the right time**
	• **Dependancy to PPV, what to do in this case**
	• **Communication between learners**
	  ○ ILCOR Step A
	  ○