

Knowledge of Obstetric Hemorrhage

Instructions: Using an X, mark the option that best answers the question.

1. Postpartum hemorrhage is defined as the loss of how much blood after a vaginal birth?

- a. More than 300 ml
- b. More than 500 ml
- c. More than 750 ml
- d. More than 1000 ml

2. When uterine atony is present, what are the best first actions to take?

- a. Ask for help, start an IV, administer syntocinon or other uterotonic
- b. Administer syntocinon, administer misoprostol, administer ergovina
- c. Ask for help, prepare for hysterectomy, start an IV
- d. Uterine masage, begin lactation, and manual revision of the uterus

3. Indicate whether the following statement is true or false: Active Management of the Third Stage of Labor reduces the risk of Postpartum Hemorrhage.

- a. True
- b. False

4. What is the most common cause of postpartum hemorrhage?

- a. Atony
- b. Vaginal Laceration
- c. Coagulation disorder
- d. Retained placenta/placental fragments

5. Indicate whether the following statement is true or false: Increase in pulse is a sign or symptom of hypovolemic shock.

- a. True
- b. False

6. How much crystalloid solution (isotonic fluid) should be replaced after losing 1 liter of blood?

- a. 1000 ml
- b. 3000 ml
- c. 5000 ml
- d. 7500 ml

7. What is the maximum dose of syntocinon for treatment of obstetric hemorrhage?

- a. 20 IU
- b. 40 IU
- c. 60 IU
- d. 100 IU

8. What is the correct dose for misoprostol (rectally) for treatment of obstetric hemorrhage?

- a. 1 Tablet (200 mcg)
- b. 4 Tablets (800mcg)
- c. 6 Tablets (1200 mcg)
- d. 10 Tablets (2000 mcg)

9. Indicate whether the following statement is true or false: Ergonovine is contraindicated in patients with hypertension.

- a. True
- b. False

Knowledge of Neonatal Resuscitation

Instructions: Using an X, mark the option that best answers the question unless the question specifies that you can mark more than one option.

1. What is the definition of a vigorous infant?

- a. Crying, good tone, Heart Rate >100
- b. Limp, Heart Rate >160, Respiratory Rate >40
- c. Poor color, Crying, Heart Rate <80
- d. Limp, poor color, crying

2. What are the first steps in routine newborn care?

- a. Dry, Stimulate, keep warm
- b. Suction, Give oxygen, Keep open to air
- c. Place under lamp, Check Respiratory Rate, Check Temperature
- d. Position airway, Check Temperature, Obtain APGAR

3. What is the initial step for resuscitation in a baby born with meconium?

- a. Dry
- b. Suction
- c. Stimulate
- d. Give oxygen

4. Indicate whether the following statement is true or false: Bag and mask ventilation is equally effective with or without oxygen.

- a. True
- b. False

5. What is the heart rate for beginning positive pressure ventilation?

- a. <160
- b. <120
- c. <100
- d. <60

6. What is the rhythm for positive pressure ventilation alone?

- a. And-One-and-Two-and-Three-and - Four- and -Breathe
- b. Breathe-two-three
- c. One-breathe-two-breathe-three-breathe
- d. One- two- three- breathe- breathe

7. You have performed the recommendations for resuscitation and the heart rate remains less than 60. For how much time should you continue giving aggressive resuscitation efforts?

- a. 1 minutes after failure to respond
- b. 5 minute after failure to respond
- c. 15 minutes after failure to respond
- d. 25 minutes after failure to drespond

8. What is the heart rate for starting chest compressions?

- a. <100
- b. <90
- c. <80
- d. <60

9. What is an component of cord care during a normal delivery?

- a. Immediately clamp and cut the cord, pass the baby to the warmer for evaluation
- b. Place the baby on the abdomen for skin-to-skin and clamp the cord between 1 and 3 minutes following delivery
- c. Leave the cord connected until birth of the placenta
- d. Immediately clamp and cut the cord and place the baby on the maternal abdomen skin-to-skin

10. How long after a normal birth should breastfeeding be initiated?

- a. Within 1 hour of delivery of the infant
- b. After the 1-hour evaluation of mother and infant
- c. Before the mother is discharged
- d. Within 1-2 hours, after infant has been evaluated by the provider

Knowledge of Teamwork and Communication Concepts

Instructions: Mark with an X the option that best answers the question.

1. A 'check back' is used during an emergency situation to ensure:

- a. All team members are present and accounted for.
- b. The patients family receives adequate communication.
- c. Both sender and receiver confirm the message.
- d. Everyone knows there is an emergency

2. A 'shared mental model' is important to team functioning because:

- a. Everyone will have the same clinical knowledge and skill.
- b. It allow for a common understanding of the environment and goals.
- c. It identifies the person responsible for the patient outcome.
- d. It promotes pass off of care to another providers.

3. Indicate whether the following statement is true or false: A key competency of a leader is to direct, coordinate, and assign tasks.

- a. True
- b. False

4. Based on the two-challenge rule: if you express concern about an order twice and the leader does not respond, you should:

- a. Leave the situation immediately.
- b. Take of vote among those present.
- c. State you are concerned about patient safety and seek a second opinion from a superior or colleague.
- d. Take a leadership role in the situation.

5. SBAR is a technique for rapidly communicating critical patient information. SBAR stands for: Situation, Background, Assessment, and Recommendation/Request. Please select an example of a correct SBAR:

- a. "The patient is bleeding!"
- b. "The patient is bleeding excessively. This is her seventh birth. She gave birth about five minutes ago, and I immediately applied 10 units of oxytocin IM but her uterus did not contract. I think she has uterine atony. Please apply 20 additional units of oxytocin IV."
- c. "I have a gravida 9 para 8 patient who arrived about two hours ago with her husband and mother. They traveled for about an hour to get here, and she was almost 8 cm dilated when she arrived. She was doing well and her baby was born very healthy; her placenta was complete. I applied 10 units of oxytocin IM. Please apply an additional 20 units of oxytocin IV, because now she is bleeding excessively."
- d. "The patient gave birth to her seventh child about five minutes ago. Now she is bleeding excessively. I applied 10 units of oxytocin IM but her uterus did not contract. I think she has uterine atony."

6. Call-out is a quick way of alerting the team to the severity of an emergency so that they can allocate attention appropriately. Please select an example of a correct call-out:

_____ a. "The mother arrived several hours ago and had a very prolonged labor. The baby was born flaccid and is not breathing; there was meconium in the amniotic fluid. Can you please help?"

_____ b. "The baby is not breathing. She was born three minutes ago very flaccid and there was meconium in the amniotic fluid. I have suctioned, stimulated and given PPV but her heart rate continues to drop; it is now at 70. I think the breaths I am giving are not effective. Can you please take over and give PPV?"

_____ c. "The baby is not breathing!"

_____ d. "I think this baby may need help, since it is very flaccid. Can you please evaluate the baby?"

Knowledge of Preeclampsia/Eclampsia

Instructions: Using an X, mark the option that best answer.

1. If a woman presents at 10 weeks gestation with hypertension without a previous history of hypertension, you would give her a diagnosis of:

- a. Chronic hypertension
- b. Gestational hypertension
- c. Preeclampsia
- d. Eclampsia

2. What element helps to differentiate between gestational hypertension and preeclampsia?

- a. Weeks of gestation
- b. Proteinuria
- c. Edema
- d. History of hypertension prior to pregnancy

3. What symptom indicates the diagnosis of mild preeclampsia in a pregnancy of 37 weeks gestational age?

- a. BP >140/90, proteinuria
- b. Proteinuria and edema
- c. BP >140/90 and edema
- d. BP >160/110, proteinuria

4. What is the preferred treatment/management for severe preeclampsia with BP>160/110?

- a. Hydralazine and Cesarean
- b. Magnesium sulfate, hydralazine and vaginal delivery
- c. Magnesium sulfate and Cesarean
- d. Hydralazine and vaginal delivery

5. Indicate whether the following statement is true or false: Magnesium sulfate is administered with the intention of lowering blood pressure to avoid the risk of cerebral hemorrhage.

- a. True
- b. False

6. What is the preferred medication to prevent seizures in a patient with preeclampsia?

- a. Hydralazine
- b. Nifedipine
- c. Magnesium sulfate
- d. Diazepam

7. What is the loading dose of magnesium sulfate?

- a. 2 g
- b. 4 g
- c. 1 g
- d. 10 g

8. A patient is receiving a loading dose of magnesium sulfate, when should you consider using an anti-hypertensive medication as well?

- a. BP: 140/90
- b. BP: 160/105
- c. Anti-hypertensive medications should not be used if the patient has received magnesium sulfate
- d. Seizures

9. What is the risk of a 4 g loading dose of magnesium sulfate?

- a. Cardiac arrest
- b. Respiratory Distress
- c. Fetal distress
- d. None, there is no evidence of cardiac or respiratory effects with a loading dose

10. What are the signs/symptoms of severe preeclampsia, together with BP 150/95?

- a. Proteinuria > 3+ and Oliguria
- b. Epigastric pain and severe headache
- c. Platelets < 50,000
- d. All of the above

Knowledge of Shoulder Dystocia

Instructions: Mark with an X the option that best answers the question unless the question specifies that you may mark more than one option.

1. Indicate whether the following statement is true or false: A shoulder dystocia can be effectively managed by one trained provider.

- a. True
- b. False

2. What is a maternal risk factor for shoulder dystocia? (Select all that apply):

- a. Gestational Diabetes
- b. Pre-eclampsia
- c. Maternal malnutrition
- d. Weight gain of ≥ 20 kg during pregnancy

3. What is a sign of shoulder dystocia? (Select all that apply)

- a. Prolonged active phase/prolonged 2nd stage
- b. Turtle sign (the chin retracts and presses against the perineum)
- c. The anterior shoulder delivers easily following delivery of the head.
- d. Breech Presentation

4. What percentage of cases of shoulder dystocia are resolved by the McRoberts with suprapubic maneuver?

- a. 5-25%
- b. 40-60%
- c. 70-90%
- d. 95-100%

5. What is the aim of the fetal rotational maneuvers?

- a. To reduce the diameter of the shoulders
- b. To apply traction to the infant's head
- c. To rotate the axis of the shoulders to a diagonal position with more space.
- d. To extract the posterior arm

6. What is a potential neonatal complication due to shoulder dystocia?

- a. Brachial plexus damage
- b. Hip fracture
- c. Macrosomia
- d. Neonatal hypertension

7. What is a potential maternal complication due to shoulder dystocia?

- a. Retained placenta
- b. Postpartum hemorrhage
- c. Seizure
- d. Deep vein thrombosis

Self-Efficacy Assessment for Care of General Obstetric and Neonatal Care and Emergencies

Instructions: Please rate how certain you are that you can manage the obstetrical cases

0 10 20 30 40 50 60 70 80 90 100

Cannot do at all

Highly certain can do

Obstetric and Neonatal Care and Emergencies		Confidence 0-100
1	Asking for help early	
2	Communicating with woman and her family during an emergency	
3	Locating the equipment needed during an emergency	
4	Communicating your actions to the team in an emergency	
5	Estimate blood loss	
6	Preform the three steps of active management of the third stage of labor	
7	Selecting the right medications and doses for treating uterine atony	
8	Determining neonatal vigor	
9	Recognizing when a newborn needs neonatal resuscitation	
10	Performing routine care of the neonate on the maternal abdomen	

Evaluation of PRONTO Training

Please help us evaluate PRONTO by responding to the following questions:

1. I understood clearly the purpose and objectives of the training.

1	2	3	4	5
Completely Agree	Agree	Neutral	Disagree	Completely Disagree

2. I was supported during the learning process

1	2	3	4	5
Completely Agree	Agree	Neutral	Disagree	Completely Disagree

3. The scenarios were similar to real situations.

1	2	3	4	5
Completely Agree	Agree	Neutral	Disagree	Completely Disagree

4. The feedback was constructive.

1	2	3	4	5
Completely Agree	Agree	Neutral	Disagree	Completely Disagree

5. I would like to participate in simulations in the future.

1	2	3	4	5
Completely Agree	Agree	Neutral	Disagree	Completely Disagree

6. The trainers were well-prepared and had a lot of knowledge about the subject.

1	2	3	4	5
Completely Agree	Agree	Neutral	Disagree	Completely Disagree

7. The trainers were experienced in simulation training

1	2	3	4	5
Completely Agree	Agree	Neutral	Disagree	Completely Disagree

8. I will use the tools I learned in this training in my work.

1	2	3	4	5
Completely Agree	Agree	Neutral	Disagree	Completely Disagree

9. I will use the teamwork concepts in my practice.

1	2	3	4	5
Completely Agree	Agree	Neutral	Disagree	Completely Disagree

10. Have you participated in the Harmonized EMONC training program?

Yes

No

10.1. If yes, when: _____

11. Have you participated in other obstetric trainings?

Yes

No

11.1 If yes, which: _____

11.2. How long ago?

- _____ **Less than 3 months**
- _____ **Between 3 and 6 months**
- _____ **Between 6 and 12 months**

_____ More than 1 year ago

12. Have you participated in other neonatal resuscitation trainings? Yes No

12.1 If yes, which: _____

12.2 How long ago?

_____ Less than 3 months

_____ Between 3 and 6 months

_____ Between 6 and 12 months

_____ More than 1 year ago

13. How important do you believe PRONTO training is for your clinical setting?

1	2	3
Very important	Somewhat	Not important

14. Which aspects of the training did you most enjoy?

15. Please list two things you would like to see added or changed about the training?

16. Is there anything you learned in the Module I PRONTO training that you have (or will) put into practice?

17. Have you been impacted by the syntocinon quarentine?

18. Additional comments: