OSCE
Candidate information

A junior Registrar is spending a year in a remote location where they will often be the only doctor on call. There is no obstetric cover in the predominantly indigenous population, and the Registrar is concerned they may have to manage a post-partum haemorrhage (PPH). Please answer any questions they have regarding management of PPH.

Domain	**%**
Medical expertise	50
Prioritisation and decision making	
Communication	30
Teamwork and collaboration	
Leadership and management	
Health advocacy	
Scholarship and teaching	20
Professionalism	

Actor (Registrar) information

You are going to spend a year working in a remote Indigenous community where you will often be the only doctor on call. You are concerned about having to manage an obstetric emergency, as there is no obstetrics cover in the area, and you are aware there is a high rate of obstetric complications.

You have asked your consultant to go through the management of PPH.

Prompts:

- Defined as >500ml loss of blood traditionally (>1000ml if severe), but now simply HD compromise regardless of the estimated blood loss
- Causes: Trauma (uterine rupture, tears), Tone (uterine atony), Thrombin (DIC), Tissue (RPOC), other
- Risk factors: often irrelevant, but prolonged labour and multiparity, abnormally placed placenta
- Management:
    - The usual: ABCDE and blood replacement
    - Uterine massage/bimanual uterine compression, empty bladder
    - RPOC: check cervix, explore uterine cavity, consider packing of uterus
    - Drugs: oxytocin 5-10units*, ergometrine 25-50mcg IV, misoprostol 500-1000mcg PR, Prostaglandin (carboprost 0.25mg IM), TXA 1g IV
    - DIC: replace clotting factors/platelets/cryoprecipitate or fibrinogen concentrate
    - Balloon tamponade, hysterectomy
- Note that shocked pts will have less muscle perfusion and so IV dosing may be better than IM

* may need infusion of oxytocin 40 units in 1L NS at 250ml/hr if high risk of ongoing PPH

Marking:

	Mark
Identifies four causes of PPH	**2**
Gives at least three management options with doses	**2**
Mentions three non-drug related management options (eg uterine massage)	2
Mentions usual resuscitation principles with blood replacement and ABCDE approach	1
Mentions Obs Gynae input/admission	1
Defines PPH (or gives reasonable definition)	1
Manner to colleague – open, structured, etc	1