

Birth Plans, Pain Meds, Interventions and Postpartum – Alternate Method “Roleplaying Game”

AV Aids: 9 dice, 3 quarters
 Grab Bag of Comfort Tools
 Supplies for ice exercise
 Posters: Pitocin, AROM, Vacuum, Forceps, EFM, IFM, Epidural
 Pelvis, Fetal doll.
 Interventions props, such as vacuum, forceps, EFM bands, BP cuff
 Video: epidural and cesarean
 Optional: positions posters, massage tools, key question cards

Overview of Class – Write on Board

Birth Plans / PMPS
 Labor Begins: Preterm, Induction, Informed Choice, Precip
 Birthplace Routines / Coping with Active Labor
 Pain Medication Options
 Challenging Labors: Coping, Augmentation
 Pushing, Second Stage Interventions
 Cesarean Birth

Big picture of how role-playing game works: divide class into three teams. Each will speak for one character. For each team, ask for a dice rolling volunteer and give them three dice. Ask for a coin flipping volunteer, and give them a coin. There will be several times during class where you'll either ask them to 🎲 make up an answer for how they think their character would respond to a situation, # roll dice or 🪙 flip a coin to determine what happens, or + do math to add something up. On the board, draw three columns where you can take notes on what's happening with each character. Even during the lecture portions, you can often refer to their characters and their characters' progress: "so, if your early labor was long, like Mary's, then..." Or "think how Sally might feel if this happened." If needed, cheat the math or have them re-roll so you end up with three diverse stories, shift things around as needed to make sure you cover the content you need to cover and so that each of them may face some challenging situations, but in the end everyone has a positive birth experience and a positive outcome.

<p>20 minutes</p>	<p>Birth Plans <i>What is it? Steps: Discuss w/partner: Worksheet at www.PCNGuide.com. Talk to HCP about top questions or priorities. Write 1 pager for nurses: who you are/ what you're hoping for.</i></p> <p>Pain Med Preferences PCN 214 Brief overview of the PMPS scale and what it means</p> <p>Creating Characters: Divide into teams. Have each team roll one die, and flip a coin to determine their PMPS: if they roll a 6 and flip heads, that's a +6. 2 and tails would be - 2. Write those on the board. [Note: you may have to cheat this in some way to get a balanced set of 3 characters w/different PMPS] Then tell the teams – “so, all you know about your character so far is what her PMPS. Talk amongst yourselves, and make up a story for her. Give her a name – any name will do, like Marge Simpson, and figure out WHY she has the PMPS. Figure out who her support team is – does she have a partner? A friend? A doula? Think a little about what her birth plan would be.” After a few minutes, call them back and have them introduce their character</p>	<p>Lecture</p> <p># 🪙 for PMPS</p> <p>🎲 (make up characters)</p>
<p>25 minutes</p>	<p>What Week Does Labor Begin Each team rolls one die. 1 = before 38 weeks; 2 = 38 weeks, 3 = 39 weeks, 4 = 40 weeks, 5 = 41 weeks, 6 = Induction. Write results on board</p> <p>Preterm If someone rolled a one, ask class what symptoms might signal preterm labor is threatening, and what their character would do. Then, say something like “by seeking early care, she received treatment and her pregnancy continues. Roll again to see when her labor really begins.” (And hopefully they roll a 2 – 5... if not fudge it somehow.) [If no one rolled a one, say “luckily, no one rolled a one, so none of your characters had a preterm labor, but let's just all talk briefly about preterm labor symptoms.”]</p> <p>Induction - Indications: If someone rolled a 6, say “Your care provider has recommended induction – what are some reasons they might recommend that?” Brainstorm reasons, and as they call out ideas, you sort them into three categories (cases where clearly the medical benefits outweigh the risks of induction, cases where the risks outweigh benefits, and gray areas where it's not as clear.</p>	<p>#</p> <p>Brainstorm</p> <p>Brainstorm</p>

	<p>Induction: Methods: Non-medical/self-help options, acupuncture, mechanical, prostaglandins, Pit</p> <p>Info Choice Key Questions. Intro idea. Timing, Benefits, Risks, Alternatives. PCN 9</p> <p>Making the Decision. Ask what their character decides to do, given what her hopes were when labor began and what her reason for induction was (pick one that suits your story-telling needs.)</p>	<p>Lecture</p> <p>👤 decision</p>
10	<p>Early Labor.</p> <p>What time of day does labor begin – roll two dice for time, flip a coin for heads = am, tails = pm. Ask – HOW does labor begin (this is to remind them of possible symptoms). How long is early labor – roll three dice. If all 6's, roll one more die and add that in. Think about your characters – if their labor started at that time, where would they be? What would they do? If their labor was that long, how would they respond?</p>	<p># # ⌚ time</p> <p>👤 how</p> <p># # # length</p> <p>👤 what do</p>
25	<p>Going to Birthplace. Do the math... when did their labor begin? How long was it? So what time is it when they need to go to the birthplace (or call midwife to them). What are the signs that it's time? If you arrive at the birthplace in the middle of the night, how do you get in?</p> <p>Birthplace Routines for Labor: <i>Advise that they do tour in advance. Where to go when arrive.</i> Triage procedures, monitoring mom, baby (EFM), labor (vag. exam). If <4 cm and mom & baby doing well, sent home. If > 4 cm, or any concerns, admitted to LDR / LDRP. Settle in, share birth plan. NPO, IV, etc Then settle into routine of coping with contractions – No matter what your PMPS is, it makes sense to try non-drug options first, because no risk, no cost</p> <p>Labor Pain: What contractions feel like. Causes of pain, <i>intensity & unpleasantness</i></p> <p>Coping with Labor Pain - Ice exercise</p>	<p>+</p> <p>Lecture</p> <p>Ice exercise</p>
10	<p>Pain Coping Options. <i>Quick review of PCN 211: key differences between unmed/med labors. Say that for each you'll give this info: how given, benefits, side effects, timing/duration.</i></p> <p>Nitrous. How given. Benefit ↓anxiety, ↑endorphins, LIGHT analgesic. Side fx: minimal, euphoria</p> <p>IV Opioids. How given. Benefit: take edge off. Side fx: nausea, itch, ↓ bp, fx on baby. When given.</p>	<p>Lecture</p>
30	<p>Epidural Summary. How given. Benefits: Pain relief –still aware of ctx, but not painful. Normal mental state, can rest. 90% effective, 5% windows, 5% not effective. Timing.</p> <p>Epidural: Procedure Show with AV, video, or describe. Tradeoffs ↓mobility, NPO/IV, more monitoring Side effects ↓bp, fever, nausea/itching, slower labor – may need Pitocin, slower pushing – may need vacuum. Effects on baby. Few direct. But, ↓bp, fever and Pit can all lead to variations in baby's heart rate which can lead to more interventions. Newborn fever.</p> <p>What Labor Support is Like Emotional, Physical (<i>Epidural Rollover, cool cloths or warm blankets</i>), <i>Advocacy. Honoring Birth. Help with second stage.</i> Reduce risks / increase benefits of epidural</p> <p>Pain Med Plans. “Now that your characters know more about pain coping options, what do you think they would plan on doing? We don't know yet how long or how hard their active labors will be (we'll roll to find out later), so they might need to adapt those plans depending on how labor goes... but, what are they planning?”</p>	<p>Lecture</p> <p>AV / Lecture</p> <p>Lecture</p> <p>👤</p>

30	<p>Prolonged Labor. (Guidelines) Early labor can take a long time and be normal. <i>Take care of yourselves!</i> Active labor: 4 – 6 cm is slow, then speeds up. Many people arrive at the hospital around 5 cm so it takes a little while for it to speed up.</p> <p>How Long from 5 – 10 cm? Roll 2 dice to figure out how many hours active labor and transition might be if we don't intervene. If they roll 5 or less, that's normal. 6 – 8 say care providers would suggest speeding it up. 9 – 12 would be strong recommendation for intervention. [Note: this math is not perfect, but rolling one die would be a little too short, so I do two dice and assuming we start counting when they arrive...]</p> <p>Reflection Ask them – how do they think their character would be feeling about this length of labor? What would their pain medication choices be?</p> <p>What can we do to prevent and/or treat a long labor? Page 284 is reasons for slow labor. Brainstorm solutions for each. Rocky Road When to use techniques (for irregular ctx, prolonged labor, or back pain). Positions, massage, other techniques. Understanding fetal malposition.</p> <p>Augmentation. if no progress for a few hours <i>after you've reached</i> 6 cm. Induction options, Pit, AROM.</p>	<p># #</p> <p> Brainstorm Demo/practice</p> <p>Lecture</p>
10 - 15	<p>When does pushing begin Do the math from when they arrived at hospital + length 5 – 10 cm</p> <p>How long is pushing? Roll one die, then divide result in half. Optional: add 1 hour if epidural</p> <p>Prolonged Second Stage: Causes; What to do: positions, mirror, compresses, massage, toilet.</p> <p>Episiotomy, Vacuum, Forceps. For each, what it is, how common, benefits and risks</p>	<p>+ #/2</p> <p>Lecture</p>
2 - 5	<p>Role-Play Wrap-Up. Math: what time is baby born? How long labor start to finish? Spend a few minutes talking about the characters – what was their initial plan? How did it turn out? How do they feel?</p>	<p>+ + </p>
10	<p>Cesarean. Of parents like you, about 25% will give birth by cesarean. It's a very common surgery, and a very safe surgery, but still major surgery, and better to avoid it.</p> <p>The recommendation for cesarean can come at any time: you may know early in pregnancy, or at week 37 or 38, or after hours of labor, or even after hours of pushing.</p> <p>Reasons. Ask them for reasons for c-s. Write on board, separated into planned (breech, multiples), Emergency, Unplanned (failure to progress, concern re: heart rate) Unplanned may be preventable.</p> <p>Risks Risks for mom: ↑ blood loss, ↑ infection, longer recovery, impact on future pg. Risks for baby: short-term breathing challenges, less early contact with mom.</p> <p>Questions to Ask timing, alternatives – what else could I try?</p>	<p>Sorted Brainstorm</p> <p>Lecture</p> <p>Roleplay?</p>
20	<p>Once you've made the decision, switch focus to how to have the Best Possible Cesarean: Procedure. Incision, Delivery, Care of Baby, Getting Baby Back to Mom, Repair.</p> <p>Cesarean Recovery. Hospital 3 – 4 days, extra help at home. VBAC</p>	<p>Lecture or video</p>