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Information on this title: www.cambridge.org/9781108430296
DOI: 10.1017/9781108333827
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First edition published by the Royal College of Obstetricians and Gynaecologists 2008
Second edition published 2012
Third edition published by Cambridge University Press 2017
Printed in the United Kingdom by Clays, St Ives plc

A catalogue record for this publication is available from the British Library.

Library of Congress Cataloguing-in-Publication Data


Classification: LCC RG571 .P72 2017 | DDC 618.2–dc23

LC record available at https://lccn.loc.gov/2017023994

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Acknowledgements

The PROMPT Maternity Foundation (PMF) is a registered charity in England and Wales (Charity No. 1140557). The aim of the charity is to improve awareness and facilitate the distribution of effective, multi-professional, obstetric emergencies training as widely as possible to areas of the world requesting access to an economical and sustainable training model.

Over the past 5 years, there has been increasing evidence that the PROMPT method of training for maternity emergencies is having a significant impact, not only in the UK but internationally. In 2016, PROMPT training was recognised in the NHS England National Maternity Review, Better Births.

The growth and increasing recognition of PROMPT training is underpinned by robust research, collecting further evidence to support the improvements in outcomes seen in some maternity units in the UK and across the globe. PMF research projects are funded through fundraising, corporate partnerships and research grants from both UK and international bodies.

Internationally, PROMPT is now being taught in the USA, Australia, New Zealand, Zimbabwe, Laos, Abu Dhabi and UAE, Singapore, Hong Kong, Philippines, Switzerland, France, Germany, Spain and the West Indies.

This is the third edition of the PROMPT Course Manual, and it has been developed and produced with the help of:

- Maternity staff of North Bristol NHS Trust
- The PROMPT Maternity Foundation trustees, members, researchers and facilitators
- Maternity teams that attended the PROMPT 3 Pilot T3 training from the South West Obstetric Network, Bolton NHS Trust and St Thomas’ Hospital, London
- Limbs & Things
- Laerdal Medical
- The Health Foundation
Acknowledgements

The final production of the third edition of the PROMPT Course in a Box would not have been possible without the invaluable commitment and support of:

- The Louise Stratton Memorial Fund – whose fundraising projects enabled the very first PROMPT training package to be produced.
- All the volunteers and supporters who have held fundraising activities on behalf of the PROMPT Maternity Foundation.
- Christopher Eskell – Chief Executive Officer (CEO) of the PROMPT Maternity Foundation (2011–2016), who sadly died in October 2016 after a short illness. He was the CEO of PMF for 5 years, and thanks to his skills and dedication, PROMPT has grown from a small Bristol project into an international gold standard for training. Thank you to Christopher for his contribution to creating our charity, and for his meticulous work underpinning all of our successes.
Abbreviations and terms

ABC  ..................... airway, breathing, circulation
AED  ..................... automated external defibrillator
AFE  ...................... amniotic fluid embolism
ALS  ...................... advanced life support
ALT  ...................... alanine aminotransferase
AOI  ...................... Adverse Outcome Index
APH  ...................... antepartum haemorrhage
APTT  .................... activated partial thromboplastin time
AST  ...................... aspartate aminotransferase
AVPU  ................... alert, responsive to voice, responsive to painful stimuli,
unresponsive
bd  ...................... twice daily
BE  ...................... base excess
BIPAP  ................... bi-level positive airway pressure
BLS  ..................... basic life support
BMI  ..................... body mass index
BP  ..................... blood pressure
BPI  ....................... brachial plexus injury
bpm  ..................... beats per minute
Ca^{2+}  ..................... calcium
CMACE  ............... Centre for Maternal and Child Enquiries
CNST  ................... Clinical Negligence Scheme for Trusts
CO_{2}  ..................... carbon dioxide
CPAP  ................... continuous positive airway pressure
List of Abbreviations and terms

<table>
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<tr>
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<td>CPR</td>
<td>cardiopulmonary resuscitation</td>
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<td>CQC</td>
<td>Care Quality Commission</td>
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<td>CRM</td>
<td>crew resource management</td>
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<td>CRP</td>
<td>C-reactive protein</td>
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<td>CT</td>
<td>computed tomography</td>
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<td>CTG</td>
<td>cardiotoocograph</td>
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<td>CTPA</td>
<td>computed tomography pulmonary angiography</td>
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<tr>
<td>CUSUM</td>
<td>cumulative sum control chart</td>
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<td>CVE</td>
<td>cerebrovascular event</td>
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<td>CVP</td>
<td>central venous pressure</td>
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<td>DAS</td>
<td>Difficult Airway Society</td>
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<td>DIC</td>
<td>disseminated intravascular coagulation</td>
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<td>DVT</td>
<td>deep vein thrombosis</td>
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<td>ECG</td>
<td>electrocardiogram</td>
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<td>ECV</td>
<td>external cephalic version</td>
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<td>EFM</td>
<td>electronic fetal heart rate monitoring</td>
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<td>eGFR</td>
<td>estimated glomerular filtration rate</td>
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<td>EUA</td>
<td>examination under anaesthetic</td>
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<td>FBC</td>
<td>full blood count</td>
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<td>FBS</td>
<td>fetal blood sample</td>
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<td>FFP</td>
<td>fresh frozen plasma</td>
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<td>FH</td>
<td>fetal heart</td>
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<td>FHR</td>
<td>fetal heart rate</td>
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<td>FIGO</td>
<td>International Federation of Gynecology and Obstetrics</td>
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<td>FSE</td>
<td>fetal scalp electrode</td>
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<td>fetal scalp stimulation</td>
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<td>GA</td>
<td>general anaesthesia</td>
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List of Abbreviations and terms

GAS ..................... group A Streptococcus
GDG .................... guideline development group
GI ......................... gastrointestinal
GMC ..................... General Medical Council
GTN ...................... glyceryl trinitrate
HELLP syndrome ... haemolysis, elevated liver enzymes and low platelets
HELP .................... Head Elevating Laryngoscopy Pillow
HES ...................... Hospital Episode Statistics
HIE ....................... hypoxic–ischaemic encephalopathy
HIV ...................... human immunodeficiency virus
HVS ...................... high vaginal swab
IA ......................... intermittent auscultation
ICU ...................... intensive care unit
IM ....................... intramuscular
IMox Study .......... Intramuscular Oxytocics Study
IO ....................... intraosseous
IOL ..................... induction of labour
IPPV ..................... intermittent positive pressure ventilation
IV ....................... intravenous
IVF ....................... in-vitro fertilisation
J ......................... joules
K+ ....................... potassium
LCAs .................... legal claim analyses
LFT ....................... liver function test
LMA .................... laryngeal mask airway
MBRRACE-UK ...... Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK
MLU .................... midwife-led unit
List of Abbreviations and terms

MOEWS ............... modified obstetric early warning score
MRI ....................... magnetic resonance imaging
Na+ ....................... sodium
NEWS ................. neonatal early warning score
NHS ................. National Health Service
NHSLA ............. NHS Litigation Authority (known as NHS Resolution from 2017)
NICE ................. National Institute for Health and Care Excellence
NIHR ................. National Institute for Health Research
NMC .................. Nursing and Midwifery Council
NPSA ................ National Patient Safety Agency
OAA ................. Obstetric Anaesthetists’ Association
ODP .................... operating department practitioner
OVB .................... operative vaginal birth
PaCO₂ .............. arterial partial pressure of carbon dioxide
PACS ................. picture archiving and communication system
PaO₂ ................. arterial partial pressure of oxygen
PCI .................... percutaneous coronary intervention
PEA ............... pulseless electrical activity
PEEP ................ positive end-expiratory pressure
PO ................... by mouth (per os)
PPH ................... postpartum haemorrhage
PPROM ............... preterm pre-labour rupture of membranes
PR ................. per rectum
PROMs ............... patient-reported outcome measures
PV ....................... per vaginam
qds .................... four times daily
QI ...................... quality indicator
List of Abbreviations and terms

RAG ................. red / amber / green
RCM ................ Royal College of Midwives
RCOG .............. Royal College of Obstetricians and Gynaecologists
RCT ................ randomised controlled trial
RDS ................ respiratory distress syndrome
rFVIIa .............. recombinant factor VIIa
RR .................. respiratory rate or relative risk
SI ................... Severity Index
SBAR ................ situation, background, assessment and recommendation/response
SC .................. subcutaneous
SRM ................ spontaneous rupture of membranes
tds .................. three times daily
TXA ................ tranexamic acid
U&Es ............... urea and electrolytes
UKOSS ............ United Kingdom Obstetric Surveillance System
VBAC .............. vaginal birth after caesarean
VE ..................... vaginal examination
VF ...................... ventricular fibrillation
V/Q scan ............ ventilation/perfusion scan
VT ...................... ventricular tachycardia
VTE ................ venous thromboembolism
WAOS .............. Weighted Adverse Outcome Score
WBC ................ white blood cell count
WHO ............... World Health Organization
WOMAN trial ...... World Maternal Antifibrinolytic trial
Foreword

Nine years after the first edition, this is the third and expanded edition of the PROMPT Course Manual. It is part of the PROMPT multi-professional obstetric emergencies training package, and it will be useful in all areas of the world requesting access to an economical and sustainable training model.

Training in obstetric emergencies and obtaining appropriate knowledge and skills has to be multi-professional, since cooperation between maternity caregivers is essential, and the weakest part of the chain may determine maternal and perinatal outcomes. That is why the first module of this Course Manual is dedicated to team working. The next 14 modules cover a large range of maternal emergencies, as well as fetal monitoring in labour, complicated births and basic newborn resuscitation.

The PROMPT training package consists of a ‘Course in a Box’ which includes a Course Manual, a Trainer’s Manual and additional downloadable lectures, videos and algorithms. It provides course materials to enable local staff to run in-house multi-professional obstetric emergencies courses in their own maternity units or other local settings.

The training package is written by a team of expert clinical researchers who have many years of experience of conducting PROMPT training, both locally and around the world. PROMPT has been implemented across the UK and also in North America, Australasia, parts of Africa, Asia and Europe. The training materials are adaptable to low- and high-resource settings.

The evaluation of the effectiveness of the training with regard to its associated improvements in clinical outcomes is a priority of the PROMPT team. The final chapter of this manual emphasises the importance of measuring and monitoring outcomes to ensure the provision of the best-quality care.

Improving safety and quality by better knowledge, skills, teamwork and leadership is our responsibility. Worldwide, there is still much to improve.
Foreword

I am sure that the PROMPT training programme and materials will serve such a purpose.

Gerard H. A. Visser

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Chair of the FIGO Committee for Safe Motherhood and Newborn Health