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# Simulation Based Training for Shoulder Dystocia: A 3-year Experience

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Intensive Course in Obstetric Emergencies (ICOE)

**ABSTRACT**

**Introduction:** Shoulder dystocia remains a common cause for litigation and is associated with significant neonatal morbidity. Training of all health care givers in the field of obstetrics is essential. **Objective:** The aim is to evaluate the outcomes of ICOE in the management of shoulder dystocia. **Methods:** ICOE is an advanced course in obstetric emergencies emphasizing simulation-based training. Since 2014, 147 doctors and 259 midwifes have been trained in Malaysia while 317 doctors were trained in the region, namely Laos, Vietnam, Cambodia, Bangladesh, Pakistan, Mongolia and Myanmar. Specific skills related to shoulder dystocia were objectively analysed before and after the course and this included skills on team management, McRoberts manoeuvre, suprapubic pressure and delivery of posterior shoulder. **Results:** Consistency is training was achieved 87% of the time for all ICOE courses in Malaysia and regionally despite having trainers with various experiences and a diverse group of participants. Midwives performed better in team management while doctors needed more training in documentation. Although McRoberts manoeuvre was performed well, health care professionals were not competent in suprapubic pressure and delivery of posterior shoulder. Specialists were more skilled than consultants in managing shoulder dystocia while doctors in the region gained the most from ICOE. Simulation models of various fidelities used in ICOE were effective in ensuring competency of training for shoulder dystocia. **Conclusion:** ICOE has been consistent in ensuring quality of training over the last three years. Training for shoulder dystocia should be focused on team management and suprapubic pressure. Even consultants need regular training and credentialing.

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# Observational Study on Demographic Factors of Preterm Birth in a Tertiary Hospital in Sabah

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**ABSTRACT**

**Background:** Preterm delivery is a common issue antenatal problem associated with perinatal morbidity and mortality. The preterm labour statistics in Sabah Women's and Children's Hospital (SWACH) for the past three years has been static, with 7.4% (2016), 8.8% (2017) and 8% (2018). Our mean preterm delivery each month is around 80 deliveries for the past 5 years. Up to date, there was still lacking local data to display the risk factors associated with preterm labour in Sabah. **Method:** Observational study was done from February to April 2019 in SWACH to evaluate antenatal women presented with preterm labour between 24w and 36w 6days. Demographic background, obstetrics history and outcome of each case was assessed. **Results:** A total of 88 patients were included in this observational study. Demographically, based on the results obtained, those patients with lower education background (88%) and multiparity (61%) seem to have had preterm labour without previous history of preterm delivery (18%). Patients with diabetes in pregnancy and hypertension disorders in pregnancy accounts for about 24% of preterm labour. Most of our patients who came in for preterm labour, delivered in less than 48hrs (76%) and did not receive tocolysis or magnesium sulphate (80%), and more than 90% had good Apgar score during birth. **Conclusion:** Risk factors in demographic background of antenatal women presented with preterm labour features have higher possibility of preterm labour. Majority of preterm delivery in SWACH falls into later preterm category which have better perinatal outcome. More data collection is required to study for the predictor model of preterm labour for this region.