



HOT TOPICS IN Maternity Nursing

OB Simulation during the COVID-19 Pandemic

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In August 2019, The Joint Commission published new standards for perinatal care, focusing on maternal morbidity and mortality related to obstetric hemorrhage and preeclampsia. In combination with other local, state, and federal awareness programs, the new standards provided a roadmap for safe maternity care in the hospital setting. Facilities serving the birthing family now had detailed expectations for the perinatal team and patient education on obstetric hemorrhage and hypertensive emergencies. (The Joint Commission, 2019). Perinatal nursing professional development specialists, simulation specialists, midwives, obstetricians, and other team members began planning for these updated requirements and implemented multidisciplinary simulations on the units.

The COVID-19 pandemic has prevented many perinatal team members and facilities from completing and hosting in-person and in-situ multidisciplinary simulations. Evolving knowledge of COVID-19 such as how it spread, cleaning process, and signs of infection were some reasons for the pause. Need for social distancing, requirements for decreased number of people sharing a space, increased use of and national shortages of personal protective equipment, and overstretch of health care professionals into unfamiliar care situations necessitated shifting how simulations and drills were conducted. The nursing education literature highlights ways in which undergraduate nursing programs rapidly transitioned from in-person didactic and clinical learning to remote and virtual simulation learning (Fogg et al., 2020; Wyatt et al., 2021). Less is known about how hospital learning changed for the multidisciplinary health care team (Robinson et al., 2020).

Alternate ways to provide simulation or drills have been debated within our perinatal nursing professional development team. We have struggled with how to convert our standard simulations into learning opportunities that are socially distanced, but still meaningful and multidisciplinary. The need for alternate forms of simulation recently became a hot topic on the Association of Women's Health, Obstetric, and Neonatal Nurses Hub, generating multiple suggestions for learner-centric simulations. Ideas we have considered:

- Socially distanced simulations (Robinson et al., 2020)
- Just-in-time rounding on specific topics, including hemorrhage and hypertension medications, vital sign parameters, and quantitative blood loss
- Quick response codes (Bradley, 2020) where caregivers can scan the code with their smart phones to access content
- Tabletop drills with laminated pictures that can be sanitized after each use and discussion around the topic of choice
- Virtual simulations with use of online meeting platforms for a simulated event
- Walking case studies

We do not yet know whether these alternate methods of simulation and drills are meaningful to the teams, whether they could become multidisciplinary, or whether their use will be accepted by regulatory agencies. When planning for COVID-19 began within the general nursing education team, the perinatal nursing professional development specialists transitioned both hemorrhage and hypertension into tabletop drills. Feedback from nurses has been that they would prefer full mannequin-based simulations. Some of the newer

nursing team members have not experienced an actual or simulated in-situ obstetric hemorrhage and have voiced concern about properly caring for this type of patient. Our goal for this year is to reimplement scaled back multidisciplinary in-situ simulations to meet The Joint Commission (2019) standards. ❖

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