

# A Mock Cesarean Role-Play

Ask for volunteers to play the various roles. DON'T have a pregnant woman play the pregnant woman. As each volunteer comes forward, give him or her a sign to hold (and maybe a hat and mask) to wear. Include:

- Pregnant woman
- OB (surgeon)
- Assisting OB (assistant surgeon)
- Anesthesiologist
- Scrub nurse
- Circulating nurse
- Nursery nurse
- Labor partner
- Doula



You can also use students to represent major pieces of equipment. It is more fun if you create “equipment” from everyday objects. Examples:

- IV pole (hold an air pillow (used for packaging) or small inflated balloon for an IV bag)
- Fetal monitor belts (use ace bandages or wide elastic with ribbon)
- Blood pressure cuff (use a band of fabric with velcro)
- Cardiac monitor/oxygen saturation monitor (use tubing, ribbon, or pressure bandage around finger)

Have the person playing the pregnant woman lie comfortably on the floor, or on a table. Place the other volunteers appropriately around the “pregnant woman.” Go through the usual steps of a cesarean:

- Epidural or spinal anesthesia placed
- Foley catheter inserted
- Abdomen scrubbed
- Sterile sheets draped over body
- Anesthesia screen put in place
- Incisions made through skin, fat, fascia, abdominal muscles, peritoneum, uterus, and finally amniotic sac, (You can show different colors and textures of fabric for each layer; use transparent fabric for amniotic sac. See Page IV-142 for instructions on making the layers.)
- Baby removed
- Placenta removed
- Uterus repaired (uterus may be removed from abdominal cavity for repair)
- Other layers repaired (staples may be used for skin)
- Be sure to discuss what the pregnant woman may be experiencing with all her senses:
  - › Hearing the clinking of instruments, beeping of monitors, sounds of suction and cautery conversations of staff, and hopefully voices with explanations and encouragement
  - › Smelling the burning odors of cautery sealing blood vessels, amniotic fluid
  - › Feeling pressure and tugging sensations as the baby and placenta are removed
  - › Seeing the baby as he or she is born

As long as the baby and the mother are stable, the baby can be placed immediately skin-to-skin on the mother’s chest. The baby can remain skin-to-skin with the mother as they are transferred to the recovery room and can remain there until the baby has self-latched and nursed. Celebrate the birth of the baby!