

Basic Skills Qualification Intrauterine Pressure Catheter (IUPC)

Evaluation Process

Prior to seeking BSQ certification, a resident should be confident in their skills. The "Basic Skills Qualification" is printed and given to the supervising physician, where after, the resident performs the procedure under direct observation of the supervising physician. The competency assessment is completed by the supervising physician with their signature and given back to the resident. The resident then returns the competency assessment to the Academic Coordinator.

Resident: _____

	Competent	Needs Work
Described two relative contraindications and two potential risk of IUPCs		
Explain to patient indication for IUPC and placement		
Demonstrate all steps necessary in placing IUPC		
Successfully places IUPC		

Faculty: _____

Date: _____

Description: An IUPC provides a reliable, quantifiable measure of uterine contraction frequency, duration, and strength.

Prerequisites:

1. Fetal membranes are ruptured
2. Cervical is sufficiently dilated, at least 1-2 cm

Indications:

1. External methods do not provide a clear tracing
2. To improve delineation of the relationship between the timing of fetal heart rate decelerations and contractions
3. To determine MVU's in cases of suspected labor dystocia or during labor induction and augmentation
4. To perform an amnioinfusion

Contraindications:

1. Diagnosed or suspected previa, vasa previa, and uterine bleeding of undetermined origin
2. Chorioamnionitis

Materials:

1. Sterile gloves
2. IUPC device

Preprocedure Education:

1. Explain indication for IUPC to patient
2. Explain procedure to patient
3. Obtain verbal consent

Procedure:

1. Open IUPC package
2. Put on sterile gloves

3. Perform cervical exam to confirm adequate cervical dilatation, ruptured membranes, and presenting part. Feel for either 10 o'clock or 2 o'clock position and maintain fingers on target areas
4. Insert catheter gently into uterus (10-14 cm) to the first mark on IUPC catheter. Observe for flashback of amniotic fluid within the catheter. Advance gently, about 45 cm, to the second mark on the catheter.
5. Removed guide tube and attaches to cable
6. Ensure proper functioning
7. Document placement of IUPC in chart

Complications:

1. Placement in extramembranous space between fetal membranes and uterine wall
2. Fetal or placenta trauma
3. Uterine perforation
4. Umbilical cord prolapse
5. Increased risk of maternal and/or fetal infection