Overview of the scenario	BMI 56 primigravida admitted in spontaneous labour at 37 weeks. Initially labours but then develops fetal bradycardia requiring a category 1 CS
Learners	All members of the MDT obstetric team; obstetricians, midwives, anaesthetists, neonatologists, obstetric theatre staff
Suggested clinical learning outcomes	Initial assessment of parturient with raised BMI Ensure all appropriately equipment is available Management of GA for obese parturient
Suggested non-clinical learning outcomes	Software: Ensure SOP is in place for: antenatal assessment of the obese parturient, management of the obese patient in theatre. Availability of OAA/DAS intubation guidelines Hardware: Appropriate weight bearing capacity of labour bed, wheelchair and theatre table. Availability of equipment including, hover mattress (or other moving aids), theatre table extensions, ramping aids, long neuraxial needles, BP cuffs, theatre gowns, self-retaining retractors, high flow humidified nasal oxygen, US machine. Environment: More team members will be required for positioning and transferring an obese parturient. Try and utilise a spacious labour room. Keep noise to a level that does not impede team communication Teamworking: Prior planning: Thorough initial assessment when arrives on labour ward will enable good planning for the whole team. Alert and involve the theatre team early so that they can locate essential equipment (even if the parturient is not planned for theatre) Pro-active communication between all teams regarding any plans for theatre. If operative intervention is required, involve the MDT early.

	Closed loop communication and clear leadership throughout.
Scenario	Primigravida with a booking BMI of 56.3 (Height 168 cm, weight 159 kg) is admitted to delivery suite in spontaneous labour at 37-weeks gestation. She suffers with OSA (has home overnight CPAP machine) and gestational diabetes (on metformin and insulin) An initial review should take place Conversation regarding regional anaesthesia (which she refuses) opting just for Entonox and TENS She then develops fetal bradycardia requiring category 1 CS GA administered
Debrief topics **Following your simulation, consider how you will disseminate crucial learning points with the wider MDT.**	With 23% of the UK antenatal population being obese, this is a very important simulation to run on your unit. Alter the simulation depending on your available team members and agreed learning objectives. Were the team proactive in communication with all teams when the woman arrived in labour? How did early MDT involvement improve the management of this case? Did the team feel well able to manage this situation? Did they think anything could have made the management of this case easier? If they came across this scenario again what would they do differently?