BRIEFING OF MRS. A

Mrs. A Scenario for Team Simulation

Situation:
Mrs. A's labor started 16 hours ago. She is currently in the second stage of labor and has been pushing for 3 hours.

Background:

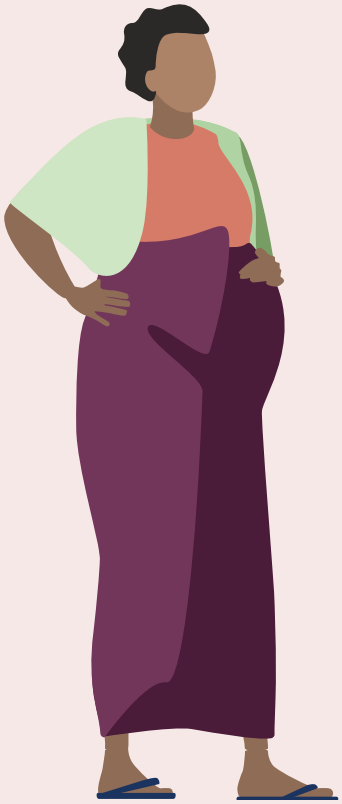
- Gravida 1, Para 0
- Estimated Due Date (EDD) is 1 week from now
- No regional anesthesia, IV fluids, or medications administered

Assessment:

- Fetal Heart Rate (FHR): 188 bpm, 192 bpm, 172 bpm after 3 contractions
- Mrs. A is very tired but still able to push
- Vital signs: BP 124/72, Pulse 78 bpm, Respirations 14 breaths/minute, Temperature 36.8°C

Recommendation: Consider evaluating the need for medical intervention due to prolonged pushing and fetal distress. Monitor maternal and fetal well-being closely and assess supportive measures such as IV fluids or pain relief.

Contractions: 4/10 min, lasting 50–60 sec
Abdomen: No Bandl's ring
Bladder is distended
Position: LOA
Number of fetuses: 1
Estimated weight: 2500 g
Descent: 1/5 above the symphysis pubis, +2 station
Cervix: 10 cm
Liquor: Meconium

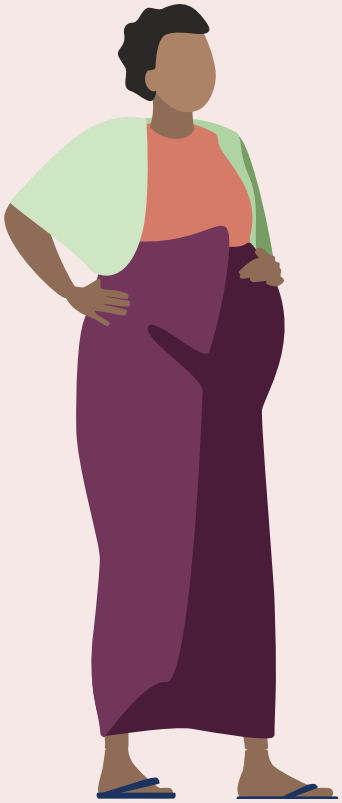


MOTHER (MRS. A) ROLE CARD

Your tasks as a mother during the team simulation are to:

- Not cooperate. When you understand the VAB will be performed, you become scared and start to scream and move around.
- You do not want a cesarean either. You want a normal birth.

Be ready to give feedback to the team.
How was the communication with the team?
How did you feel as a mother?



DEBRIEF GUIDE OF MRS. A

Debriefing Questions (to the team)

- What did you do well?
- Is there anything you forgot to do?
- What was difficult to do or remember?
- How can we help each other remember?
- What would you do differently next time to improve your performance?

Mentorship Questions (to the observers)

- What is your feedback to the team as a mentor?
- Discuss what you would do and say to the mother and her partner while ensuring the best possible outcome.

Answer: Make sure you meet the woman where she is and answer any questions she has. There is a high risk that a cesarean section will be complicated. The risk is higher for both the mother and baby because birth will be delayed. It may be difficult to deliver the baby by cesarean when the head is so far down, and the baby could be injured. Cesarean delivery carries risks including injury to the uterus and other organs, increased bleeding, and infection. The operation may affect future pregnancies and babies.

BRIEFING OF MRS. B

Mrs. A Scenario for Team Simulation

Situation: Mrs. B's labor started 11 hours ago. She is currently in the second stage of labor and has been pushing for 3.5 hours. She is exhausted and feels unable to continue pushing.

Background:

- Primigravida (first pregnancy)
- Estimated Due Date (EDD) is 1 week ago

Assessment:

- Fetal Heart Rate (FHR): 112 bpm 30 seconds after the contraction
- Mrs. B is exhausted and does not think she can push any more
- Vital signs: BP 102/52, Pulse 82 bpm, Respirations 16 breaths/minute, Temperature 37.8°C

Recommendation: Consider evaluating the need for medical intervention due tomaternal exhaustion and concerning FHR. Consider emptying the bladder. Monitor maternal and fetal well-being closely and assess the potential benefits of providing supportive measures such as sugar drink, pain relief, IV fluids, oxytocin infusion, if not given before, or assisted delivery options.

Contractions: 4/10 min, lasting 50–60 sec
Abdomen: No Bandl's ring
Bladder distended
Position: ROA
Number of fetuses: 1
Estimated weight: 3000 g
Descent: 1/5 above the symphysis pubis, +2 station
Cervix: 10 cm
Liquor: Clear

DEBRIEF GUIDE OF MRS. B

Debriefing Questions (to the team)

- What did you do well?
- Is there anything you forgot to do?
- What was difficult to do or remember?
- How can we help each other remember?
- What would you do differently next time to improve your performance?

Mentorship Questions (to the observers)

- What is your feedback to the team as a mentor?
- Discuss what you would do and say to the mother and her partner while ensuring the best possible outcome.

Answer: Make sure you meet the woman where she is and answer any questions she has. There is a high risk that a cesarean section will be complicated. The risk is higher for both the mother and baby because birth will be delayed. It may be difficult to deliver the baby by cesarean when the head is so far down, and the baby could be injured. Cesarean delivery carries risks including injury to the uterus and other organs, increased bleeding, and infection. The operation may affect future pregnancies and babies.

MRS. B COMPANION ROLE CARD

Your tasks as a father during the team simulation are to:

- Distract the clinical team. When you find out that VAB is going to be performed, ask:
  "What are you going to do with her?"
  "Are you going to hurt our baby?"
- During the second pull, you will faint.

Be ready to give feedback to the team.

- How did the communication go?

BRIEFING OF MRS. C

Mrs. C Scenario for Team Simulation

Situation: Mrs. C's labor started 15 hours ago. She is currently in the second stage of labor and has been pushing for 2.5 hours on her back. She is tired but feels she can still push.

Background:

- Gravida 2, Para 1(One previous cesarean section)
- One week overdue
- Membranes ruptured 8 hours ago
- No regional anesthesia, IV fluids, or medications administered

Assessment:

- FHR: 112 bpm during contraction, 156 bpm 30 seconds afterward
- Mrs. C is tired but can still push
- Vital signs: BP 102/52, Pulse 82 bpm, Respirations 16 breaths/minute, Temperature 37.2°C

Recommendation: Continue monitoring maternal and fetal wellbeing. Consider position changes, IV fluids, pain relief, and bladder emptying. Assess labor progress and be prepared to intervene if fetal distress or maternal exhaustion develops.

Contraction: 4/10 min, lasting 50-60 sec
Abdomen:
No Bandl's ring
Bladder is distended
Position: LOA
Number of fetuses: 1
Estimated weight: 4000 g
Descent: 1/5 above the symphysis, pubis, +2 station
Cervix: 10 cm
Liquor: Clear

DEBRIEF GUIDE OF MRS. C

Debriefing Questions (to the team)

- What did you do well?
- Is there anything you forgot to do?
- What was difficult to do or remember?
- How can we help each other remember?
- What would you do differently next time to improve your performance?

Mentorship Questions (to the observers)

- What is your feedback to the team as a mentor?
- Discuss what you would do and say to the mother and her partner while ensuring the best possible outcome.

Answer for Facilitator: VAB can be performed because the mother has a previous cesarean section and the risk of uterine rupture is higher with prolonged second stage labor.

MRS. C LEAD PROVIDER ROLE CARD

Your tasks as the lead provider during the team simulation are:

- Ensure the VAB fails because there have been two pop-offs.
- After the second pop-off, say:

"This will not work. We need to prepare for a C-section instead."

Be ready to give feedback to the team.

- How did the communication go?

BRIEFING OF MRS. F

Mrs. F Scenario for Team Simulation

Situation: Mrs. F's labor started 16 hours ago. She is currently in the second stage of labor and has been pushing for 1.5 hours in a supine position. She feels tired but remains determined to continue pushing.

Background:

- Gravida 2, Para 1 (One previous cesarean section)
- One week overdue
- Membranes ruptured 8 hours ago

Assessment:

- Fetal Heart Rate (FHR): Tachycardia 170–180 bpm
- Mrs. F is tired but determined to continue pushing
- Vital signs: BP 118/70, Pulse 78 bpm, Temperature 37.0°C, Respirations 18 breaths/minute.

Recommendation: Continue to monitor maternal and fetal well-being closely. Encourage Mrs. F to keep pushing as long as she feels able. Consider supportive measures such as changing positions or providing IV fluids if necessary. Be prepared to intervene if there are signs of fetal distress or maternal exhaustion.

Contraction: 4/10 min, lasting 50–60 sec
Abdomen:
No Bandl's ring
Bladder is distended
Position: ROA
Number of fetuses: 1
Estimated weight: 3000 g
Descent: 3/5 above the symphysis pubis, -1 station
Cervix: 10 cm
Liquor: Bloody

DEBRIEF GUIDE OF MRS. F

Debriefing Questions (to the team)

- What did you do well?
- Is there anything you forgot to do?
- What was difficult to do or remember?
- How can we help each other remember?
- What would you do differently next time to improve your performance?

Mentorship Questions (to the observers)

- What is your feedback to the team as a mentor?
- Discuss what you would do and say to the mother and her partner while ensuring the best possible outcome.

Answer for facilitator: VAB is not recommended at the moment, because of fetal distress and the station is too high for VAB. Cesarean is recommended in this case.

TEAM SIMULATION ROLE CARD: OBSERVER (MENTOR 1)

Your role: As an observer and mentor during the clinical team practice, your main task is to watch the team performing and give support and advice to help everyone improve.

Tasks:

1. Spot problems: Look out for any troubles the team might have, like poor communication or mistakes.
2. Check for blame: See if anyone might feel blamed or upset and think about how this could affect the group.
3. Find better ways: Think about how the team can work together more smoothly, like talking more clearly or helping each other better.
4. Help Them Grow: Figure out how you can support the team to become better at their skills and feel more confident

Your goals as a mentor: Create a safe space to reduce fear, help each person grow, and make sure everyone uses the team's strengths together.

Feedback: Be ready to give kind, clear advice to the team after the practice, pointing out what they did well, what needs work, and simple tips to do better next time.

TEAM SIMULATION ROLE CARD: OBSERVER (MENTOR 2)

Your role: As an observer and mentor during the maternity team simulation practice, your main job is to watch the team including the person performing, and provide helpful support and advice to improve communication and respectful care.

Tasks:

1. Spot Communication issues: Look out for any problems with how the team talks to each other, like misunderstandings or unclear instructions.
2. Check for respectful care: See if everyone is treating patients and each other with kindness and respect, and note any areas where this might be missing.
3. Find better ways: Think about how the team can communicate more clearly and show more respectful care, like listening better or being more supportive.
4. Help team grow: Figure out how you can support the team to improve their communication skills and deliver more respectful care with confidence.

Your goals as a mentor: Create a safe space to reduce fear, help each person grow, and ensure everyone works together to provide clear communication and respectful care.

Feedback: Be ready to give kind, clear advice to the team after the practice, pointing out what they did well in communication and care, what needs improvement, and simple tips to do better next time.