

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

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 to maternal 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

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

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