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CASE REPORT

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Maya Bennett -- Labor Assessment

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ABSTRACT

This simulation case presents a term patient arriving at obstetric triage with painful contractions and is designed for health professions students. By completing the case, students will be able to conduct a comprehensive obstetric triage assessment; evaluate labor pain using PQRST or OLDCARTS; apply therapeutic and validating communication techniques; recognize signs of early labor and interpret maternal and fetal assessment findings; and discuss pain-management options in ways that respect the patient's preferences. The scenario follows Maya Bennett, a 39-week pregnant patient whose membranes have ruptured and whose contractions occur every 4-5 minutes. Students are asked to gather relevant history, assess pain and labor, and interpret maternal vital signs, fetal monitoring, contraction patterns, and cervical findings. They must also respond to the patient's concerns, validate her reported pain, and consider appropriate comfort measures and individualized pain-management preferences. Assessment items and debriefing dimensions address pain assessment, communication, clinical judgment, and person-centered care. The case supports foundational nursing curricula by providing practice in obstetric triage and person-centered care during early labor.

Keywords obstetrics; labor; pain assessment; OB triage; patient communication

CASE OVERVIEW

Maya Bennett, a 27-year-old woman at 39 weeks of gestation, G2P1, presents to the OB triage with regular painful contractions. The case focuses on obstetric triage, labor pain assessment, and patient-centered pain management.

INTENDED LEARNERS

Health professions student

LEARNING OBJECTIVES

1. Conduct a comprehensive obstetric triage assessment.
2. Evaluate labor pain using PQRST or OLDCARTS method.
3. Understand and apply appropriate therapeutic communication techniques.
4. Recognize early labor signs and interpret maternal and fetal assessments.
5. Discuss and respect patient-centered pain management preferences.

CLINICAL PRESENTATION

Name	Maya Bennett
Age	27
Sex	Female
Race / ethnicity	Black or African American Non-Hispanic
Height	5ft 6in
Weight	160 lbs

Chief complaint. Hey, I think it's time for this baby.

History of present illness. Maya, at 39 weeks and 2 days of gestation, G2P1, presents with regular painful contractions every 4-5 minutes lasting 45-60 seconds, moderate in intensity, showing signs of early labor, her membranes have ruptured approximately 30 minutes prior to arrival.

Past medical history. The current pregnancy is uncomplicated. Singleton pregnancy, cephalic presentation, negative for gestational diabetes, hypertension, and preeclampsia. G2P1

Past surgical history. None

Past psychiatric history. None reported

Social history. No tobacco, alcohol, or illicit substance use. Lives with partner and 3-year-old child.

Family history. No significant family medical history noted.

Medications. - Prenatal vitamin daily

Allergies. NKDA

SIMULATED CHARACTER

Name. Maya Bennett

Demographics. 27-year-old Black/African American woman, 39 weeks pregnant

Personality and mood. Calm, pleasant, cooperative, mildly uncomfortable during contractions

Identity, purpose and background. Maya is a mother excited and a bit anxious about the labor. She trusts healthcare providers but wants to ensure her and her baby's well-being. She is open to pain management options and seeks

reassurance about the labor process.

Simulation behaviour. Only reveal additional pregnancy history if directly asked. Respond calmly to pain questions and avoid volunteering pain information unless asked.

Opening line

> Hey, I think it's time for this baby.

Procedures and actions available to the learner

Action	Result added to the chart	How the character responds
Blood Pressure Cuff	BP: 126/78 mmHg (within normal limits)	Does my blood pressure look okay?
Fetal Heart Monitor	Baseline FHR: 140 bpm, moderate variability, accelerations present, no decelerations -- Category I tracing.	How's the baby doing?
Tocodynamometer	Contractions every 4-5 minutes, lasting 45-60 seconds, moderate intensity.	Are these contractions doing anything?
Cervical Examination	Dilation: 3 cm, Effacement: 70%, Station: -2, Presentation: cephalic, Membranes: not intact.	What does the exam show? Am I progressing?

Some actions reveal media in the simulation: Tocodynamometer (image); Cervical Examination (image).

ASSESSMENT ITEMS

Item 1. Maya is 39 weeks and 2 days pregnant and reports contractions every 4-5 minutes. Which additional question is most important when assessing whether she may be in labor? *(free text, 1 point)*

Answer and rubric. "How long does each contraction last?"

Item 2. Maya reports her pain is 7/10 during contractions and 1/10 between contractions. What is the nurse's best response? *(free text, 1 point)*

Answer and rubric. Accept Maya's reported pain level and further assess the pain

Item 3. A patient must appear visibly uncomfortable for a reported pain score of 7/10 to be considered accurate. *(true false, 1 point)*

Answer and rubric. False

Item 4. Name two nonpharmacologic comfort measures that could be offered to Maya during contractions. *(free text, 1 point)*

Answer and rubric. Controlled breathing, position changes, walking, rocking, relaxation techniques, massage, or other appropriate comfort measures.

Item 5. Which assessment question is important for a pregnant patient presenting to OB triage with contractions? *(multiple choice, 1 point)*

- A. "Have you noticed any vaginal bleeding or leaking of fluid?"
- B. "When was your last dental appointment?"
- C. "How much caffeine do you normally drink?"
- D. "Do you usually exercise in the morning?"

Answer and rubric. "Have you noticed any vaginal bleeding or leaking of fluid?"

DEBRIEFING DIMENSIONS

Pain Assessment (max 2)	Evaluate the student's ability to accurately assess pain using PQRST or OLDCARTS method. Base this on the AACN essentials progression indicators (0= not observed, 1= developing, 2= developed)
Communication (max 2)	Assess the use of therapeutic and validating communication techniques. Base this on the AACN essentials progression indicators (0= not observed, 1= developing, 2= developed)
Clinical Judgment (max 2)	Evaluate the understanding and interpretation of maternal and fetal assessments in early labor. Base this on the AACN essentials progression indicators (0= not observed, 1= developing, 2= developed)
Patient-Centered Care (max 2)	Assess the student's ability to incorporate patient preferences into care plans. Base this on the AACN essentials progression indicators (0= not observed, 1= developing, 2= developed)

COMPETENCY ALIGNMENT: AACN ESSENTIALS 2021

Progression level. 1 - Entry

The case focuses on foundational skills necessary for entry-level nursing practice, such as pain assessment, communication, and patient-centered care, which are critical for new graduates entering the workforce.

Domain 2: Person-Centered Care

Code	Competency	Rationale
2.1	Engage with the individual in establishing a caring relationship.	The case emphasizes the importance of building a trusting relationship with the patient, Maya Bennett, to ensure her comfort and address her concerns during labor.
2.2	Communicate effectively with individuals.	Effective communication is crucial in this case to reassure the patient and discuss pain management options, aligning with her preferences.
2.3	Integrate assessment skills in practice.	Students are required to conduct a comprehensive obstetric triage assessment and evaluate labor pain using established methods like PQRST or OLDCARTS.
2.5	Develop a plan of care.	The scenario involves creating a care plan that respects the patient's pain management preferences and addresses her needs during labor.

SIMULATION FORMAT

Platform	Figment Clinic
Format	Clinical encounter simulation with a full patient record
Synthesised voice	shimmer
Case first authored	August 2026

The interactive version of this case runs on the Figment Clinic platform. This article is the archival record of its content at the time of publication.

Use of artificial intelligence

The authors used generative artificial intelligence to draft portions of the text of this manuscript. All AI-generated drafting was subsequently revised by the authors, who reviewed the final text and take full responsibility for its accuracy and integrity.

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