- Simulator consists of Computer, Full Body mannequin, fetus and software.
- The simulator and the fetus work wirelessly via the control computer with all its functions.
- The mother's lung and heart sounds are taken. Fetal heart sounds are listened to from 4 different points according to the position of the fetus.
- ECG image is taken.
- Has a pulse whose intensity can be controlled. Bilateral non-invasive blood pressure (NIBP) is taken.
- There is an epidural port where infusion and aspiration can be applied.
- Airline is realistic. Chest movements are monitored. Performs spontaneous respiration.
- The control software has at least 2 different patient types and at least 4 ready-made patient scenarios. At the same time, new scenarios are being prepared by the educator.
- There is an electronic registry that marks the intervention and physiological data in the software that controls the simulator. These ledger records are recorded by the business software and then transferred to the simulation Central Management Software for re-evaluation.

Activities that can be done with these simulators:

- Vaginal examination is performed by observing Cervix, Fetal Station and position.
- Different expansion phases are simulated using static cervixes.
- Supports intrauterine balloon application.
- Episiotomy is performed.
- Uterine atonia is observed. (Comparison of contracted-Boggy uterus)
- Bimanual compression and uterine massage are detected and blood flow is automatically adjusted accordingly.
- Uterine inversion is simulated.
- Uterine contractions are determined by palpable fundus movements.
- Vacuum extractor without forceps or fetal head is used.
- It has cuttable and clampable cord tie.
- Simulated postpartum bleeding including Class III.
- The fetus cries after birth, giving estimated APGAR scores of 1 and 5 minutes depending on mother-fetus physiology.

The following maneuvers can be performed in the simulator:

- Leopold's Maneuver
- McRoberts Maneuver
- Suprapubic Pressure Application
- Internal Rotations
- Posterior Arm Maneuver During Shoulder Dystocia
- Zavanelli Maneuver
- Trendelenburg Positioning
- Left Lateral Tilt
- Vertex and Reverse Birth
- Airway opening techniques such as Orotracheal, Nasotracheal, ET tube, retrograde, fiber optic, right mainstem, combi tube, LMA are simulated. Also it can be ventilated with "Bag-Valve-Mask".
- Needle Cricothyrotomy can be applied
- Urinary catheterization can be performed.