Assessment of the OB Patient Presenting to the ED

Triage and Assessment
Jill Henkle RNC-OB
Kristal Graves, DNP MSN-Ed RN
How Do You Fair?

Iowa State Fair
Support acknowledgement:
HRSA State Maternal Health Innovation Program

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• I have no financial disclosure to make
• Any specific products mentioned, I receive no compensation
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Housekeeping

• CME/CEU/EMS Credits now available – Must attend live Zoom Meeting Calls, and fill our evaluation
• Still waiting on the date that our team can start visiting facilities
  • We are compiling our list and looking to see what logistics work best for each visit
  • Will be reaching out to each facility that has expressed interest
  • Covid Delta...
• Brief Evaluation to follow presentation
• Recordings and slides will be sent out in the next few days Available on the IMQCC Website Homepage | Iowa Maternal Quality Care Collaborative [Iowa Maternal Quality Care Collaborative (imqcc.org)]
• If you haven’t already, Chat your name, facility attendees in the chat box
• Who is new on this call today – give us a thumbs up
We are excited to welcome Dr. Jeffrey Quinlan who will be joining our monthly ER OB Simulation Training Program calls. Dr. Quinlan is a board-certified family physician, has spent his entire medical career in the U.S. Navy, beginning with residency training in California and an initial tour at the U.S. Naval Hospital in Sigonella, Italy. He served as a staff family physician and held a number of leadership roles at the U.S. Naval Hospital in Jacksonville, Florida, including five years as director of the hospital’s family medicine residency program. Dr. Quinlan joined the Uniformed Services University of the Health Sciences in 2010 and was named chair of the family medicine department in 2016. He currently serves as chair and departmental executive officer of the Department of Family Medicine in the University of Iowa Roy J. and Lucille A. Carver College of Medicine. Dr. Quinlan has an established record of excellence in clinical care, teaching, and service. We believe he will be a great addition to our OB program team.
“Pregnancy is a physiological stress that uncovers a woman’s predisposition to disease.”
Fetal Heart Tones

- Tachycardia
- Bradycardia
- Accelerations
- Decelerations
AWHONN’s Maternal Fetal Triage Index

- Five levels of acuity
- Key questions on the left
- Includes need to transfer to higher level of care
- Exemplary clinical conditions on the right
- Vital signs are suggested values—Use FIRST set.

Ruhl, Scheich, Onokpise & Bingham, 2015
Non-urgent (Priority 4)

- Does the woman have a complaint that is non-urgent?
  - Non-urgent attention such as:
  - ≥37 weeks early labor signs and/or c/o SROM/leaking
  - Non-urgent symptoms may include: common discomforts of pregnancy, vaginal discharge, constipation, ligament pain, nausea, anxiety.
Fundus
Definition

• ['fændəs]
• NOUN
• anatomy

1. the part of a hollow organ (such as the uterus or the gallbladder) that is farthest from the opening.
2. the upper part of the stomach, which forms a bulge higher than the opening of the esophagus (farthest from the pylorus).
3. the part of the eyeball opposite the pupil.
Fundal Height

- The fundal height in centimeters should be equivalent to the number of weeks of the pregnancy that have been completed.
Fetal Heart Tones
Toolkit Resources
Basic Transfer Supplies

• Doppler (maternal) probe
  • Less than 3MHz will be used for obstetrical
  • Everything above a 4MHz will be used for vascular
  • The higher the number, the more peripheral the detection will be
Fetal Heart Tones (FHT’s)

- [706_FetalSounds.qxd (mycna.ca)](706_FetalSounds.qxd (mycna.ca))
- Normal Range: 110 – 160
- Bradycardiac < 110
- Tachycardiac > 160
- Accelerations –
  - increase in FHT’s –
  - Normal
- Decelerations
  - Normal – with a contraction
  - Abnormal any other time
Spontaneous Rupture of Membrane & Discomforts of Pregnancy

8/2021
Kristal Graves DNP, MSN-Ed, RN & Jill Henkle RNC-OB
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Objectives

• Participants will be able to describe triage for spontaneous rupture of membranes (SROM)

• Participant will be able to describe common pregnancy discomforts
Spontaneous Rupture of Membranes

SROM

• <10% of women experience SROM outside of the hospital
• Causes of “wetness”
  • Bladder spasm
  • Baby movement causing pressure on bladder
  • Discharge
• Details
  • Color
  • Odor
  • Amount
  • Time
Priority on Maternal Fetal Triage Index (MFTI)

Priority 3 or 4

- **Priority 3:**
  - SROM/leaking 34–36 6/7 weeks

- **Priority 4:**
  - ≥37 weeks early labor signs and/or c/o SROM/leaking
AWHONN Maternal Fetal Triage Index (MFTI)

Priority based:
1. Stat
2. Urgent
3. Prompt
4. Non-urgent
5. Scheduled
Testing Options for SROM

Ferning
• Microscope
  • Collect Fluid from vaginal/cervical
  • Under microscope looks like a fern

Pooling with speculum exam
• Sterile speculum exam
  • Must lay flat and can ask for them to cough

Nitrazine paper
• Observe for color change per manufacturer instructions (typically to blue), indicating presence of amniotic fluid.
Discomforts of Pregnancy

- Nausea and vomiting
- Back pain/Sciatic Nerve pain/Round ligament pain
- Vaginal discharge
- Fatigue
- Heartburn
- Constipation
- Leg cramps
- Swelling
- Varicose Veins
- Nasal Congestion/Nose bleeds
Questions?
Early Labor Signs
Contraction

FREQUENCY

DURATION

INTENSITY
Early Labor

- 6 - 12 HOURS
- 30 – 90 SEC CONTRACTIONS
- MILD CONTRACTIONS
<table>
<thead>
<tr>
<th>Are the contractions regular?</th>
<th>TRUE LABOR</th>
<th>FALSE LABOR (Braxton-Hicks contractions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes.</td>
<td>Yes.</td>
<td>No.</td>
</tr>
<tr>
<td>- They’re regular and get closer together over time.</td>
<td>- They’re irregular and stay irregular. They don’t get closer together over time.</td>
<td></td>
</tr>
<tr>
<td>- They last 30 to 70 seconds each.</td>
<td>- You’re more likely to have them late in the day or after a lot of physical activity.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are the contractions strong?</th>
<th>TRUE LABOR</th>
<th>FALSE LABOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes.</td>
<td>Yes.</td>
<td>Sometimes.</td>
</tr>
<tr>
<td>- They get stronger over time.</td>
<td>- They’re usually mild and don’t get stronger over time.</td>
<td></td>
</tr>
<tr>
<td>- They’re so strong you can’t walk or talk.</td>
<td>- They may be strong and then weak.</td>
<td></td>
</tr>
<tr>
<td>- They keep coming even when you move around.</td>
<td>- They can be painful.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- They may stop when you walk or change position.</td>
<td></td>
</tr>
</tbody>
</table>
Bloody Show

- The cervix is full of blood vessels, which makes it prone to bleeding. When blood from the cervix mixes with mucus, it leaves the body in the form of bloody show. Bloody show is a sign that the blood vessels in the cervix are rupturing as it effaces and dilates.
Non-Urgent Symptoms
• Transfer of OB Patients
Consult with patient’s regular OB Provider

No OB provider

Call OB on call at nearest hospital
Run lab
Need for monitoring?
Toolbox - What will we add today?

**Normal FHT’s**
- 110-160 BPM

**Abnormal FHT’s**
- >160
- <110

Fundal Height – estimation of GA
Next Call

September 20th – 12p – 1:30 p

Continue the MFTI Algorithm

Priority 3

• Abnormal Vistal Signs
• Prompt Attention examples
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Questions and Discussion?