Assessment of the OB Patient Presenting to the ED

Maternal Fetal Triage Index
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Favorite Summer Food
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HRSA State Maternal Health Innovation Program

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Disclosures

• I have no financial disclosures
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Updates

- CEU/CME/EMS – credits
  - Nicole will give us updates

- On Site Visits – Will start scheduling after October
  - Please contact myself or Nicole and your facility will be contacted to schedule a visit – please be patient – we are a year behind and trying to catch up
  - Will do a pre-site meeting with team

- IMQCC Website – Still developing resource tab for OB Simulation and OB/ER
Housekeeping

• There will be a time for roundtable at the end– please be thinking of questions during presentation
• Brief Evaluation to follow presentation
• Recordings and slides will be sent out in the next few days
• 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
Objectives

Define
Define obstetrical triage

List
List benefits of a standardized approach to obstetric triage

Explain
Explain the use of Maternal Fetal Triage Index
Today’s Topics

• Today’s Vocabulary
• New Triage Tool
• Why is Triage of a Pregnancy Capable Person Different?
• Building your toolkit
• Wrap up
  • Evaluations
Neonatal Emergencies Assessment Maternal and Fetal Triage
Vocabulary

Pregnancy Capable Person -

MFTI (Maternal Fetal Triage)

Contractions

- Frequency
- Duration
- Intensity
Case Study #1

**Presenting Complaints**
- Burning with Urination

**History:**
- 25 gestational weeks pregnant
- No other significant history

**VS:**
- Temp  101.3
- Pulse 90
- RR 16
- BP 110/60
- Pulse ox 97% Room Air
Presenting Complaints

- Headache – not relieved with pain medication
- Blurred Vision
- “I just don’t feel right”

History:

- States has given birth 3 weeks ago without complications

Vital Signs:

- T 98.2
- Pulse: 98 RR 16
- BP 168/95
- Pulse Ox 92%
Triage IS NOT Evaluation
AWHONN Definition of Triage

• Obstetric triage is the brief, thorough and systematic maternal and fetal assessment performed when a pregnant woman presents for care, to determine priority for full evaluation.
Why Triage Matters

“A valid and reliable obstetric triage tool is needed to promote timely and appropriate care for the pregnant woman and her fetus.”

Recognize

Stabilize

Transfer
MFTI

AHRQ’s Emergency Severity Index Used to Inform Development of Obstetric Triage Tool | Agency for Healthcare Research and Quality
MFTI VS ESI
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Objectives

• Participants will be able to differentiate between Emergency Severity Index (ESI) and AWHONN Maternal Fetal Triage Index (MFTI)
Emergency Severity Index (ESI)

Priority &/or Resources

- ESI
  - Lifesaving interventions
  - High risk
  - Resources needed

Current Practice

Do you use this on a Birthing person?
AWHONN Maternal Fetal Triage Index (MFTI)

Priority based:
1. Stat
2. Urgent
3. Prompt
4. Non-urgent
5. Scheduled
Maternal Fetal Triage Index (MFTI)

How to use:

• Identify Plan of Use in your facility
  • Post MFTI
  • Plan for use
    • Simulation
    • Discussion
Scenario Practice

- Severe Abdominal Pain
- Seizure
- Vaginal Bleeding while pregnant
  - Filled a pad in last hour
Questions?
MFTI

What it is

• The Maternal Fetal Triage Index (MFTI) is a five-level acuity index for nurses to apply to their maternal and fetal nursing assessments when a woman presents to an obstetric unit for care in order to classify a woman’s acuity and prioritize the women’s urgency for provider evaluation based on acuity

• Key assessments determine the MFTI priority level

What it is NOT

• Not to be used to make a diagnosis
• Not a diagnostic algorithm
Urgency for Evaluation

Relevant history
- Age
- Gravida/Para
- Gestational Age (weeks)
- How many days post partum

Presenting complaint or reason coming to the ED

High risk situation
- Observations of life-threatening conditions or imminent birth
Urgency for Evaluation

- Presence of contractions, vaginal leaking of fluid, vaginal bleeding

- Prenatal history
  - Where?
  - How much?
  - Problems?

- OB History

- Medical and Surgical history

- Need for transfer to a higher level of care
All Vital Signs for the patient should be assessed, including temperature.

The MFTI priority is based on the very first set of vital signs taken, not on subsequent readings.

FHR – Auscultation or electronic fetal monitoring.

Pulse oximetry.

Pay attention to vital signs.
Labor Status
Early Labor vs Active Labor

• Triage – Assessment of Contractions:
  • Duration
  • Frequency
  • Intensity

• Cervical exam is NOT included in MFTI
  • Evaluation

• Active verses early labor can’t be determined based on cervical change over an interval of time

• MFTI is used for triage upon arrival
Persons with contractions, how a person is *coping* with the contractions is assessed.

Persons with pain unrelated to contractions, pain is assessed using the pain scale 1-10.
Contraction Assessment Frequency

- Duration:
  - Beginning of one contraction to beginning of next
  - Usually timed in minutes
Contraction Assessment

Duration

- Duration:
  - Beginning of one contraction to beginning of next
  - Usually timed in seconds
Contractions Assessment
Intensity

Tip of Nose - Mild  Chin - Moderate  Forehead - Hard
Tool Kit

• MFTI – waiting for permission to distribute from AWHONN
• Coping with Labor Algorithm
Next Monthly Call  August 16\textsuperscript{th} 12p – 1:30p

- MFTI – Levels and Transfers
- Triage and Transfers
  - Emergent
  - Urgent
  - Non Emergent
Round Table