

Assessment of the OB Patient Presenting to the ED

Maternal Fetal Triage Index

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Favorite Summer Food



Support acknowledgement: HRSA State Maternal Health Innovation Program

This presentation was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.



Disclosures

- I have no financial disclosures



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Creating CME Profile

- Go to: <https://uiowa.cloud-cme.com/default.aspx>
- Click Sign In
- Click Sign in with your email
- Click Create New Account

If you already have a CME Profile with UIHC

- If this is your first time texting your attendance, you must first pair your mobile number to your account. **Text your email address that is connected to your registration to (844) 980-0525.** You will receive a text notification indicating your phone number has been updated.

Once your account is created and paired to your number, text 42221 to (844) 980-0525.



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

Case Study #2

Presenting Complaints

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

History:

- States has given birth 3 weeks ago with out 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

Triage Matters

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

Reference: Angelini, D., & Howard, E. (2014). Obstetric triage: a systematic review of the past fifteen years: 1998-2013. *MCN. The American Journal of Maternal Child Nursing*, 39(5): 284-97.

Recognize

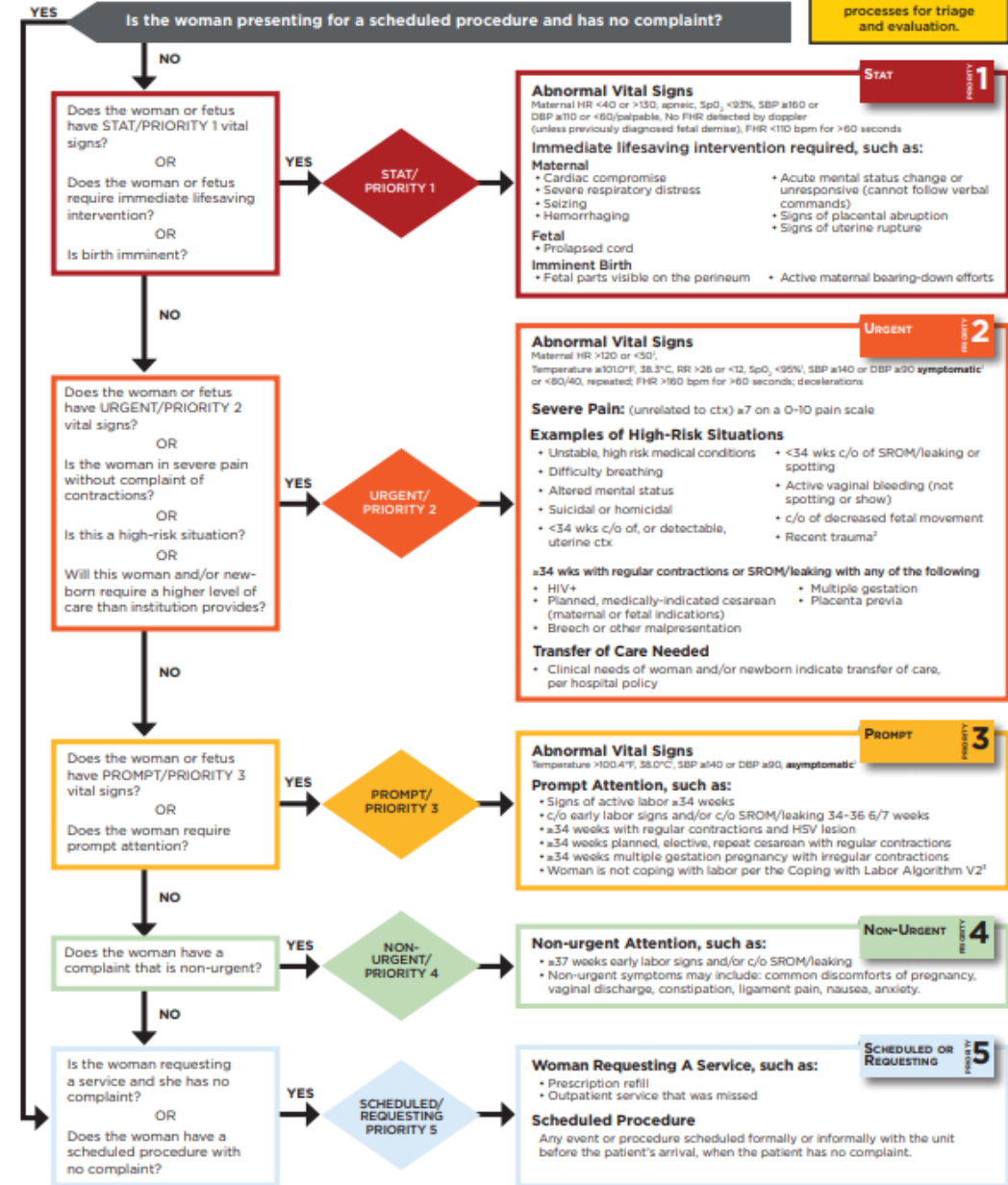
Stabilize

Transfer

MFTI

AHRQ's Emergency Severity Index Used to Inform Development of Obstetric Triage Tool | Agency for Healthcare Research and Quality

Implement appropriate infectious disease control processes for triage and evaluation.



¹High Risk and Critical Care Obstetrics, 2019
²Trauma may or may not include a direct assault on the abdomen. Examples are trauma from motor vehicle accidents, falls, and intimate partner violence.
³Coping with Labor Algorithm V2 used with permission
 The MFTI is exemplary and does not include all possible patient complaints or conditions. The MFTI is designed to guide clinical decision-making but does not replace clinical judgment. Vital signs in the MFTI are suggested values. Values appropriate for the population and geographic region should be determined by each clinical team, taking into account variables such as altitude.
 AWHONN recommends nurses performing obstetric triage complete the online MFTI education course. Visit www.awhonn.org/mfti for more information.
 ©2015 AWHONN. For permission to disseminate or integrate the MFTI into the Electronic Medical Record contact permissions@awhonn.org.

A blue ribbon graphic with a 3D effect, featuring a darker blue shadow on the left side. The text "MFTI VS ESI" is centered within the ribbon in white, uppercase letters.

MFTI VS ESI

Emergency Severity Index and AWHONN Maternal Fetal Triage Index (MFTI)

7/2021

Kristal Graves DNP, MSN-Ed, RN &
Jill Henkle RNC-OB



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Objectives

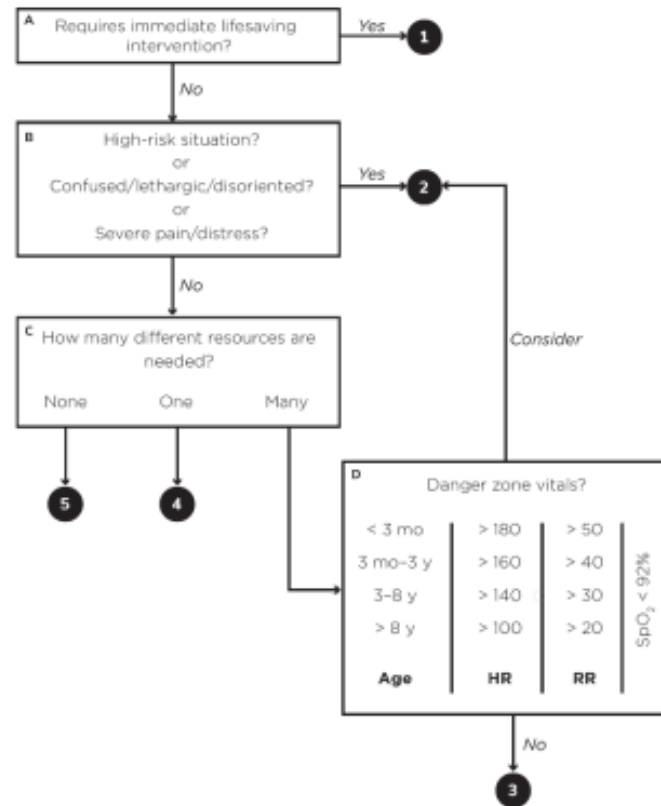
- Participants will be able to differentiate between Emergency Severity Index (ESI) and AWHONN Maternal Fetal Triage Index (MFTI)

Emergency Severity Index (ESI)

Priority &/or Resources

- ESI
 - Lifesaving interventions
 - High risk
 - Resources needed

Figure 4-1. ESI Triage Algorithm, v4



Resources	Not Resources
<ul style="list-style-type: none"> • Labs (blood, urine) • Electrocardiogram, radiographs • Computed tomography, magnetic resonance imaging, ultrasound, angiography 	<ul style="list-style-type: none"> • History and physical exam (including pelvic) • Point-of-care testing
<ul style="list-style-type: none"> • Intravenous fluids (hydration) 	<ul style="list-style-type: none"> • Saline or heparin lock
<ul style="list-style-type: none"> • Intravenous, intramuscular, or nebulized medications 	<ul style="list-style-type: none"> • Oral medications • Tetanus immunization • Prescription refills
<ul style="list-style-type: none"> • Specialty consultation 	<ul style="list-style-type: none"> • Phone call to primary care physician
<ul style="list-style-type: none"> • Simple procedure = 1 (laceration repair, urinary catheter) • Complex procedure = 2 (procedural sedation) 	<ul style="list-style-type: none"> • Simple wound care (dressings, recheck) • Crutches, splints, slings

ESI Implementation handbook, ENA (2020) : https://www.ena.org/docs/default-source/education-document-library/esi-implementation-handbook-2020.pdf?sfvrsn=fdc327df_2



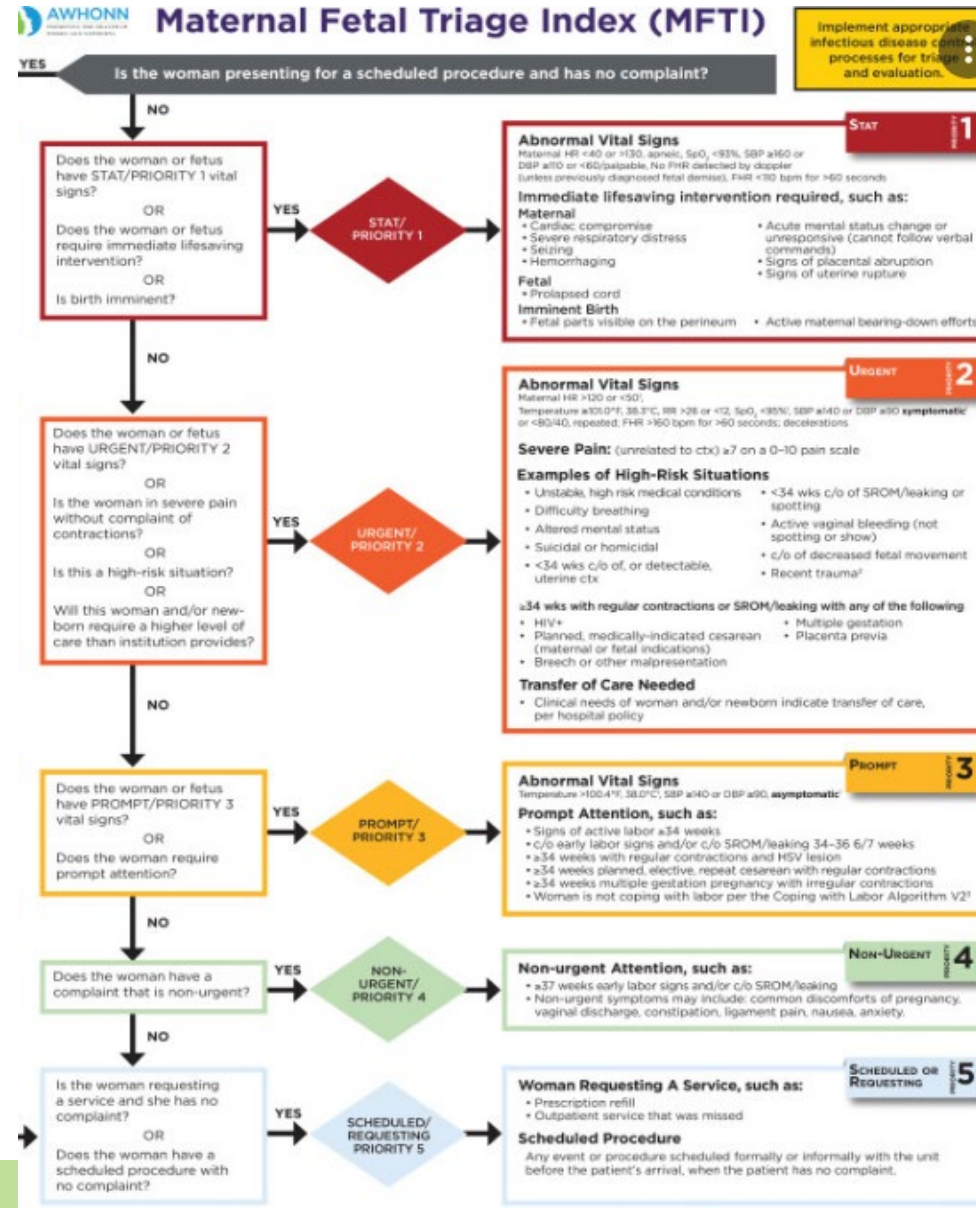
Current Practice

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

Vital Signs



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 versus early labor can't be determined based on cervical change over an interval of time
- MFTI is used for triage upon arrival



Pain Assessments



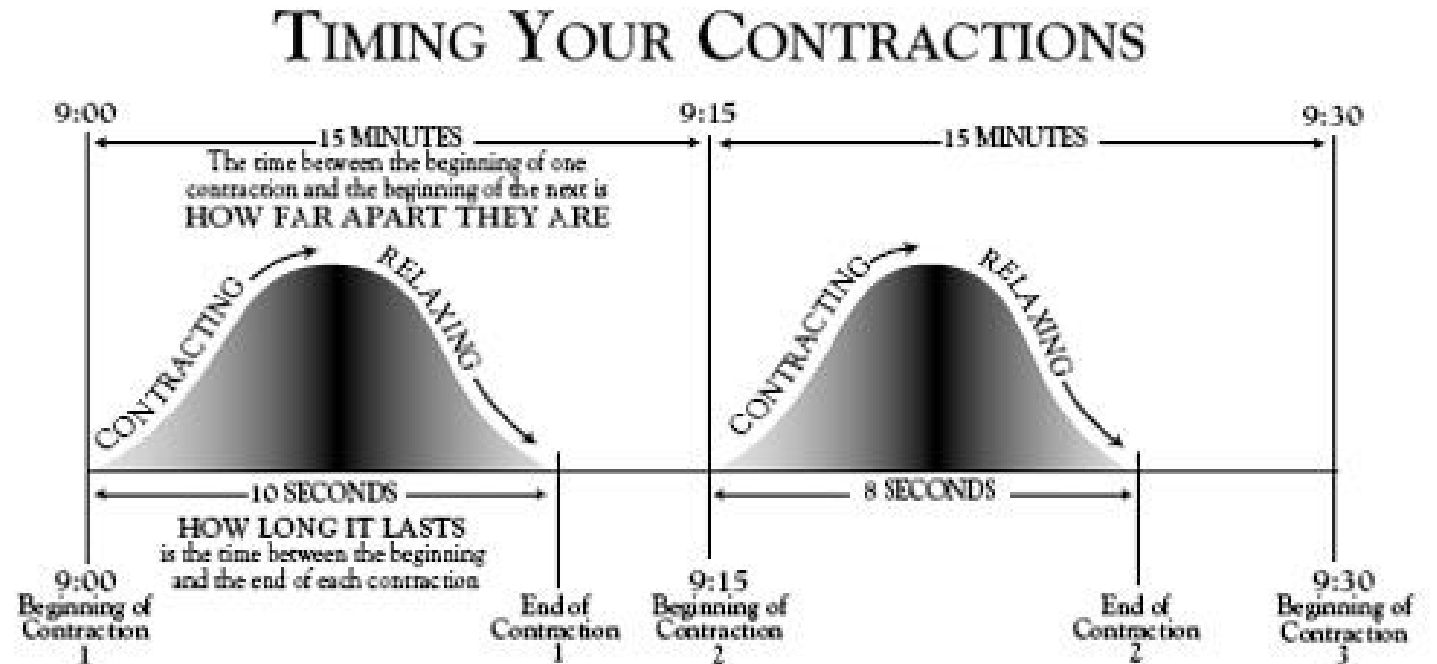
Coping_Algorithm.pdf

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

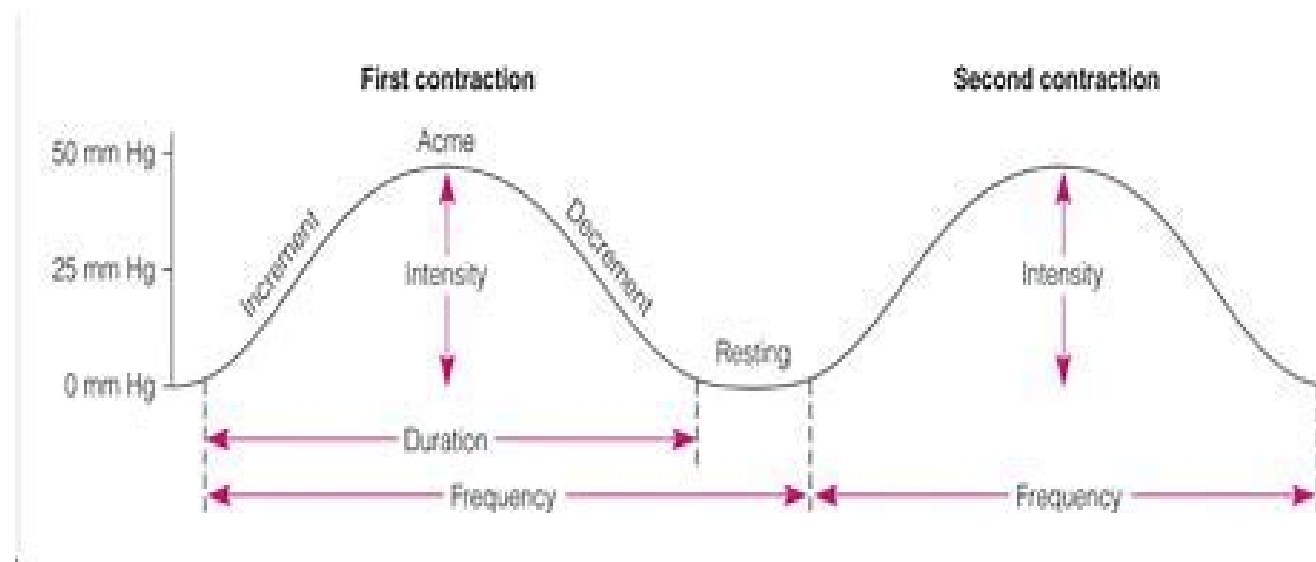
Contraction Assessment Frequency

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

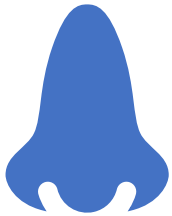


Contraction Assessment Duration

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



Contractions Assessment Intensity



Tip of Nose - Mild



Chin - Moderate



Forehead - Hard

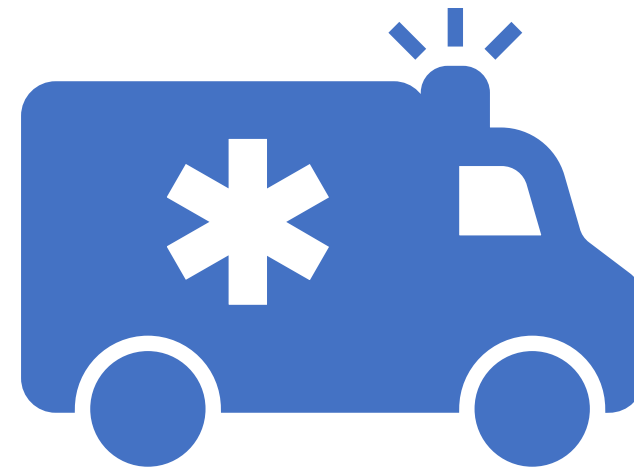
Tool Kit

- MFTI – waiting for permission to distribute from AWHONN
- Coping with Labor Algorithm



Next Monthly Call August 16th 12p – 1:30p

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



Round Table

