What is triage?

The brief, thorough and systematic maternal and fetal assessment performed when a pregnant woman presents for care, to determine priority for full evaluation - per AWHONN

- Traditionally performed by RNs
What is triage?

- Concept of triage is derived from military
- Workers in field hospitals use systematic approach to determine evaluate and prioritize how quickly injured soldiers are fully evaluated
- Triage in hospitals typically associated with emergency departments
- Guidelines aid in determining which patients must be evaluated promptly and which may wait safely
- Helps determine allocation of resources
- LDR commonly serves as an ED for pregnant women, the appropriate structure, location, timing and timeliness for hospital based triage evaluations of obstetric patients is not always clear
Obstetric Triage

- Obstetric triage volume typically exceeds the overall birth volume of a hospital by 20-50%

- Pregnant women most commonly present for evaluation of labor at term

- Other common reasons for triage visits
  - Preterm labor
  - Signs & symptoms of preeclampsia
  - Decreased fetal movement
  - Preterm premature rupture of membranes
  - Vaginal bleeding
  - Acute abdominal pain
Obstetric Triage

Less common are acute and critical conditions; less common but require immediate attention

- MVC
- Placental abruption
- Uterine rupture
- Seizure
Non-obstetric complaints

Often better cared for in other areas of the hospital regardless of gestational age; advise to set up protocol

- Highly infective illnesses; influenza, varicella
- Critical traumas
- Acute chest pain

Many postpartum issues may be best handled in labor and delivery

- Postpartum preeclampsia
- Endometritis
- Wound infections
Triage Algorithms

- Assign acuity to patients

- Patients are evaluated in the order of acuity rather than time of arrival
Tools

- Obstetric Triage Acuity Scale (OTAS)
- Swiss Emergency Triage Scale (SETS)
- Birmingham symptom specific obstetric triage system (BSOTS)
- Maternal Fetal Triage Index (MFTI)
- Florida Hospital Obstetric Triage Acuity Tool
- Self-assessment questionnaire for gynecologic emergencies (SAQ-GE)
MATERNAL FETAL
TRIAGE INDEX
AWHONN
Maternal Fetal Triage Index (MFTI)

Is the woman presenting for a scheduled procedure and has no complaints?

- Abnormal Vital Signs
  - Maternal
    - Cardiac compromise
    - Fever (experienced in women over 35 years old)
    - Systolic hypertension
    - Preeclampsia
    - Signs of placental abruption
    - Signs of uterine rupture
  - Fetal
    - Prolonged or imminent birth
  - Non-urgent
    - Active maternal bleeding/shock

Immediate lifesaving intervention required, such as:

- Abnormal Vital Signs
  - Maternal
    - Cardiac compromise
    - Fever (experienced in women over 35 years old)
    - Systolic hypertension
    - Preeclampsia
    - Signs of placental abruption
    - Signs of uterine rupture
  - Fetal
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  - Non-urgent
    - Active maternal bleeding/shock

Severe Pain (announced or not), 7 or 8 on a 10-point pain scale

Examples of High-Risk Situations

- Unstable, high-risk medical conditions
- Difficulty breathing
- Abnormal mental status
- Suspected or confirmed placental abruption
- 48 hours or less of intact or incomplete uterine rupture
- motherboard
- 34 weeks with regular contractions or 34-36 weeks with any of the following
  - Hypotension
  - Preeclampsia
  - Bleeding or other complication

Transfer of Care Needed

- Clinical needs of woman and delivery indicate transfer of care, if possible.

Abnormal Vital Signs

- Maternal
  - Cardiac compromise
  - Fever (experienced in women over 35 years old)
  - Systolic hypertension
  - Preeclampsia
  - Signs of placental abruption
  - Signs of uterine rupture
- Fetal
  - Prolonged or imminent birth
- Non-urgent
  - Multiple infection
  - Premature rupture of membranes

Prompt Attention, such as:

- Signs of active labor (34-36 weeks)
- Active labor with signs of 34-36 weeks' gestation
- Active labor with signs of 34-36 weeks' gestation and regular contractions
- Active labor with signs of 34-36 weeks' gestation and regular contractions and nausea

Non-Urgent Attention, such as:

- 34 weeks or less, active labor, or severe intrauterine monitoring
- Non-urgent symptoms may include common complaints of pregnancy, such as nausea, vomiting, and headaches.

Woman Requesting a Service, such as:

- Non-urgent
  - Obstetric service that was missed

Scheduled Procedure

- Active maternal bleeding/shock
- Prolonged or imminent birth
- Active maternal bleeding/shock
- Active maternal bleeding/shock
- Active maternal bleeding/shock
Maternal Fetal Triage Index (MFTI)

Is the woman presenting for a scheduled procedure and has no complaint?

- No
  - Immediate lifesaving intervention required, such as:
    - Abnormal Vital Signs:
      - Severe hypotension, shock, tachycardia
      - Cardiac arrest
      - Severe respiratory distress
      - Seizure
      - Hemorrhage
    - Fetal:
      - Preterm birth
      - Severe PPH
      - Fetal parts visible on the screen
    - Active maternal bleeding/obstetrics

- Yes
  - Does the woman or fetus have [PRIORITY 1] vital signs?
    - No
      - Does the woman or fetus require immediate lifesaving intervention?
        - No
          - Is birth imminent?
            - No
              - YES
            - Yes
              - SCHEDULED OR REQUESTING PRIORITY 5

- YES
  - Woman Requesting A Service, such as:
    - Prescription refill
    - Outpatient service that was missed
  - Scheduled Procedure
    - Any event or procedure scheduled formally or informally with the unit before the patient’s arrival, when the patient has no complaint.
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.
Abnormal Vital Signs
Temperature >100.4°F, 38.0°C, SBP ≥140 or DBP ≥90, asymptomatic

Prompt Attention, such as:
- Signs of active labor ≥34 weeks
- c/o early labor signs and/or c/o SROM/leaking 34-36 6/7 weeks
- ≥34 weeks with regular contractions and HSV lesion
- ≥34 weeks planned, elective, repeat cesarean with regular contractions
- ≥34 weeks multiple gestation pregnancy with irregular contractions
- Woman is not coping with labor per the Coping with Labor Algorithm V2³
Abnormal Vital Signs
Maternal HR >120 or <50,
Temperature ≥101.0°F, 38.1°C, RR >26 or <12, SpO₂ <95%[^1], SBP ≥140 or DBP ≥90 symptomatic[^1]
or ≤80/40, repeated: FHR >160 bpm for >60 seconds; decelerations

Severe Pain: (unrelated to ctx) ≥7 on a 0-10 pain scale

Examples of High-Risk Situations
- Unstable, high risk medical conditions
- Difficulty breathing
- Altered mental status
- Suicidal or homicidal
- <34 wks c/o of, or detectable, uterine ctx

≥34 wks with regular contractions or SROM/leaking with any of the following
- HIV+
- Planned, medically-indicated cesarean (maternal or fetal indications)
- Breech or other malpresentation

Transfer of Care Needed
- Clinical needs of woman and/or newborn indicate transfer of care, per hospital policy

[^1]: Implement appropriate infectious disease control procedures for triage
[^2]: Recent trauma

- <34 wks c/o of SROM/leaking or spotting
- Active vaginal bleeding (not spotting or show)
- c/o of decreased fetal movement
- Recent trauma[^2]
Abnormal Vital Signs
Maternal HR <40 or >130, apneic, SpO₂ <93%, SBP <160 or DBP >110 or <60/palpable, No FHR detected by doppler (unless previously diagnosed fetal demise), FHR <110 bpm for >60 seconds

Immediate lifesaving intervention required, such as:

Maternal
• Cardiac compromise
• Severe respiratory distress
• Seizing
• Hemorrhaging

Fetal
• Prolapsed cord

Imminent Birth
• Fetal parts visible on the perineum

• Acute mental status change or unresponsive (cannot follow verbal commands)
• Signs of placental abruption
• Signs of uterine rupture
• Active maternal bearing-down efforts
LETS PLAY A GAME...
What order would you see these patients & why?

A. 24yo G1P0 at 28 wks c/o sharp, burning pain radiating to her vagina upon standing

B. 36yo G3P2 at 36 wks c/o severe headache and edema, BP 150/95

C. 45yo mother of 20yo G1P0 calls because her daughter needs a Zofran refill

D. 21yo G2P1 at 35wks c/o contractions q8min with planned, elective RLTCS

E. 28yo G5P4 at 38wks c/o vaginal bleeding with recurrent late decelerations
What order would you see these patients & why?

A. 24yo G1P0 at 28 wks c/o sharp, burning pain radiating to her vagina upon standing
   - Priority 4, nonurgent
B. 36yo G3P2 at 36 wks c/o severe headache and edema, BP 150/95
   - Priority 2, urgent
C. 45yo mother of 20yo G1P0 calls because her daughter needs a Zofran refill
   - Priority 5, scheduled/requesting
D. 21yo G2P1 at 35wks c/o contractions q8min with planned, elective RLTCS
   - Priority 3, prompt

1. E. 28yo G5P4 at 38wks c/o vaginal bleeding with recurrent late decelerations
   - Priority 1, stat
What order would you see these patients & why?

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4. A. 24yo G1P0 at 28 wks c/o sharp, burning pain radiating to her vagina upon standing
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WE’RE NOT DONE...
OBED has exploded...

F. 30yo G1P0 at 41wks c/o decreased fetal movement for the past 6 hours

G. 19yo G2P1 at 26wks c/o continued leaking and light vaginal bleeding for 2 days

H. 33yo G8P5207 at 35wks c/o contracting q2min and feels like she needs to poop

I. 25yo G1P0 at 29wks Type 1 Diabetic, pump broke 3 days ago, BG 450 & confused

J. 22yo G4P3 at 22wks presents with temp of 102F, HR 120, dysuria & R-flank pain
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PATIENTS ARE SORTED... NOW WHAT...?
PELVIC EXAM

(Don’t be the doctor who didn’t look in the vagina)
24yo G1P0 at 28 wks c/o sharp, burning pain radiating to her vagina upon standing
24yo G1P0 at 28 wks c/o sharp, burning pain radiating to her vagina upon standing

- Pelvic exam
- Urine dip
- Consider Tylenol
- Advise support belt
36yo G3P2 at 34 wks c/o severe headache and edema with blood pressure of 150/95
36yo G3P2 at 34 wks c/o severe headache and edema with blood pressure of 150/95

- Dangling BP
- Labs: CBC, CMP, Pr/Cr Spot Ratio, LDH, uric acid
- Consider ANCS
- Expectant management vs delivery pending lab results
45yo mother of 20yo G1P0 calls because her daughter needs a Zofran refill
45yo mother of 20yo G1P0 calls because her daughter needs a Zofran refill

- Send it before you leave the hospital
21yo G2P1 at 37wks c/o contractions q5min with planned, elective RLTCS
21yo G2P1 at 37wks c/o contractions q5min with planned, elective RLTCS

- CEFM with TOCO
- Check cervix
- Evaluate pain
- Consider delivery
19yo G2P1 at 26wks c/o continued leaking and light vaginal bleeding for 2 days, no contractions
19yo G2P1 at 26wks c/o continued leaking and light vaginal bleeding for 2 days, no contractions

- Pelvic exam
- ROM Plus
- Evaluate for pooling, ferning, nitrazine
- Visually examine cervix

If ruptured

- ANCS x2
- Neuroprotective MgSO4 x 12hrs
- Latency antibiotics
- Collect GBS, G/C
- Determine fetal presentation
Resources

- ACOG Committee Opinion 667
- AWHONN Education site; Maternal Fetal Triage Index
QUESTIONS?