## **Maternal Fetal Triage Index (MFTI) AWHONN** Implement infectious disease precautions for triage and evaluation. Is the woman presenting for a scheduled procedure and has no complaint? NO STAT Abnormal Vital Signs Maternal HR < 40 or > 130, apneic, Sp0, < 93%, SBP ≥160 or DBP ≥110, or SBP <60 or ĎBP palpable,3 No FHR detected by doppler (unless previously diagnosed fetal demise), Does the woman or fetus have FHR <110 bpm for >60 seconds STAT/PRIORITY 1 vital signs? Immediate Lifesaving Intervention Required, such as: OR YES Maternal Does the woman or fetus STAT/ Cardiac compromise · Prolapsed cord **PRIORITY 1** require immediate lifesaving · Severe respiratory distress Imminent Birth intervention? Seizing • Fetal parts visible on the perineum Hemorrhaging Active maternal bearing-down efforts Is birth imminent? Acute mental status change or unresponsive (cannot follow verbal commands) · Signs of placental abruption Signs of uterine rupture NO Abnormal Vital Signs Maternal HR >120 or <501 Temperature $\geq$ 101.0°F, 38.3°C, RR $\geq$ 26 or $\leq$ 12, Sp0<sub>2</sub> $\leq$ 95%<sup>1</sup>, SBP ≥140 or DBP ≥90 symptomatic¹, or SBP <80 or DBP <40, repeated,<sup>3</sup> Does the woman or fetus FHR >160 bpm for >60 seconds: decelerations have URGENT/PRIORITY 2 Severe Pain: (unrelated to contractions) ≥7 on a 0-10 pain scale vital signs? **Examples of High-Risk Situations** OR · Unstable, high risk medical conditions <34 wks c/o of SROM/leaking or spotting</li> Is the woman in severe pain · Difficulty breathing · Active vaginal bleeding (not spotting without complaint of YFS **URGENT/** or show) · Altered mental status contractions? **PRIORITY 2** c/o of decreased fetal movement Suicidal or homicidal Recent trauma<sup>2</sup> • <34 wks c/o of, or detectable, uterine Is this a high-risk situation? contractions OR ≥34 Weeks with Regular Contractions or SROM/Leaking with any of the following Will this woman and/or new-• Breech or other malpresentation born require a higher level of • Planned, medically-indicated cesarean Multiple gestation care than institution provides? (maternal or fetal indications) Placenta previa **Transfer of Care Needed** • Clinical needs of woman and/or newborn indicate transfer of care, per hospital policy NO **PROMPT** Abnormal Vital Signs Temperature >100.4°F, 38.0°C¹, SBP ≥140 or DBP ≥90, asymptomatic¹ Does the woman or fetus have PROMPT/PRIORITY 3 Prompt Attention, such as: YES vital signs? • Signs of active labor ≥34 weeks PROMPT/ **PRIORITY 3** c/o early labor signs and/or c/o SROM/leaking 34-36 6/7 weeks $\cap R$ • ≥34 weeks with regular contractions and HSV lesion Does the woman require • >34 weeks planned, elective, repeat cesarean with regular contractions prompt attention? • ≥34 weeks multiple gestation pregnancy with irregular contractions • Woman is not coping with labor per the Coping with Labor Algorithm V2 NO NON-URGENT Non-urgent Attention, such as: YES Does the woman have a URGENT/ • ≥37 weeks early labor signs and/or c/o SROM/leaking **PRIORITY 4** complaint that is non-urgent? · Non-urgent symptoms may include: common discomforts of pregnancy, vaginal discharge,

constipation, ligament pain, nausea, anxiety,

## 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.

<sup>1</sup>High Risk and Critical Care Obstetrics, 2019

Is the woman requesting

a service and she has no

complaint?

OR

Does the woman have a

scheduled procedure with

no complaint?

<sup>2</sup>Trauma may or may not include a direct assault on the abdomen. Examples are trauma from motor vehicle accidents, falls, and intimate partner violence. <sup>3</sup>Updated from MFTI version 15005

SCHEDULED/

REQUESTING

PRIORITY 5

YES

22001

SCHEDULED OR