The Maternal Fetal Triage Index Frequently Asked Questions (FAQs)

What is AWHONN’s definition of obstetric 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.

What is AWHONN’s obstetric triage initiative?

AWHONN’s obstetric triage initiative embraces the true definition of triage for obstetrics and re-affirms the role of triage for obstetric nurses.

What are goals of AWHONN’s triage initiative?

- Improve quality of triage nursing care through standardization of acuity classification
- Improve education for nurses about triage
- Test a triage quality measure

What is AWHONN’s Maternal Fetal Triage Index (MFTI)?

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 prioritize the women’s urgency for provider evaluation.

Why did AWHONN develop an obstetric triage acuity tool?

AWHONN developed the Maternal Fetal Triage Index (MFTI) because there is no nationally-accepted obstetric acuity index in the United States. The goal is to improve quality and efficiency of nursing care and communication among the obstetric team.

How does the MFTI work?
The MFTI is arranged as an algorithm. Each of the five levels have key questions with corresponding exemplary clinical conditions and parameters. The nurse applies the key questions to her assessments of the woman she has triaged in order to determine the priority for full evaluation by the provider.

What is the value of assigning an MFTI priority level indicating a woman’s urgency for evaluation if there is only one patient presenting for triage?

Even if there is only one patient presented for triage, assigning a priority level

- promotes systematic nursing assessment
- allows for tracking acuity profiles and trends which can then be used to plan staffing.
- allows monitoring of patient flow and processes in triage and evaluation units.
- facilitates nurse-to-provider communication.

When will the Maternal Fetal Triage Index (MFTI) be available?

AWHONN will release the Maternal Fetal Triage Index (MFTI) for national implementation in the early 2016, concurrently with an educational module and papers published in JOGNN. AWHONN is unable to share the actual MFTI before its official release. We are, however, pleased to provide a general description of the MFTI and explain the multi-year development process.

Can we integrate the MFTI into our EMR at this time?

Please contact Mitty Songer at AWHONN at msonger@awhonn.org for more information about integrating or updating your EMR with the MFTI.

How was the MFTI developed?
Three years ago AWHONN convened an expert task force of perinatal nurses, experienced in improving obstetric triage, to draft an obstetric acuity tool which became the MFTI. In 2013 AWHONN conducted two rounds of content validation for each of the 62 distinct items in the MFTI using an online survey methodology. A total of 45 nurses, physicians and nurse-midwives, 15 from each discipline, were content validators. After the first round adjustments were made in the items. The second round of content validation produced a high level of agreement about the inclusion and wording of the items in the final version of the MFTI.

Interrater reliability testing with 10 nurses who assessed and prioritized 211 women presenting for triage was performed in 2014. The MFTI priority levels the nurses assigned, and their rationales for the levels, were compared to those of a research nurse and a good level of agreement was found.

Based on the results of the content validation and interrater reliability testing, AWHONN recommends the MFTI for use in obstetric settings.

What are features of the MFTI?

- Suggested vital sign and fetal heart rate parameters in Priority Levels 1, 2 and 3.

- The Coping with Labor algorithm © (coping/not coping) is used in the MFTI to assess a woman’s labor pain and the 0-10 pain scale is used for non-labor-related pain. The rationale for this approach in the MFTI is to facilitate appropriate attention for women not coping with labor and for those with non-obstetrical pain.

- The MFTI’s Level 2 has a key question about the need to transfer a woman for a higher level of care than the institution provides, as outlined in institutional policy, based on a woman’s condition or that of her fetus. This is an important feature of the MFTI and can improve efficiency of triage, evaluation and transfer when this is indicated.
• The MFTI’s Priority Level 5 is for women who have scheduled procedures. This level includes a key question about whether a woman presenting for a scheduled procedure has a new complaint (for example a woman with a scheduled cesarean for breech who arrives and states she is leaking fluid vaginally). This feature of the MFTI can facilitate timely evaluation in such situations.

Does the MFTI include recommendations about how soon a woman should be evaluated by a provider after the nurse has prioritized the woman with the MFTI?

The MFTI doesn’t include suggested times from triage to provider evaluation for each level. It is prudent for each institution to determine goals for these timeframes.

What about education on the MFTI?

Research has shown that education about obstetric triage and use of an acuity tool contributes to successful implementation and continued use of a tool. AWHONN designed a learning module to educate perinatal nurses about triage principles and acuity tools, obstetric triage, and the MFTI. The MFTI educational module was tested by 40 nurses and revised according to their feedback. It will be included in AWHONN’s new Online Learning Center and offer continuing nursing education contact hours. AWHONN recommends all nurses be educated about triage and the MFTI prior to its implementation.

What is the MFTI pilot community?

The MFTI pilot community is being convened by AWHONN to provide support and strategies for hospital-based nurse champions who agree to
• implement the MFTI in their facility’s electronic medical record,
• ensure that nurses who perform triage in their facility complete the AWHONN MFTI education module,
• and participate in monthly with AWHONN leaders and other MFTI site leaders for a period of 6 months.
The pilot community members agree to be involved in three conference calls over a six-month period.

What are the goals of the MFTI Pilot Community?

- Identify and assess the successes and challenges of educating obstetric nurses about triage and the MFTI with AWHONN’s Triage educational module.
- Identify challenges and barriers to integrating the MFTI into electronic medical records.
- Identify best practices and barriers to implementation of the MFTI in birth units.

What are added benefits of participation in the MFTI pilot community?

- MFTI pilot community hospitals will receive expert and peer mentoring support to implement the MFTI in your hospital.
- Pilot community nurse champions will be leaders in improving how nurses perform triage and will be members of AWHONN’s first MFTI pilot community.
- Pilot community nurse champions’ feedback to AWHONN will benefit other hospitals and nurses who decide to improve triage at their facility.

Is there a fee to participate in the pilot community?

Yes. Hospitals participating in the MFTI Pilot Community will be required to complete the MFTI online education module by purchasing 50 participant “seats” to gain access to the AWHONN Online Learning Center. Each seat is valued at $30 and can be applied to the MFTI module as well as any other educational offering in the AWHONN Online Learning Center. Hospitals will have one year from the date of purchase to redeem participant seats. Your facility’s purchase of 50 vouchers also includes a licensing agreement to
integrate the MFTI algorithm into your hospital or system EMR. This added benefit is only available to purchases of 50 seats or more.

Can my hospital system be its own pilot community?

This is a consideration. Please contact Mitty Songer, at AWHONN at msonger@awhonn.org for more information.

If I am at a small facility, can I participate in the pilot community site?

Yes, the only requirement is that sites have a labor and birth unit and perform more than 50 births per year.

What is the time commitment for the pilot community?

Timeframe: Beginning in winter 2016 for 6 months

Time Commitment:

- For educational module: approximately 2 hours to complete
- For pilot community: Three conference calls over the course of a 6-month time period. During the calls, each hospital will report out on the progress of their implementation of the MFTI at their hospital. Conference calls will last approximately 90 minutes. One person per hospital must attend the call.

How will AWHONN use the data or feedback provided from my facility?

AWHONN will use the data to guide how AWHONN supports on-going implementation of MFTI in additional facilities.

If my hospital decides not to join the MFTI pilot community, can we still purchase education on the MFTI and integrate the MFTI into our EMR?

Yes, individual CNE seats for the MFTI educational module are available at $30 per seat. Contact Mitty Songer at AWHONN at msonger@awhonn.org for more information about integrating the MFTI into the EMR.
Is AWHONN recommending that only hospitals with OB triage units separate from their labor and birth unit implement the MFTI?

AWHONN is recommending that all obstetric settings implement the MFTI for nurses to use to triage pregnant women presenting for care, no matter the institution’s size, birth volume, or physical organization. Triage using the MFTI can occur in a separate triage and evaluation unit, in an intake area or in the labor room. The physical location where the nurse performs triage is not critical, having a standardized approach to prioritization of acuity is the goal.

Does AWHONN have any other resources or recommendations about triage?

Yes, AWHONN’s Women’s Health and Perinatal Nursing Care Quality Measures document has useful definitions related to triage and a recommendation about how soon a pregnant woman who presents for care to an obstetrical setting should be triaged by the nurse: https://www.awhonn.org/awhonn/content.do?name=02_PracticeResources/02_perinatalqualitymeasures.htm. Pages 16-23 includes a full set of definitions.

Is CME available for the MFTI education?

At this time, there are no CME contact hours available for the MFTI.