The Maternal Fetal Triage Index – Frequently Asked Questions for Nurses

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 reaffirms 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.
AHRO’s Emergency Severity Index was used to inform development of the MFTI: [http://www.ahrq.gov/policymakers/case-studies/201517.html](http://www.ahrq.gov/policymakers/case-studies/201517.html)

How does the nurse use the MFTI?
The MFTI is arranged as an algorithm. Each of the five levels has 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 woman presenting for triage?
- 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.

Can we integrate the MFTI into our electronic medical record (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.

In 2014, Interrater reliability testing with 10 nurses who assessed and prioritized 211 women presenting for triage was performed. 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 v2© (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 completion of triage to provider evaluation for each level. It is prudent for each institution to determine goals for these time frames.
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 is included in the AWHONN Online Learning Center and nurses may obtain one continuing nursing education contact hour with successful completion. AWHONN recommends all nurses be educated about triage and the MFTI prior to implementation of the MFTI.

What is the MFTI Implementation Community?

The MFTI Implementation Community is convened by AWHONN to provide support and strategies for hospital-based nurse champions who agree to:

- Ensure that nurses who perform triage in their facility complete the AWHONN MFTI education module
- Implement the MFTI in their facility’s EMR
- Participate in three conference calls with AWHONN leaders and other MFTI site leaders over a 6-month period. Contact Mitty Songer (msonger@awhonn.org) for the dates of the next Implementation Community.

What are the goals of the MFTI Implementation 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 the EMR.
- Identify best practices and barriers to implementation of the MFTI in birth units.

What are added benefits of participation in the MFTI Implementation Community?

- MFTI Implementation Community hospitals will receive expert and peer mentoring support to implement the MFTI in their hospitals.
- Implementation Community nurse champions will be leaders in improving how nurses perform triage in their settings.
- Implementation 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 Implementation Community?

Yes. Hospitals and/or systems will cover the costs of an agreement with AWHONN to integrate the MFTI algorithm into their hospital or system EMR. Pricing for the Implementation Community will include education seats that will give your staff access to AWHONN’s online MFTI education. To obtain pricing for your hospital, please contact Mitty Songer (msonger@awhonn.org).

Can my hospital system be its own Implementation Community?

This is a consideration. Please contact Mitty Songer, at AWHONN at msonger@awhonn.org for more information.
If I am at small facility, can I participate in the Implementation Community?

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

When is the next MFTI Implementation Community starting?

Please contact Mitty Songer for the timeline for the next Implementation Community (msonger@awhonn.org).

What is the time commitment for the Implementation Community?

- **Completion of the online survey** for those interested in joining the MFTI Implementation Community: Approximately 10 minutes.
- **Build and integration of the MFTI into EMR**: It may take sites many months to begin and/or complete the EMR build. This will be dependent on the facility EMR, staff ability to get approval, and resources available to implement.
- **Communication/support with AWHONN**: Orientation call - 1 hour; 3 implementation conference calls – each will last approximately 60-90 minutes, during which each hospital will report out on the progress of their implementation of the MFTI at their hospital. One person per hospital must attend the call.
- **MFTI educational module**: Approximately 1-2 hours to complete.
- **Evaluation of MFTI community participation** via online survey after the implementation community ends: 10 minutes or less.

How will AWHONN use feedback provided from my facility?

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

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

Yes. Any site that does not participate in the Implementation Community will have access to purchase the online education.

Please contact Mitty Songer at msonger@awhonn.org for more information about integrating the MFTI into the EMR.