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Obstetric Triage that Supports Vaginal Birth

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Obstetric Triage: Objectives

- Compare and contrast medical-legal implications of telephone and outpatient triage care

- Determine the right time for a woman to transition from her home to the hospital for birth
  - 5-1-1 rule (5 minutes apart, lasting 1 minute, for 1 hour
  - Recent recommendations 4-1-1 or even 3-1-1 (Lamaze Intl.)

- Explore verbal and written discharge to home instructions
  - Most women report they feel most comfortable at home
    - Freedom of movement
    - Able to do things for themselves

Multiple Functions of OB Triage Units

- Labor assessment and evaluation
- Decompression of labor and delivery
- Use as a holding area (busy L&D)
- Fetal evaluation and assessment
- Evaluation of medical/ OB complaints (after hours)
- Initial stabilization of OB complications
- Evaluation of OB referrals /transfers
- Triage OB telephone calls
- Selected OB procedures
- Source of OB care when normal source isn't accessible or available

Value of the Nursing Role

- 1st to evaluate
- Detect abnormal s/sx
- Alert the team
- Optimize patient outcome

EMTALA
HIPPA

The American College of Obstetricians and Gynecologists

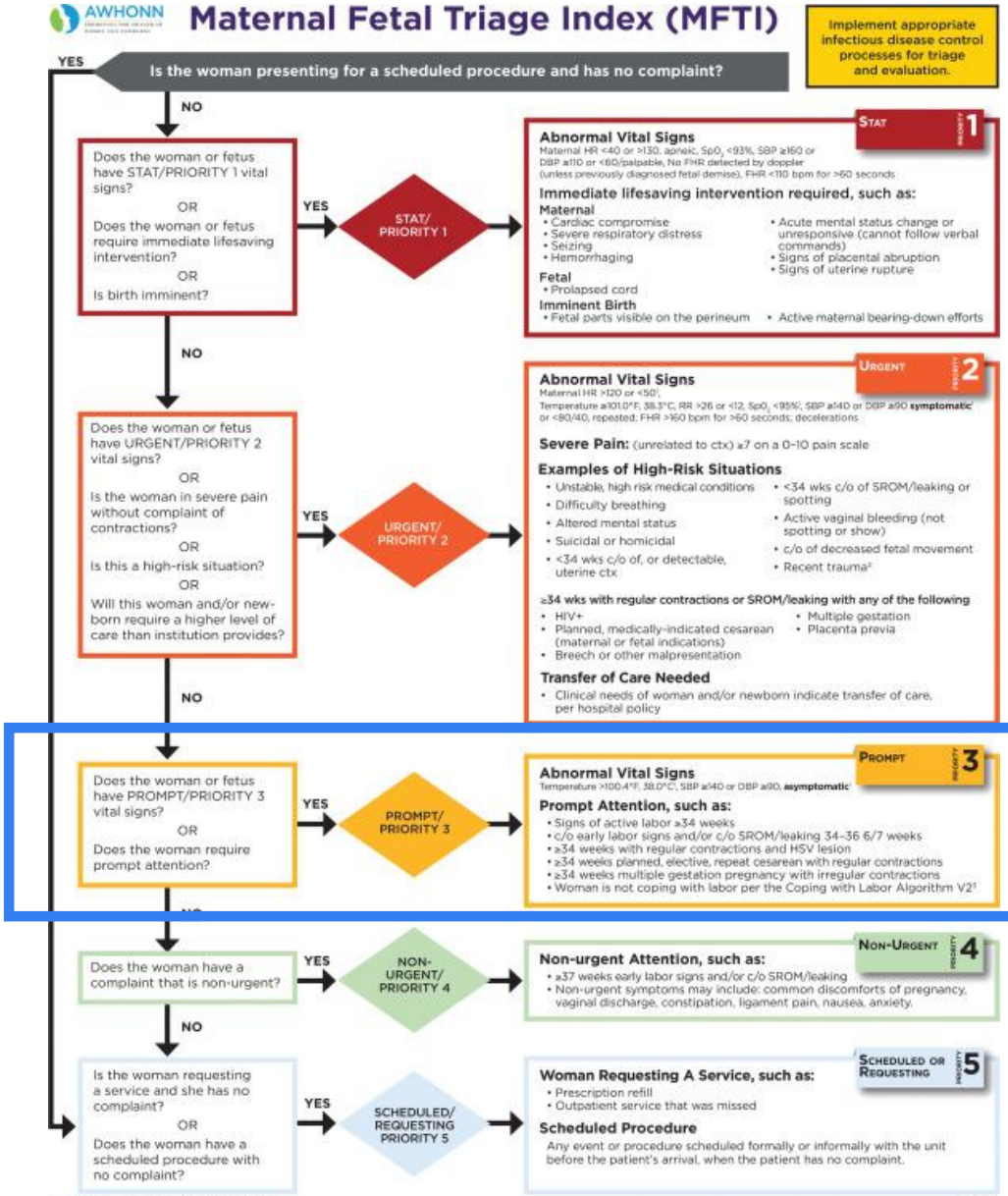
COMMITTEE OPINION

- Number 667 • July 2016

Hospital-Based Triage of Obstetric Patients

- *Obstetric units are urged to collaborate with emergency departments and hospital ancillary services, as well as emergency response systems outside of the hospital, to establish guidelines for triage of pregnant women*
- *Recently developed, validated obstetric triage acuity tools may improve quality and efficiency of care and guide resource use, and they could serve as a template for use in individual hospital obstetric units.*

OBSTETRICS & GYNECOLOGY 2016; 128:e16-9



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Ruhl, C., Scheich, B., Onokpise, B., Bingham, DJournal of Obstetric, Gynecologic & Neonatal Nursing, Volume 44, Issue 6, 2015, 701–709

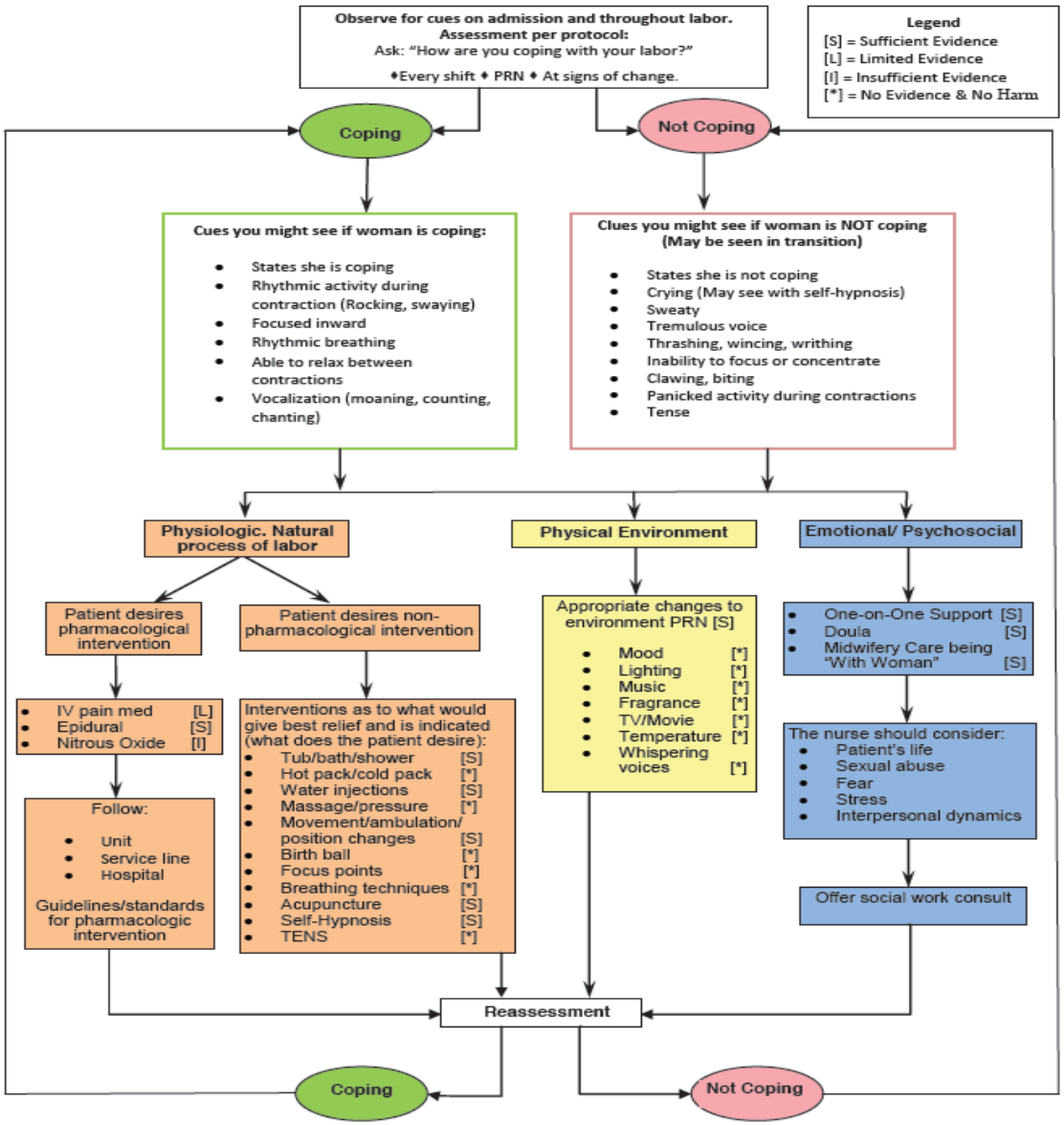
Toolkit: Implement Early Labor Supportive Care Policies and Active Labor Criteria for Admission

- Translation: Early labor at home. Let labor start on its own!
- **Physiologic onset of labor is critical to the success in labor**, and introduces moms and babies to protective hormonal pathways
- Women admitted in early labor are more likely to have a cesarean, and more likely to have routine interventions e.g. oxytocin even if not clinically necessary

Toolkit: Early admission support

- Admission policy or checklist for spontaneous labor
- Latent labor support and therapeutic rest policies
- Patient education materials to explain rationale for delayed admission, reduce anxiety and provide guidance on when to return to the labor and delivery unit
- Material with specific guidance for partners and family members as to how to best support the woman in early labor

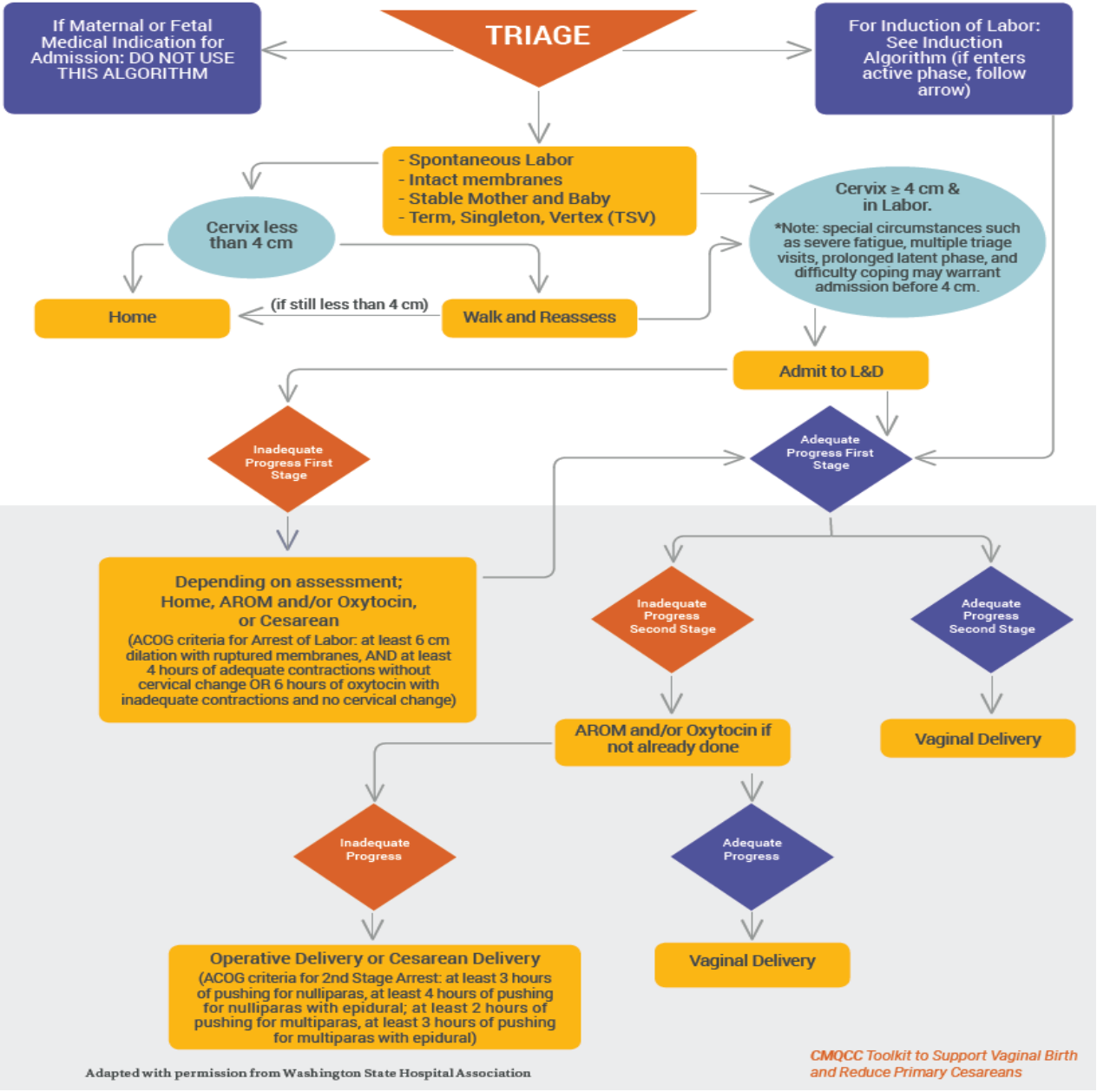
Coping with Labor Algorithm V2 ©



Appendix M

Spontaneous Labor Algorithm

CMQCC
California Maternal
Quality Care Collaborative



Adapted with permission from Washington State Hospital Association

ESTABLISHING PHONE TRIAGE

- ✓ EDUCATION
- ✓ COMPETENCY
- ✓ DOCUMENTATION

Phone Triage

Question:

Does your Department have a formal phone triage policy and procedure ?

a) No we instruct the patient to call their doctor
b) No but we informally guide them over the phone
c) Yes formal P&P with written documentation
d) Not sure – we're kind of "winging it" no formal training
e) Other

Phone Triage for Labor

Department guideline?

Gestational age

Complications of pregnancy

ROM

Mucous/Bloody Show

Uterine activity

Recent cervical exam

Fetal Movement

"Welcome policy"

Assess stay home & call back or come in

Notify MD / NP/ CNM

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Competence Assessment

- L&D Nurses must complete a series of competence assessments with qualifying exams
  - This education material was based on current evidence and practice standards
  - Emphasis on triage as a systematic approach to rapid patient assessment
  - Assigns priority on the degree of need
  - Primary goal for triage nurse to assign acuity within 10 minutes of arrival to the unit
- Once the educational requirements the nurse is deemed “Triage competent”

BASIC CONSIDERATIONS IN ESTABLISHING A TELEPHONE TRIAGE SYSTEM

1. Are “Protocols” or “Guidelines” an Appropriate Format?
2. What's the First Step in Drafting Protocols or Guidelines?
3. Who Should Handle the Calls?
4. How Should Calls Be Documented?
5. What Information Is Pertinent for Each Patient Who Calls?
6. Health Insurance Portability and Accountability Act (HIPAA)
   - Speak to the patient, check MR for authorization, confidential record
7. Reducing legal risks/improving patient care
   - Adequately trained staff, protocols in writing, proper documentation

Telephone Triage for Obstetrics and Gynecology, 2010. Philadelphia
Vicki E. Long MSN, CNM, RN, Patricia C. McMullen PhD, JD, WHNP-BC, RN

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UCSF OB Phone Triage: 3 Recommendations

1. One person responsible for calls
2. Protocols implemented
3. Documentation

- Phone triage simulation
- Screen shot of order sets
- Documented in EPIC

Phone Triage Scripted Demonstration

- FOB calls in to report that his wife is having irregular UCs q 6-10 minutes for the past three hours. She is 39 5/7 weeks pregnant, G1P0. She is still able to talk through each UC but they are increasing in intensity and lasting about 60 seconds. She denies vaginal bleeding, denies fluid leakage, and reports active fetal movement.
- She was checked in clinic a few days ago and was one centimeter dilated.
- Medical hx significant for GDM A1, Rh neg, and GBS +.

1. What additional questions do you have?
2. Any advice you can give her?
3. When should she call back?

UCSF OB Phone Triage: Working Diagnosis

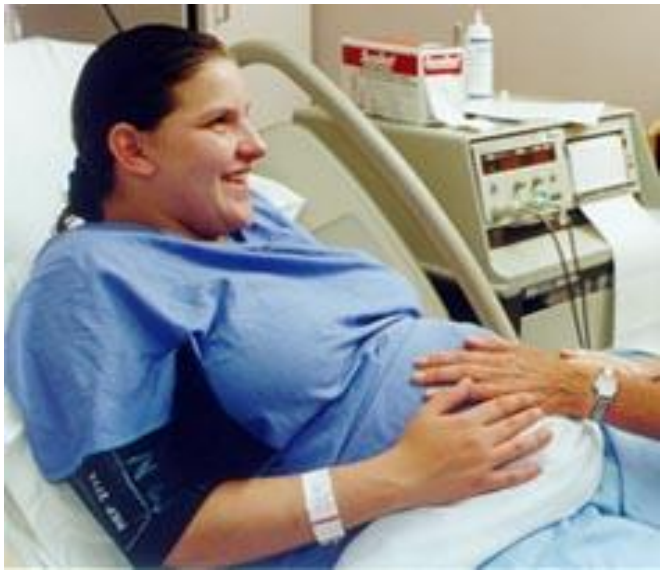
- Neither MD's or RN's can diagnose without an exam
- Acceptable to form initial impressions "working diagnosis"
- Identify symptoms and classify by acuity rather than seeking to determine specific causes of symptoms
- The MD or RN must always inform patient of the presumptive status of this evaluation
- Use language the client can understand

UCSF OB Phone Triage: Communication

Goal of Telephone triage:

- Listen - receive information
- Assess - acute verses non-acute
- Give and receive information
- Release anxiety - inspire, persuade engender trust
- Problem solve

Hospital Triage: Review Assessments & Interventions



- Labor Evaluation
- ROM
- Contraction pattern
- Frequency/ Intensity
- Discomfort in lower abdomen, back, and groin
- Does activity effect or ↓ UC's
- Cervical change
- Latent phase
  - Long contraction phase
  - Sedation decreases or stops contractions
  - Bloody Show usually not present

Discharge for latent phase

- Eat easily digested foods, drink plenty of fluids
- Alternate activity with rest and take nice walks
- Prepare last minute things for baby
- Surround yourself with people that help you feel comfortable
- Relax with a warm shower
- Listen to music to maintain a tranquil environment
- Ask your partner for a massage
- If unable to talk during a contraction begin a slow chest breathing pattern
- Listen to you body and follow your instinct when it's time to come back to the hospital

Obstetric Triage: Staffing

- Multiply 1.2 - 1.5 of overall birth volume
- Requires assessment of mother and fetus
  - “in a timely manner” -not defined by AAP or ACOG
- Care is ongoing until disposition
- The initial triage process (10 - 20) minutes
- Requires 1 nurse to 1 woman presenting for care
- This ratio may be changed to 1 Nurse: 2-3 woman as maternal-fetal status is determined to be stable or until patient disposition is determined
- 1 Nurse to 2-3 women during non-stress testing

Guidelines for Professional Registered Nurse Staffing. AWHONN,2010.

Therapeutic rest

- Protocol
- Morphine Phenergan dosing
- Trial in progress

Summary

- Telephone triage may be a safe and cost effective means to initiate patient evaluation
- Many women present to the hospital for evaluation prior to their admission for labor and birth
- Nurses play a key role in triage and discharge
- Some nurse conduct MSE in the absence of direct evaluation by a physician per EMTALA
- Mother and baby should be stable prior to discharge to home
- Discharge instructions provide important information for women and their families to cope with latent phase
- Utilization of MFTI, phone triage, the CMQCC triage algorithm, and therapeutic rest promote the right time for a woman to transition from home to hospital for vaginal birth

Resources

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