



## 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.

AHRQ's Emergency Severity Index was used to inform development of the MFTI:  
<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?**

- The MFTI is an acuity classification tool. The levels, although referred to as priority levels, reflect levels of acuity, a term most relevant for low- volume units.
- Using the MFTI, a standardized tool, promotes systematic nursing assessment.
- The MFTI's standardized approach can prevent cognitive bias and errors, potentially reducing liability claims.
- When a woman with an acute presentation arrives, the most efficient mobilization of staff and resources is needed. A standardized tool like the MFTI can assist with identifying a woman who has higher acuity and mobilizing resources.
- Assigning acuity to each woman presenting for care allows for tracking acuity profiles and trends which can then be used to plan staffing.
- Assigning acuity to each woman presenting for care allows monitoring of patient flow and processes in triage and evaluation units.
- The MFTI can improve nurse-provider communication in the same way that standardizing terminology for fetal heart rate monitoring has facilitated 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](mailto:msonger@awhonn.org) for more information about integrating or updating your EMR with the MFTI.

## **What EMR companies currently support the MFTI?**

The following companies have built or are currently building the MFTI into their production systems:

- Cerner
- Epic
- GE Centricity
- Obix

## **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](mailto: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](mailto: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](mailto:msonger@awhonn.org) for more information.

## If I am at small facility, can I participate in the Implementation Community?

Please contact Mitty Songer ([msonger@awhonn.org](mailto:msonger@awhonn.org)) to discuss pricing for small hospitals.

## When is the next MFTI Implementation Community starting?

Please contact Mitty Songer for the timeline for the next Implementation Community ([msonger@awhonn.org](mailto: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](mailto:msonger@awhonn.org) for more information about integrating the MFTI into the EMR.

### **Do you have a list of hospitals that have participated in an MFTI Implementation Community?**

Please contact Mitty Songer at [msonger@awhonn.org](mailto:msonger@awhonn.org) for a list of hospitals.

### **How is the MFTI different from the Medical Screening Exam (MSE)?**

The MFTI is a nurse's initial assessment performed to determine a pregnant woman's presenting acuity. This initial assessment doesn't include elements of a complete evaluation that are part of a medical screening examination (MSE). The purpose of the MSE is to determine if a patient has an emergency medical condition. In the case of a pregnant woman the MSE may involve a cervical examination, fetal heart rate monitoring with continuous electronic monitoring and other evaluation as indicated by the woman's presenting complaints.

## How can I obtain a printout of the MFTI?

You can obtain a printout of the MFTI by either of the following:

- Obtain a copy from the JOGNN article: [Content Validity Testing of the Maternal Fetal Triage Index](#). This article details the multidisciplinary content validation of each item in the MFTI and includes the actual MFTI. Access to this article is free for AWHONN members.
- Purchase the MFTI education through AWHONN's Online Learning Center and download the MFTI in the "Resources" section of the AWHONN education. A link to the education can be found at [www.awhonn.org/mfti](http://www.awhonn.org/mfti).

Note: By obtaining the MFTI using either of the above methods, you are still bound by the copyright guidelines of the MFTI. Any reproduction of the MFTI must be approved by AWHONN's Permissions Department, which can be reached by emailing [permissions@awhonn.org](mailto:permissions@awhonn.org).

## Can we use the MFTI as a reference even if we choose not to purchase educational seats?

After you obtain the MFTI using one of the above methods, the document is available for reference. However, any reproduction or use of the MFTI must follow AWHONN's permissions guidelines. Reprinting the MFTI for implementation in your unit requires approval from AWHONN, which can be obtained through [permissions@awhonn.org](mailto:permissions@awhonn.org). Permission fees may apply.

In addition, AWHONN reserves the right to deny permissions requests for hospitals that create educational products which are competitive to AWHONN's MFTI Online Education.

## If we have purchased one seat and have the MFTI, can we share it with all nurses in our unit or add it to our policy?

Before implementing the MFTI into hospital policies, AWHONN recommends all nurses performing triage complete our MFTI Education course as part of implementing the MFTI. When nurses understand the importance of triage as a nursing role and the value of using an acuity classification tool, the MFTI can be optimally used with all pregnant women presenting for triage. Applying the MFTI acuity tool systematically can



potentially reduce errors and improve the quality of the care nurses provide in clinical settings.

For more information on the AWHONN MFTI online course please visit our website at <http://www.awhonn.org/default.asp?page=MFTI>

AWHONN offers volume discount pricing to hospitals wanting to educate multiple clinicians. To learn more, please contact Mitty Songer, Associate Director of Product Sales at (304) 550-3984 or via email at [msonger@awhonn.org](mailto:msonger@awhonn.org)

For all other uses of the MFTI and all other resources in the education, the following terms apply:

**Purchase of 1-9 online education seats provides:**

- Permission for a hospital to print 1-9 copies of resources for use in the clinical setting. The number of tools that can be printed equals the number of seats purchased.
- Permission for resources to be integrated into a hospital's policy and procedure resource in print or online format.

Note: Resources may not be shared electronically other than as an addition to hospital policy. Permissions to disseminate/reprint AWHONN materials must be approved by AWHONN. Any hospital having purchased less than 10 seats may send requests to [permissions@awhonn.org](mailto:permissions@awhonn.org) where requests will be considered case by case and may incur additional fees.

**Purchase of 10 or more online education seats or membership in Implementation Communities provides:**

- A permission for one hospital to integrate the resources into the electronic medical record.
- Permission for a hospital to reproduce and distribute up to 1,000 print copies of the tools for use in the clinical setting. The resources can only be distributed to the care team within that hospital. Resources can be printed and/or distributed via the hospital intranet.
- Permission for tools to be integrated into a hospital's policy and procedure resource.



Maternal Fetal  
Triage Index



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**Is there any prep for our unit we need to be doing now before the module trainings?**

- Consider when staff will do the module and timeline for completion
- Outline steps for staff to access module and notify them they have 3 tries on the post test and then will need counseling before the final attempt.