Reducing Maternal-Fetal Risk by Improving Implementation of Obstetric Triage Acuity

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Abstract

Background and Purpose: The United States has the highest maternal mortality rate among high-income countries. Most maternal triage units use a “treat-in-turn" principle that does not adequately consider prioritization and may contribute to poor, inequitable outcomes. This quality improvement project evaluated the impact of an evidence-based obstetrical triage prioritization tool on nursing knowledge and timeliness of care.

Methods: An online educational module for an evidence-based obstetrical triage tool was implemented over 8 weeks with 24 RNs on a maternity unit in the Northeastern United States. Pre-test/post-test knowledge surveys were analyzed with a paired t-test. A retrospective chart review compared timeliness of care pre/post-implementation and analyzed using a MannWhitney U test.

Results: Post-test knowledge of the obstetric triage tool improved significantly after the intervention (t(23), 3.09, p = <0.01, 95% CI = 0.77-3.9). No difference in timeliness of care was found across 260 triage visits (Z = -.630, p= .53).

Conclusions: Increased knowledge of an evidence-based obstetrical triage tool may improve maternal-fetal outcomes. Further study is needed to link prioritization and these outcomes.

Implications: Obstetrical nurses in rural communities are often the first healthcare workers to evaluate the pregnant person in triage and play a key role in addressing the maternal mortality crisis. A standardized, evidence-based obstetric triage tool utilized by frontline nurses is a needed first step to improve maternal-fetal outcomes.

Keywords: pregnancy, triage, obstetrics, emergencies, maternal mortality, childbirth