

## The Maternal Fetal Triage Index (MFTI) – Frequently Asked Questions

### Clinical and Research Questions

#### **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 care through standardization of acuity classification
- Improve education for nurses about triage

#### **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 assessments when a woman presents to an obstetric unit for care in order to classify a woman’s acuity and prioritize the women’s urgency for provider evaluation based on acuity.

#### **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.

#### **Why did AWHONN develop an obstetric triage acuity tool?**

AWHONN developed the Maternal Fetal Triage Index (MFTI) because there was no nationally accepted obstetric acuity index in the United States until the MFTI was published in October 2015. 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 was the MFTI developed?

In 2012, 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 was done with ten nurses who assessed and prioritized 211 women presenting for obstetric triage. 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 to help differentiate between labor pain and non-labor 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.

## How does a pandemic or other emergent situation impact the use of the MFTI?

The MFTI is applicable in all situations; however, logistical policies on patient flow or patient waiting may need to be altered dependent on the emergent situation.

## **Why did AWHONN publish an updated MFTI algorithm in 2022?**

The MFTI algorithm was updated in 2022 to express blood pressure values more clearly; however, the values have not changed. There are no changes or additions to the clinical content on the 2022 MFTI algorithm.

## **Can we still use the original MFTI algorithm?**

AWHONN recommends the use of the updated MFTI algorithm.

## **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 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 at a time, such as is common in small-volume units?**

- The MFTI is an acuity classification tool. The levels, although referred to as priority levels, reflect levels of acuity, a term relevant for all units, regardless of volume. The MFTI is recommended to be used for obstetric triage no matter how small or large volume the unit.
- 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 prompt identification of a woman of higher acuity so that resources can be mobilized as soon as possible.
- 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.
- Using the MFTI, a standardized acuity tool, promotes systematic nursing assessment.
- The MFTI's standardized approach can prevent cognitive bias and errors, potentially reducing liability claims.

### **Is there data demonstrating improved care processes and outcomes in units using the MFTI?**

Implementation of the MFTI has been shown to have an overall effect of improving triage unit processes and outcomes. A 40-birth hospital system reported no serious reportable events or liability claims related to triage after MFTI implementation. Simplification of registration processes and establishment of areas to carry out the brief initial assessment have been reported. Substantial decreases in time from patients' arrival to the nurses' initial acuity assessment and provider response time have resulted in improved flow and efficiency in several institutions (Kodama et al., 2021; Ruhl et al., 2020). Significant improvement in time to provider evaluation and initiation of MgSO<sub>4</sub> for women with preeclampsia with severe features was demonstrated at a large urban hospital when the MFTI was implemented (Hoffman et al., 2022).

### **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 does the MFTI address EMTALA concerns?**

The MFTI education contains brief information on EMTALA such as a reminder that a pregnant person cannot be discharged until active labor is ruled out and maternal and fetal wellbeing are established. The MFTI acuity tool will assist with prioritizing for the medical screening exam which assesses the maternal/fetal status and labor status.

### **Is auscultation to assess fetal status acceptable for assessment for the MFTI or should you get an NST?**

The MFTI is recommended to be used for the rapid, initial assessment of women presenting for care; therefore, the fetal heart rate parameters are based on auscultated findings. AWHONN suggests ten minutes as the time from the woman's arrival until the nurse has completed her assessment and assigned acuity. Therefore, auscultation of the fetal heart rate is most applicable to rapid assessment as a non-stress test may take longer than 10 minutes and may not be required for every woman on presentation, depending on institutional policy.

**We see everyone who is pregnant in our triage unit, not just those over 16 weeks. How does the MFTI apply to women less than 16 weeks?**

The MFTI was developed, and content validated by an interdisciplinary group of nurses, nurse-midwives and obstetricians. This team was told they were evaluating the relevancy of the content for pregnant women presenting for care and gestational age was not specified. The vital sign parameters and pain score apply to women of all gestational ages, as well as postpartum women. Many of the common, exemplary conditions listed in levels 1, 2 and 4 also have relevance for women of all gestational ages, as do the descriptions for level 5. Women under 16 weeks gestation may also present with conditions which the nurse judges to require prompt (priority level 3) attention, by the process of exclusion of not meeting criteria for a higher or lower level.

**Has the American College of Obstetricians and Gynecologists (ACOG) endorsed the MFTI?**

ACOG included the MFTI in their Committee Opinion #667, [Hospital-Based Triage of Obstetric Patients](#), released in 2016 and reaffirmed in 2020, and stated that use of a validated triage acuity tool for obstetric units, such as AWHONN's MFTI, may improve quality and efficiency of care.

## Education, Operations, Permissions and Pricing Questions

### **Can we integrate the MFTI into our electronic medical record (EMR) at this time?**

Hospitals purchasing 10 or more education seats have a license to integrate the MFTI into the EMR. For hospital systems that want to integrate the MFTI, each hospital will need to purchase a minimum of 10 hospital seats. Please contact Mitty Songer at AWHONN at [productsales@awhonn.org](mailto:productsales@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 the MFTI into their production systems:

- Cerner
- Epic
- GE Centricity
- Obix
- Meditech

### **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 the designated nursing contact hours with successful completion. AWHONN recommends all nurses be educated about triage and the MFTI prior to implementation of the MFTI.

### **Are there implementation tools to assist in implementing the MFTI?**

Yes, AWHONN developed the MFTI Implementation Toolkit to assist hospitals with implementation.

## **How can I obtain a copy of the MFTI?**

You can obtain a copy of the MFTI acuity tool by either of the following:

- Purchase the MFTI education through AWHONN's Online Learning Center and download the MFTI algorithm 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 in 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 the above method, 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 acuity tool, can we share it with all nurses in our unit or add it to our policy?**

You will need to purchase a separate seat for each nurse. 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 <https://www.awhonn.org/education/hospital-products/maternal-fetal-triage-index-mfti/>

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



For all other uses of the MFTI acuity tool 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 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.

Note: Permissions to disseminate or reproduce materials for any other purpose must be approved by AWHONN. Requests must be sent to [permissions@awhonn.org](mailto:permissions@awhonn.org).

**Is there any preparation for our unit we need to do 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 a maximum of three attempts on the posttest and will need counseling prior to their final attempt. AWHONN recommends that participants are counseled after the second attempt to review the questions that they have missed.