



How to assess the OB Patient On Admission

Start Simple:

What brings you to the hospital?

What number baby is this for you?

What is your due date?

Has your baby been moving for you?

Additional questions:

What medications do you take daily?

Any Allergies?

Are you leaking fluid?

Are you bleeding?

Delivery Hx: vaginal or c-section, spontaneous or induced, shoulder dystocia or hemorrhage

Does pt have any chronic conditions?

Any drug use. Does pt smoke or live with a smoker?

When did you eat last and what was it?

Reasons to notify the provider ASAP

Vaginal bleeding

Acute abdominal pain

Temp > 100.4

Elevated B/P

Abnormal Maternal HR or RR

PTL, PPROM, imminent birth

Category II or III FHR pattern

**Important
information
to gather
from the
prenatal**

Pregnancy history (G/P)

**Labs (blood type, GBS, HBsAG,
Rubella, Serology, Hgb & Hct)**

**Prior surgeries (any problems with
anesthesia)**

Birth plan

Chronic conditions (maternal)

**Watching baby for anything (LGA,
SGA, Oligo, Poly, anomalies)**

Physical Assessment

VS

- Temp, BP, RR, HR, O₂ Sat

SVE

U/C pattern

FHR

**Swelling, HA,
epigastric
pain, pain
anywhere**

Use SBAR when communicating with provider

Situation – concise statement of problem

Background - brief info r/t situation

Assessment – what you found/think

Recommendation – action requested



<https://youtu.be/apzgT1zpHzg>

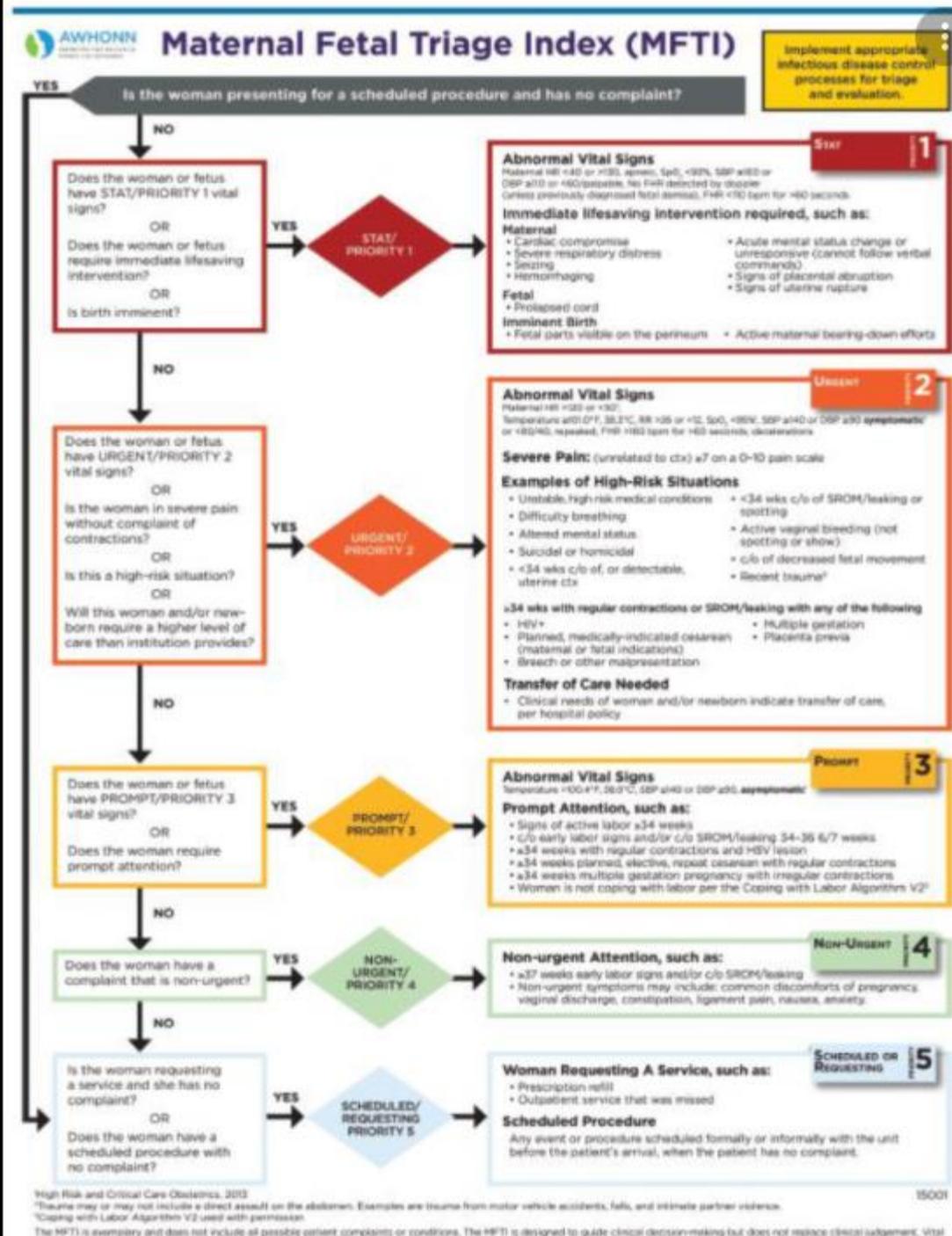
Maternal Fetal Triage Index

Introduced in 2015 from AWHONN

Used to standardize triage of pregnant women

Has 5 categories

Uses an acuity index to assess urgency of her needs



References

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