

Problem & PURPOSE

- 80% of pregnancy-related deaths are preventable.
- A lack of standardized obstetrical triage delays care.
- This project aimed to implement the **Maternal Fetal Triage Index (MFTI)** to improve triage efficiency and nurse-provider communication.

Available Knowledge & Rationale

- ACOG and AWHONN highlight the importance of timely triage.
- Communication errors cause 72% of perinatal deaths.
- The Iowa Model guides implementation, promoting evidence-based changes to fill care gaps.

Methods

Context

- Setting: Midwest urban hospital (6,000+ annual births, 140 nurses)
- Participants: Labor & delivery nurses.
- Design: Pre-post survey, staff education, MFTI tool placement in triage and work areas.

Intervention

- MFTI algorithm introduced unit-wide
- Nurses educated with scenarios, laminated tools placed in all triage rooms and nurse stations.

Study of Intervention

- Pre/post surveys via Google Forms
- Paired survey analysis with 4-digit ID codes to ensure anonymity
- Focus: knowledge, communication, perceived benefit.

Measure

- 7 Likert-scale questions assessed triage comfort, communication, perceived benefit

Data Analysis

- Microsoft Excel utilizing three dependent sample *t*-tests
- Analyzed paired pre/post results.

Results

- 140 nurses invited, 32 completed pre-survey, 11 completed post-survey
- Data analysis was performed only on paired responses (N = 11)

Triage Comfortability

No significant improvement

Pre: M = 15.45 | Post: M = 15.36 | $p = 0.68$

Nurse–Provider Communication

No statistically significant change

Pre: M = 7.64 | Post: M = 7.82 | $p = 0.44$

Perceived Benefit of MFTI Tool

Statistically significant improvement in staff perception

Pre: M = 3.36 | Post: M = 3.72 | $p = 0.04$

Discussion

What Worked

- Staff recognized the **value of the MFTI tool**
- Positive shift in **perception**, supporting prior literature (ACOG, Lindroos, Hoffmann)

Challenges


- **No immediate impact** on triage confidence or provider communication
- **Small sample size** (N = 11) and **short 4-week follow-up**

Limitations

- Low participation in post-survey
- Lack of EHR integration or long-term evaluation

Implications

- MFTI is **low-cost** and easy to implement
- Tool has potential for **long-term improvements**
- Recommends **broader implementation** and longer observation period

 **Future Direction:** Expand use to **ED/OB emergency units**, increase staff training, and measure **clinical outcomes** (maternal/fetal health)

Conclusions

- MFTI did not immediately improve communication or comfort, but increased perceived value
- Future work should explore long-term outcomes and expanded use.