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PQCNC SIVB

The Art of Obstetric Triage: *A focus on labor*

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Triage

- Derived from the French verb “trier” to sort
- Described in Napoleonic Wars by surgeons as a mechanism to manage limited resources for the common good.
- Formalized in Vietnam War as a process to prioritizing care so that the sickest get seen the quickest.

The “Modern Obstetrical Triage”

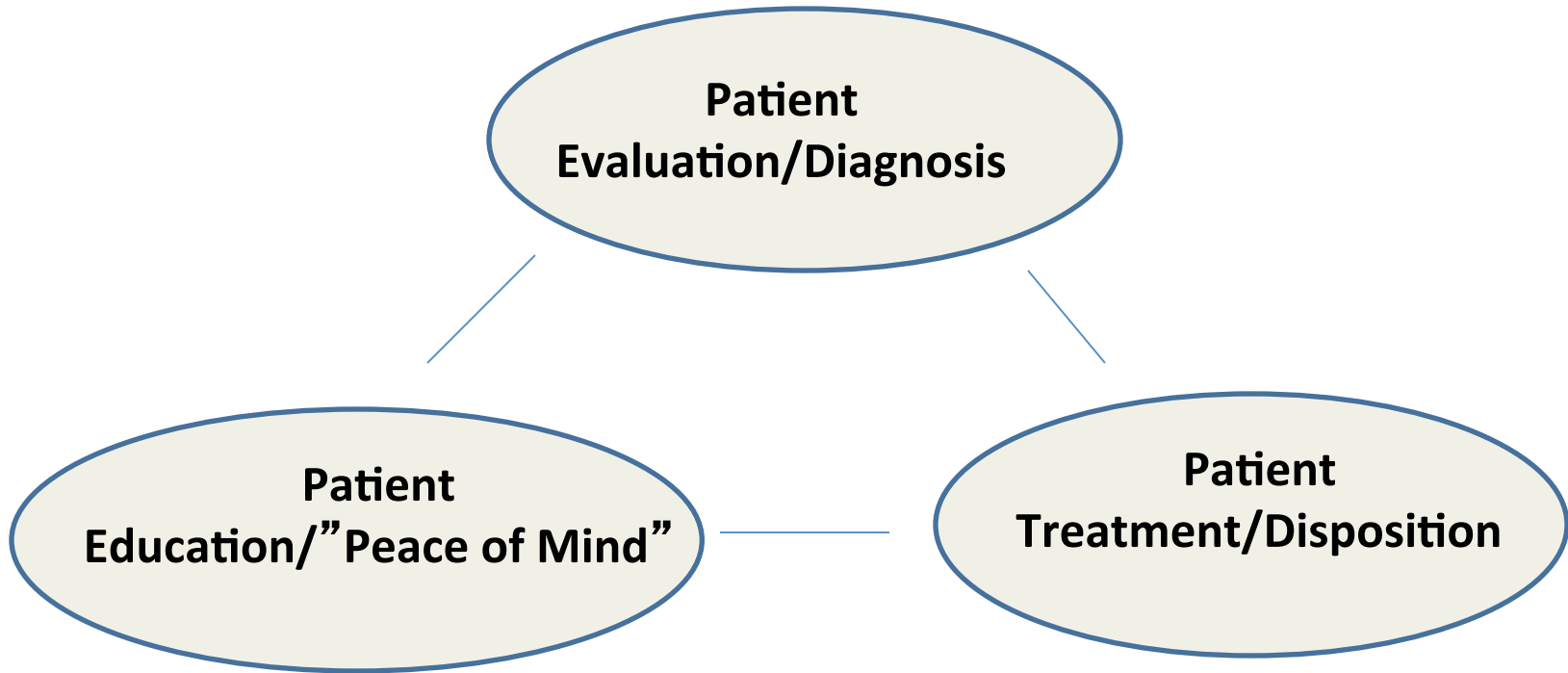
- Patient Entry Point to Labor and Delivery.
- Often the location of an obstetrical patient’s first clinical experience with Labor and Delivery.
- The location where we send obstetrical patients who call in after office hours with a clinical concern or complaint.
- A location where obstetrical patients (usually greater than 20 weeks) are “triaged” i.e. evaluated and appropriate treatment and/or disposition is established

Triage and Vaginal Birth

Question: Why is Obstetrical Triage important to a support for vaginal birth initiative?

Answer: Over the past two years we have come to appreciate that the most effective and often most overlooked form of labor support in first-time moms is making sure they are actually in labor (a 3 fold increase in likelihood of vaginal birth if in labor vs. induction)

The “Triage Triad”



By far, the most common diagnosis an Obstetrical patient is evaluated for is labor

Triage Questions

- Have I done an appropriate evaluation?
- Have I arrived at an accurate diagnosis?
- Have I adequately educated the patient?
- Have I established “peace of mind” for the patient?
- Have I establish appropriate disposition/treatment?
- Have clearly communicated the evaluation/diagnosis, education, disposition/treatment to the patient, patient family, and nursing?
- Does the patient know my name?

Triage Follies

- Failure to evaluate
- Failure to educate
- Failure to establish “Peace of Mind”
- Failure to communicate
- Failure to establish a “Clinical Relationship”

Failure to Evaluate

***“I don’t need to check her cervix,
just look at her, she is not in labor!”***

***I would have done a better exam,
but I did not want to make her
uncomfortable.***

***“I didn’t have time to check her
again!”***

Failure to Educate

“I told her that her effacement was not congruent with a diagnosis of impending parturition.”

“I explained it all to her sister.”

“I don’t need an interpreter to tell a women she is not in labor!”

Failure to establish “Peace of Mind”

“I don’t understand why this woman is freaking out over a little round ligament pain?”

What the! This is the third time this lady has been here today thinking she is in labor!

“I don’t understand why this woman is freaking out over a little round ligament pain?”

Failure to Communicate

What page?

“Dr. Jones, the patient in Triage 2 would like to know why she is being rolled to radiology”

“Jackie, was it the lady in triage 2 or 3 who had the placenta previa?”

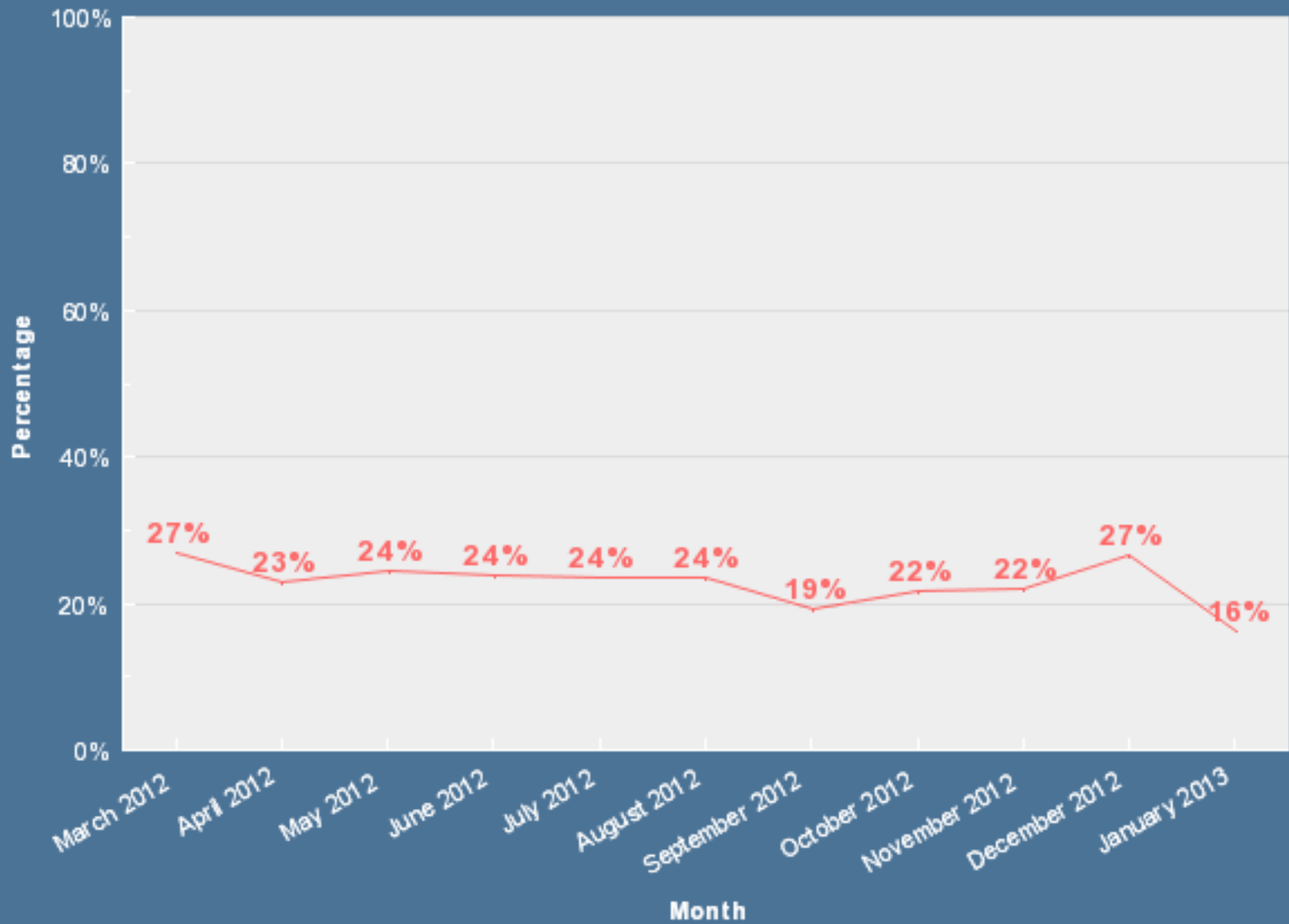
Failure to establish a “Clinical Relationship”

“The lady in triage 3 says she does not want to see me anymore – what’s with that?”

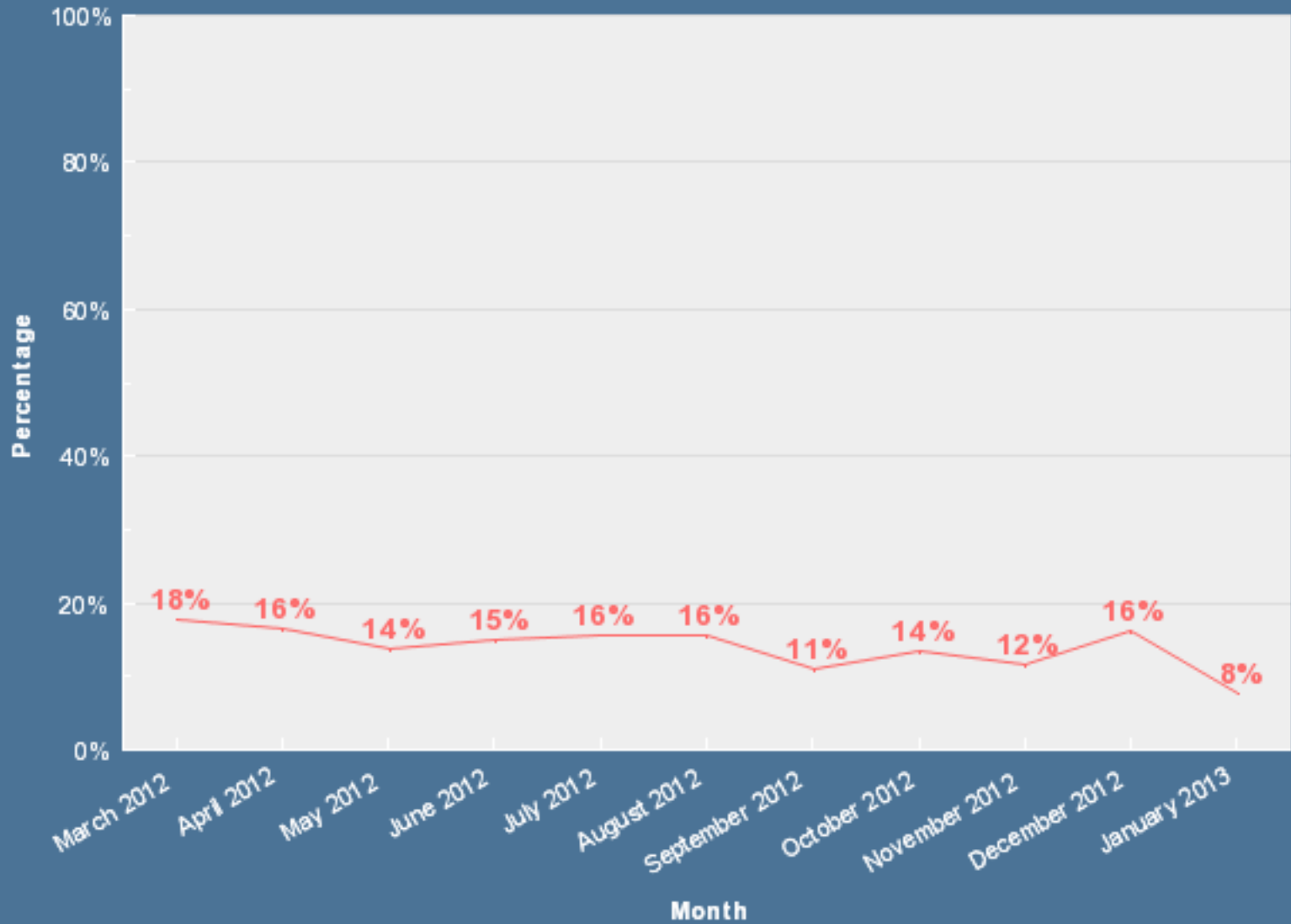
“I told her I was not her doctor – I was just checking to see if she was in labor or not.”

“I told her she was a health department patient”

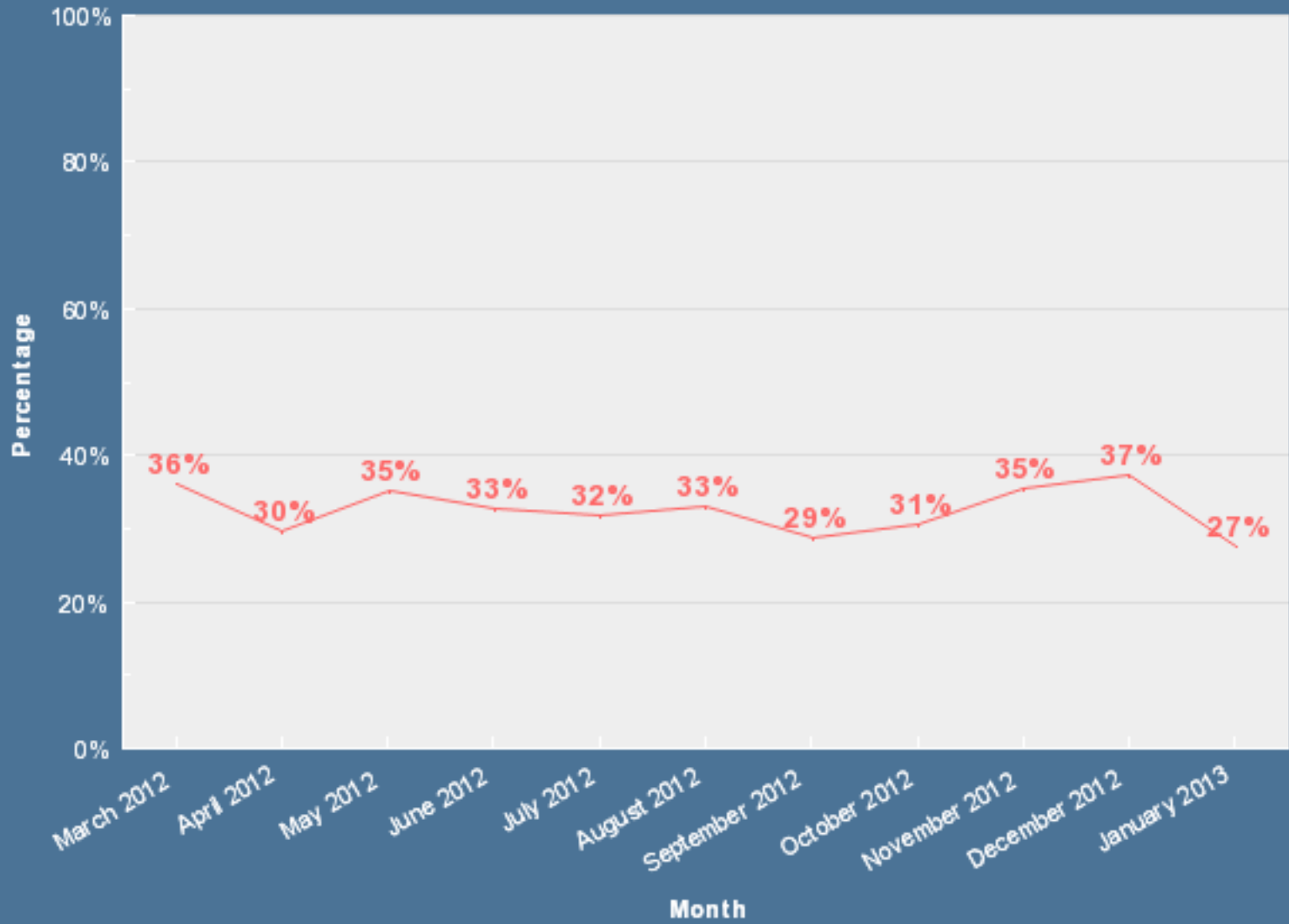
C-Section Rate All



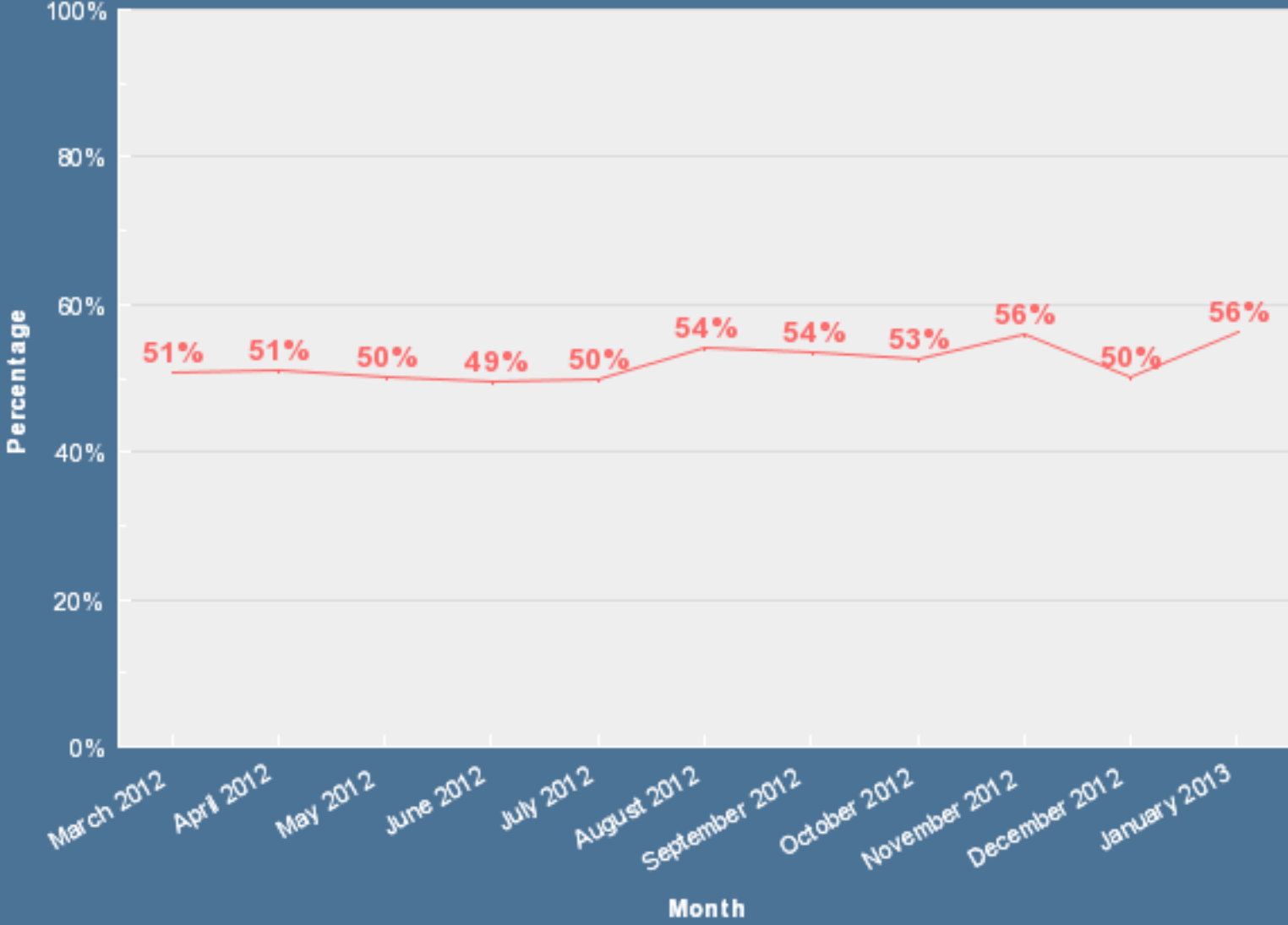
C-Section Rate In Labor



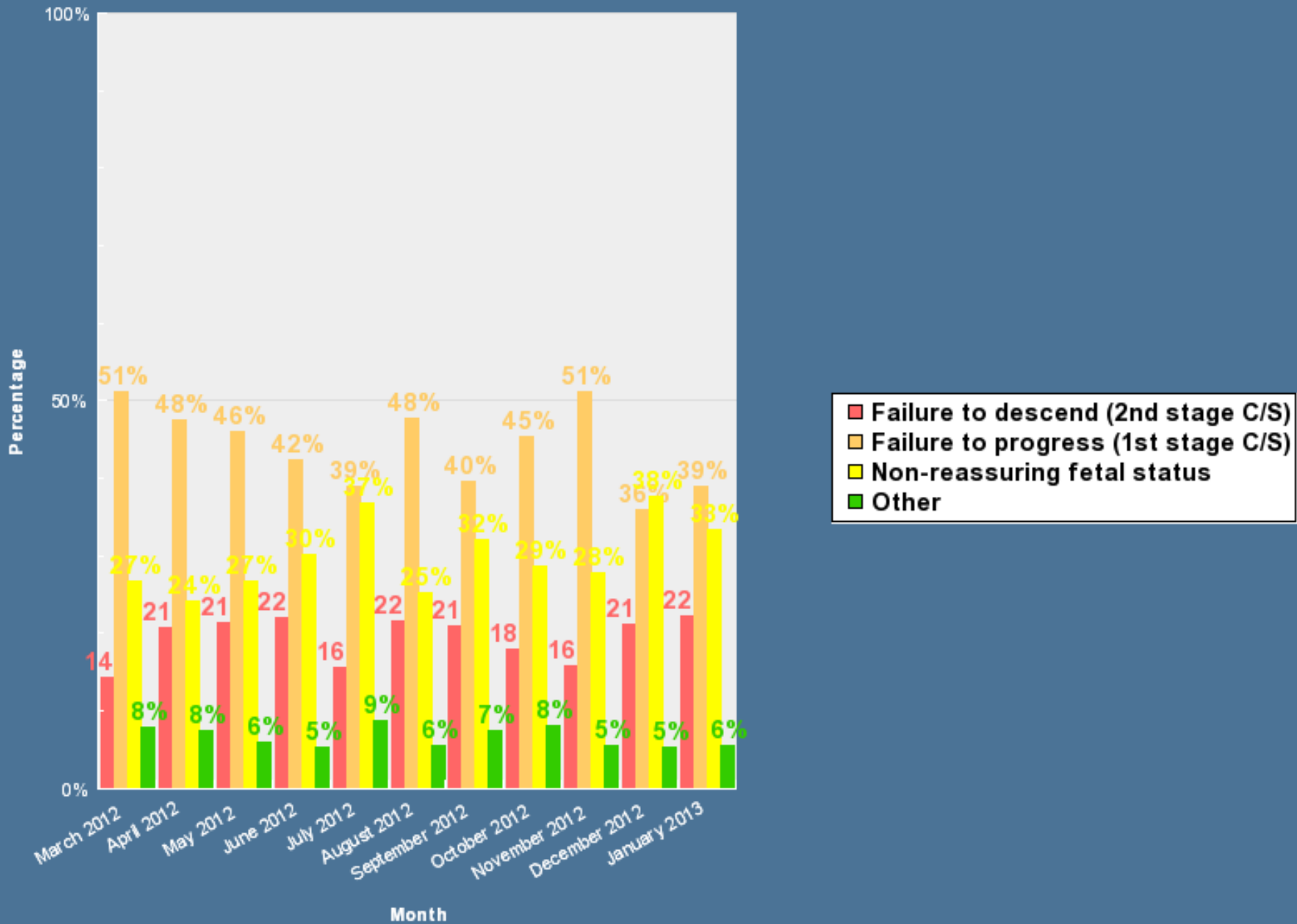
C-Section Rate Not In Labor



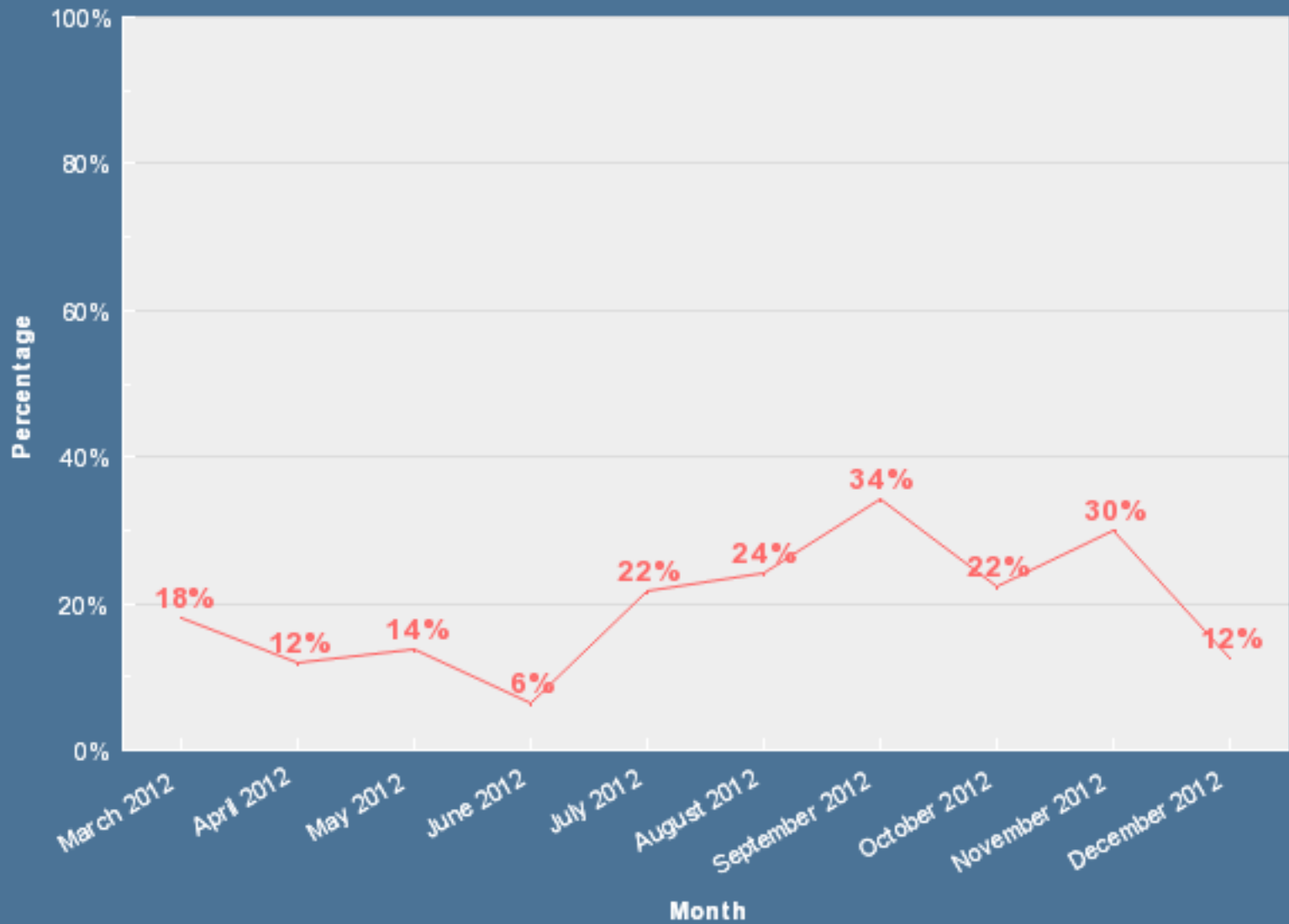
Admitted in Labor



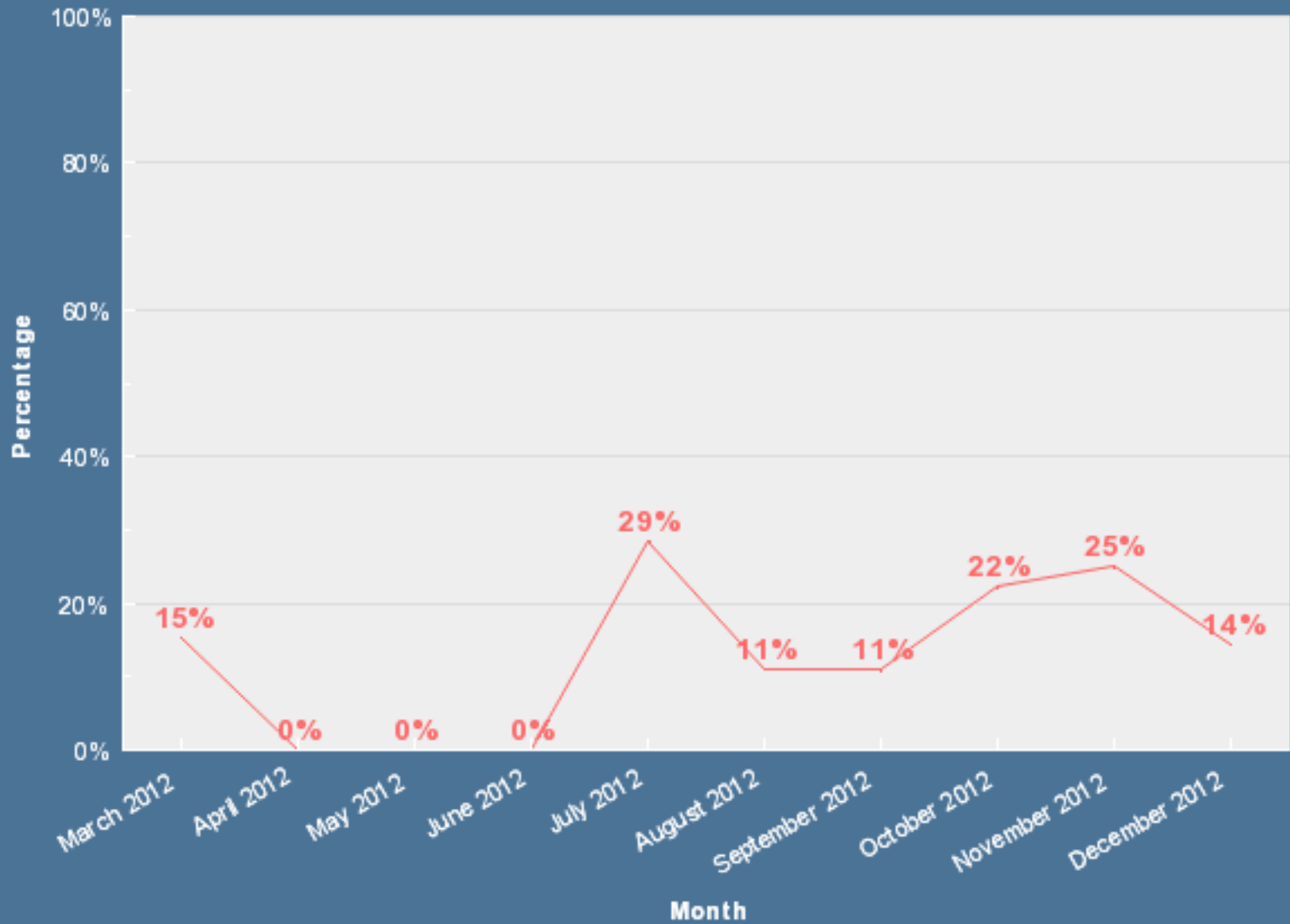
Primary Indication for C-Section



C-Section Rate All



C-Section Rate All



C-Section Rate All

