



OBSTETRICS AND GYNAECOLOGY
PROCEDURE

Maternal Fetal Assessment Unit (MFAU)

Scope (Staff): WNHS maternity staff (obstetrics and midwifery)

Scope (Area): MFAU KEMH

This document should be read in conjunction with this [Disclaimer](#)

Introduction

The Maternal Fetal Assessment Unit (MFAU) receives planned and unplanned presentations:

- planned presentations include booked appointments, such as cardiotocography (CTG) and blood pressure profile (see Appendix 1)
- unplanned presentations, from within and external to health service, present to the Triage Midwife (see Appendix 1)

Triage is a process of assessment of a woman on arrival to determine the priority for medical care based on the clinical urgency of the woman's presenting condition. Triage enables the allocation of limited resources to obtain the maximum clinical utility for ALL women presenting for care.

- At triage / presentation the appropriateness of admission to this service is considered **[EC recommendation Feb 2019]**

Recurrent presentations:

- Any woman that re-presents with the same condition within 24-48 hours is to be referred to a senior Medical Officer for review
- If a woman has presented to any emergency department/ centre on three or more occasions with the same acute problem, the case should be either discussed with, or reviewed by, a Senior Registrar or Consultant **[EC recommendation Mar 2019]**



- If a woman is being actively treated by another team (at another hospital) then the treating team are consulted and management discussed prior to admission **[EC recommendation Feb 2019]**

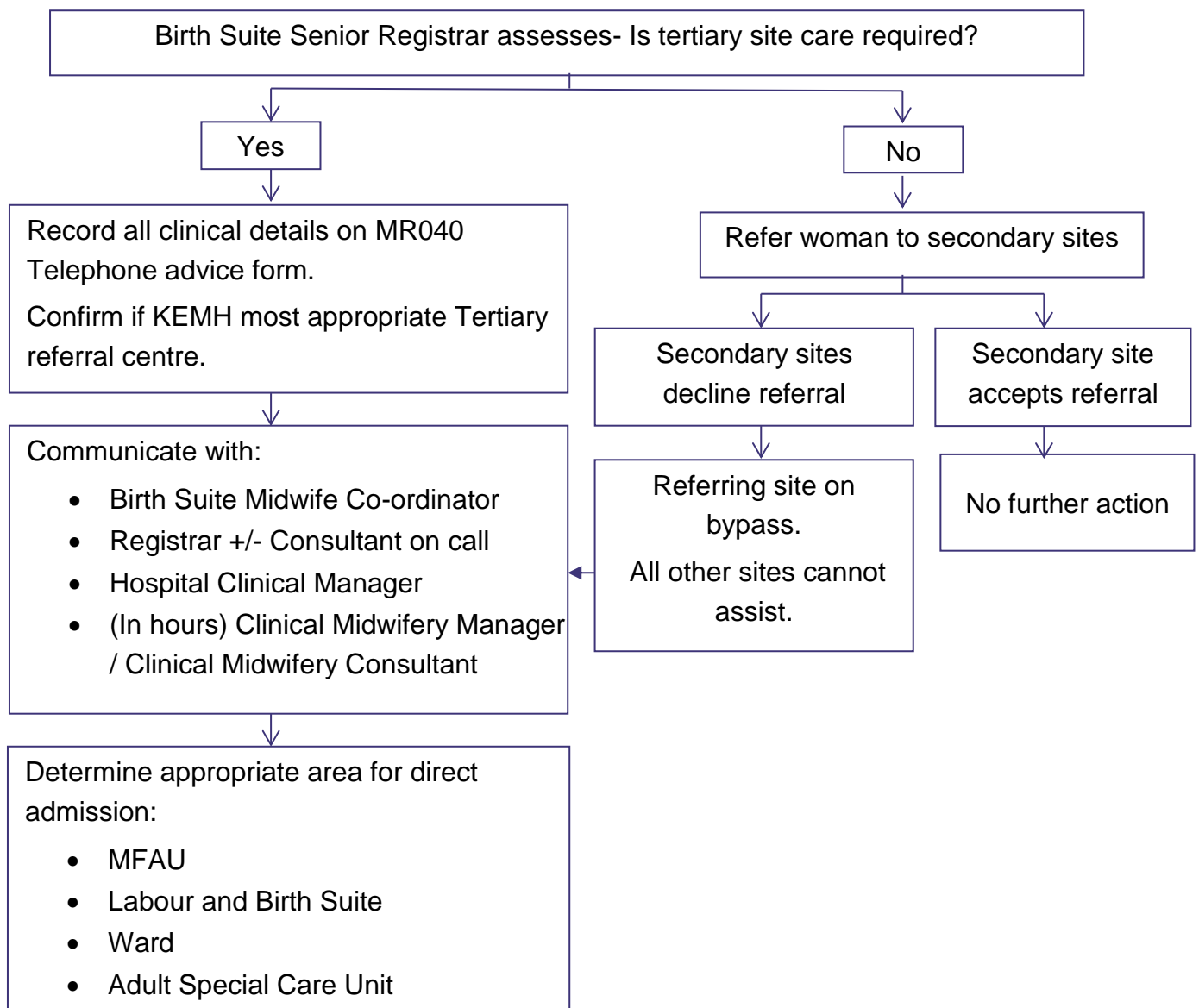
Midwifery staff profile

- MFAU is staffed by a Clinical Midwife at all times
- The Triage Midwife is rostered 0830 – 1700

Referral to MFAU

- Women booked to KEMH to birth, are advised to call the Triage Midwife / MFAU when they have any concerns regarding their pregnancy, labour and birth
- For women not booked to birth at KEMH the referrals / transfers from external sites process is located at Figure 1

Figure 1: Referral / transfer process from external sites



Planned presentations (booked appointments)

Planned presentations, such as CTG, blood pressure profile, are booked with the MFAU Ward Clerk.

Unplanned presentations

- Many unplanned presentations are preceded by a phone call from either the woman or the referral sources (pregnancy clinic, ward)
- If the woman herself calls, the phone call is to be documented on the MR040 Telephone advice form
- If the call is from a health professional then the woman's details are entered on the Triage Midwife's running sheet.
- The Triage Midwife arranges for the clinical file to be called.

Unplanned presentations from within WNHS (antenatal clinic, FBC):

- A clear assessment plan shall be documented on the MFAU attendance sticker in an iSoBAR format
- The sticker will be placed in the outpatient ANC records (MR223)
- The plan will include:
 - Name of the referrer or name of clinic team
 - The assessment required in MFAU
 - The proposed management plan following assessment which may include:
 - Discharge criteria if maternal and fetal wellbeing is confirmed, and/or
 - Admission criteria
- If a woman is required to have a blood test performed this is to be performed in the pathology department prior to presenting to MFAU. The request form should be completed and given to the woman.
 - Note: Severity of symptoms needs to be considered; There are times when pathology referral is unsuitable. In these cases the woman is to present directly to MFAU.
- Medical review will be attended by MFAU medical team and care escalated in response to clinical findings.

FBC and CMP clients

FBC / CMP midwife will be informed and if appropriate care handed back to the midwife. Midwife to be called and for CMP a MR089 completed and faxed to the CMP office.

Triage Midwife: Roles and responsibilities

1. Assess woman (3-5 minutes) and allocate the Australian Triage Scale (ATS) category (Appendix 2). Commence:
 - MR255 Maternal Assessment
 - MR285 Antenatal Observation and Response Chart
2. ATS 1 requires escort to the MFAU/LBS by the Triage Midwife
3. Activate the medical emergency code as clinically indicated.
4. Re-triage in the event a woman's condition deteriorates. Reasons for the re-triage must be documented and communicated to the Registrar/Consultant.
5. Act as a liaison for members of the public and other health care professionals.
6. Assess appropriateness of admission to MFAU / Labour and Birth Suite (LBS)
 - Respond to phone enquires (link to Clinical Documentation for Telephone Advice Calls guideline)

Triage and the Australasian Triage Scale¹

ATS Category	ATS waiting times	Performance indicator threshold
1 (Resuscitation)	Immediate	100%
2 (Emergent)	10 minutes	80%
3 (Urgent)	30 minutes	75%
4 (Semi-urgent)	60 minutes	70%
5 (Non-urgent)	120 minutes	70%

References

1. Department of Health Australian Government. Triage quick reference guide: Department of Health, Australia; 2013. Available from: <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/triageqrq>

Related external policies, legislation and standards









Department of Health WA : Policy Frameworks: [Admitted Patient Activity Data: Business Rules](#) (July 2021): “6.2 Maternal Fetal Assessment Unit (MFAU) short stay admissions”

Related NMHS and WNHS policies, guidelines and procedures

[NMHS Obstetric Demand Policy](#)

WNHS Policy- Clinical Documentation for Telephone Advice Calls *[under development]*

Useful resources and related forms

Keywords:	Maternal fetal assessment unit, MFAU, triage, referral, obstetric emergency, labour		
Document owner:	Obstetrics and Gynaecology Directorate		
Author / Reviewer:	CMC LBS KEMH		
Date first issued:	10 / 2014		
Reviewed dates:	(Review July 2017 with endorsement Feb 2018); Sept 2021	Next review date:	Sept 2024
Endorsed by:	Obstetrics and Gynaecology Directorate Management Committee	Date:	01/09/2021
Version information:	<p>Supersedes: This Sept 2021 version titled ‘Maternal Fetal Assessment Unit’ supersedes the Feb 2018 version by the previous title ‘Referral to the Maternal Fetal Assessment Unit (MFAU) (ambulatory care only)’ For a list of changes- see OGD Guideline Updates by month/year of review date</p>		
NSQHS Standards (v2) applicable:	<input checked="" type="checkbox"/>  1: Clinical Governance <input type="checkbox"/>  2: Partnering with Consumers <input type="checkbox"/>  3: Preventing and Controlling Healthcare Associated Infection <input type="checkbox"/>  4: Medication Safety	<input checked="" type="checkbox"/>  5: Comprehensive Care <input checked="" type="checkbox"/>  6: Communicating for Safety <input type="checkbox"/>  7: Blood Management <input checked="" type="checkbox"/>  8: Recognising and Responding to Acute Deterioration	

**Printed or personally saved electronic copies of this document are considered uncontrolled.
Access the current version from WNHS HealthPoint.**

Version history

Version number	Date	Summary
1	Oct 2014	First version. Developed from a Service Improvement Project Titled 'B1.15 Referral to the Maternal Fetal Assessment Unit (Ambulatory Care Only)'
2	Feb 2018	<ul style="list-style-type: none"> • Clarified: Doctor responsible for reviewing the woman: in hours is team doctor, after hours is MFAU doctor. • Sending woman for blood tests in pathology: Consider severity of symptoms: there are times when pathology referral is unsuitable/ unsafe. In these cases, refer directly to MFAU. • Phlebotomy staff available on weekdays/ weekends if difficult bleed • If a bedside USS is required this can be performed in the Antenatal clinic. If not possible, a clinical handover must occur to the practitioner responsible for the ultrasound. • Process reviewed- see section: 'Arranging an ultrasound scan as part of MFAU assessment' • Medical review of planned attendances- when contacting doctor- if no reply within 15 minutes, repeat pager • Code blue medical may be considered if situation demands. See clinical deterioration guideline • If requiring ECV attempts do not require advanced ultrasound booking- arrangement done on the day
3	Sept 2021	<ul style="list-style-type: none"> • Title changed to 'Maternal Fetal Assessment Unit' • Reviewed content and restructured whole guideline • Added points on recurrent presentations to align with recommendations in the EC guideline • Referral / transfer process from external sites • Obstetric triage information added, including triage appendices for workflow and obstetric triage predictors •

This document can be made available in alternative formats on request for a person with a disability.

© North Metropolitan Health Service 2021

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

www.nmhs.health.wa.gov.au

Appendix 1: Workflow for unplanned and planned presentations to MFAU

Unplanned

Phone call from woman - woman **NOT** asked to come in:

- complete MR040 Telephone Advice and place in tray
- completion of Triage Midwife shift forms to be placed in MFAU, 2400 Ward Clerk to collect forms and process/file.

Phone call from woman - woman Patient **asked to come in**:

- complete MR040 Telephone Advice
- give MR040 form to Ward Clerk to call notes

Phone call from clinic- The Midwife:

- records on yellow "running sheet"
- if required - ask Ward Clerk to call notes

Phone call from SJA / Interhospital-

- if required ask Ward Clerk to call notes

Once notes arrive, to be placed in 'Unplanned incoming tray'. If MR040 then to be attached to clinical file.

- If Triage Midwife unavailable on womans arrival, woman to take ticket and await being called.
- If attends with Clinical File/PHHR they are to remain with woman until seen by Triage Midwife.

- Triage woman (3-5 minutes)
- Complete MR225 and MR285 A-ORC
- Enter woman on PIP, with following details:
 - Time, triage score, gravida, parity, gestation, clinical details

MR225, PHHR and MR285 AORC (+/- clinical file) to Ward Clerk

Ward Clerk:

- generates ID band
- places MR225, MR285 AORC +/- Clinical File , ID band in unplanned arrival tray

- MFAU midwife "collects" woman and applies ID band

Planned (appointment)

Ward Clerk confirms:

- Address
- DOB
- Surname, Name
- Next of Kin

Ward Clerk enters onto PIP:

- time of arrival
- reason for appointment: CTG or BPP (or ECV)
- places clinical file into planned arrival tray
- Ward Clerk puts patient onto WebPAS, if already in WebPAS enters time of arrival

MFAU midwife

- notes woman and time of arrival on PIP
- collects clinical file from planned arrival tray
- takes woman through to MFAU
- updates clinical information on PIP
- on completion of care midwife completes "blue slip"

Ward Clerk:

- enters discharge time into WebPAS
- enters future appointments into Webas (if no spots available to phone MFAU Midwife Co-ordinator x2264 to confirm alternative date)
- removes triage score from PIP then closes PIP

Appendix 2: KEMH obstetric triage- additional predictors

ATS	1	2	3	4	5
Timeframe	Immediate	10 minutes	30 minutes	60 minutes	120 minutes
Labour Fluid loss	Imminent birth Active bearing down Cord prolapse	<37 wks contracting Unattended birth (BBA) Liquor: meconium or offensive	Contracting 2-4/60 apart <37wks PV fluid loss Contracting with H/O previous CS	Contracting 5 minutely >37 wks PV fluid loss	
Bleeding	Haemorrhage	PV bleeding with cramping <37weeks	PV bleeding with cramping >37weeks	Spotting - asymptomatic	
Fetal assessment	No FM No FHR detected	Decreased FM Abnormal CTG Abnormal BPP		New abnormality on US	ECV assessment SFH discrepancy >2cm
Hypertensive Hypotensive	Seizure	Sudden severe headache Visual disturbance, Epigastric pain SBP >160mmHg DBP >110mmHg HR >130/min HR <40/min	Headache SBP >140mmHg DBP >90mmHg BP <90/40mmHg HR >120/min HR <50/min		
Respiratory	Apnoeic SpO2 <93%	RR > 25/min SpO2 <95%	Shortness of breath		
Neurological	Unresponsive Responsive to pain	Responsive to voice			
Pain	Severe abdominal pain	Chest pain	Abdominal pain Back/flank pain		Pregnancy discomfort
Abdominal trauma	Severe trauma		Direct trauma	No direct trauma	
Infection		Signs of infection Temperature >38.3	Haematuria	Dysuria Nausea/vomiting Diarrhea	^Rash
Substance use Mental health*	Suicidal Homicidal	Altered mental state		Depression Anxiety Substance withdrawal	
Miscellaneous				Constipation	Prescription refill Missed or prebooked appointment

The above is in addition to the [Emergency Triage](#) (external website): Australasian Triage Scale Descriptors for Categories. *See also Department of Health Australia [Mental Health Triage Tool](#); ^Note- Consider history of events and physiological data when assessing [risks factors for serious illness](#) (external website).

Abbreviations: BBA- born before arrival; BPP= Biophysical profile; CS- caesarean section; CTG- cardiotocography; ECV- external cephalic version; FHR- fetal heart rate; FM- fetal movement; H/O- history of; ORC- observation and response chart; PV- per vagina (vaginal loss); USS- ultrasound scan