Obstetric triage is an emergency department aimed specifically to address the needs of pregnant and postpartum patients. Common scenarios include rule out labor, abdominal pain, vaginal bleeding, decreased fetal movement, hypertension and preeclampsia. According to ACOG, the obstetric triage volume exceeds the overall birth volume of a hospital by 20–50%. One large center study showed that approximately 30% of women evaluated in triage are sent home after evaluation. Another systematic review showed a large percentage of obstetric triage visits were non-emergency complaints and only 36% came because they truly believed there was an emergency. With increasing volumes of non-emergent complaints, patients experience long wait times, costly triage bills, and ultimately decreased patient satisfaction.

Looking back, the concept of triage came from the military where wounded soldiers were evaluated and prioritized in the field to determine how quickly they needed to be treated. Although triage still stands on this same principle, in the day and age of evolving technology, “on the field” evaluation does not necessarily have to be the case anymore.

As many as 4 in 5 pregnant women in the United States have a smartphone and over 25% of them use health apps. We see this as an excellent opportunity to create a health application focused on common obstetric triage scenarios to inform patients if inpatient evaluation is or is not recommended at the time of their complaint. This app would focus on patient education in common obstetric scenarios including latent labor, kick counts, nausea/vomiting, signs and symptoms of pre-eclampsia, etc. The app would help triage complaints but also provide education material, common first line treatment options, and resources to patients. Triage nurses are all supplied with a pre-existing booklet provided by ACOG to answer common questions, and having an equivalent to this as a 24/7 accessible technology would only augment the patient experience.

This will also be an opportunity for interprofessional collaboration. Protocols will be developed between nursing, midwives, advanced practitioners, residents and attendings. JHH nurses are already working on a project called The Obstetrics Triage Improvement Project and we would hope to work in close relationship.

References: