# Maternity Triage Guidelines

Written by experienced MRCOG question setters and course convenors, this text contains 500 practice questions with explanations and key references 19a66f4730

This prize-winning pocket guide, containing management guidelines for obstetric triage/emergency settings, delivers critical information on obstetrics, midwifery, emergency, and family care for both students and seasoned clinicians 19a66f4730

The second edition of a comprehensive guide to the management of perinatal emergencies to improve maternal and neonatal health 19a66f4730

Covid-19 Infections and Pregnancy provides the latest research on pregnant women and their potential increased risk for severe COVID-19 illness. The book provides up-to-date information on the epidemiology, control, diagnosis and treatment of covid-19 in pregnancy, while also discussing evidence presented in the literature regarding the potential risks of COVID-19 infection among pregnant women and consequent fetal transmission. Research has show that pregnant women have a greater instance of intensive care unit admission and receipt of mechanical ventilation. Provides a complete overview on the epidemiology, virology and clinical manifestations of COVID-19 Discusses the full extent of what is known to date and provide a thorough view on the effects of sars-cov2 in pregnancy Overviews the obstetric complications related to COVID-19 infection 19a66f4730

This at-your-fingertips guide offers a wide range of current, evidence-based protocols, backed by proven patient-questioning techniques, quick-reference charts, and real-life patient scenarios. Adaptable to private practice, hospital, clinic, or call center, this invaluable guide will help ensure that your telephone triage standards stay high, while your practice serves individual patient situations with empathy and accuracy, right from the start. Provide top-level obstetrics and gynecology telephone triage that is safe, efficient, and effective, with Telephone Triage for Obstetrics & Gynecology, 3rd Edition. Be expertly guided through the telephone triage rigors of data-gathering, protocols, and patient education, with these vital features: NEW chapter on incorporating internet research into advice on specific protoc NEW and expanded protocols that offer updated content on preconceptual screening, infectious disease impacts on pregnancy, infertility management, and emergency contraception Quick-reference sections that arrange protocols alphabetically for fast locating Easy-to-follow, data-gathering, flowchart format that helps you quickly determine the nature and urgency of the caller’s problem, and choose the appropriate intervention Easy-to-explain patient-education sections after each protocol Basic Triage Assessment Forms that address specific problems and require vital patient data Guidance on developing “telephone charisma” and the power of sympathetic listening Effective patient questioning techniques—pertinent questions to ask, types of questions, time management, getting clarification Real-life call scenarios that point out problems with not listening fully to the patient, skipping relevant questions, or exerting judgments Covers telephone triage basics, including logistical and legal considerations, assessments, telephone communication basics and challenges, and more Offers obstetric protocols, including overviews of preconceptual and infertility, early management of unintended pregnancy, fetal prenatal screening, early pregnancy evaluation and surveillance, and more Offers gynecologic protocols, including overviews of abnormal bleeding and spotting, amenorrhea, barrier contraceptives, breast complaints, emergency contraception, injectable contraceptives, intrauterine contraception, menopausal concerns, and more Vital guidance for all gynecologic nurses, obstetric nurses, certified nurse midwives, OB/GYN nurse practitioners, all triage nurses, and health professionals at call centers 19a66f4730

This guideline aims to: identify and describe best practice for service organisation and delivery that will improve access, acceptability and use of services; identify and describe services that encourage, overcome barriers to and facilitate the maintenance of contact throughout pregnancy; describe additional consultations with and/or support and information for women with complex social factors, and their partners and families, that should be provided during pregnancy, over and above that described in the NICE guideline Antenatal care: routine care for the healthy pregnant woman' (2008) (clinical guideline 62); identify when additional midwifery care or referral to other members of the maternity team (obstetricians and other specialists) would be appropriate, and what that additional care should be 19a66f4730

Addresses the challenges of managing critically ill obstetric patients, with chapters authored by intensivists/anesthesiologists and obstetricians/maternal-fetal medicine specialists 19a66f4730

An understanding of how a medical disease affects pregnancy and how any pre-existing medical condition is affected by pregnancy is required. In addition the clinician must take into account the second patient - the fetus - and be aware of ho. The management of the pregnant woman with a medical problem presents the clinician with particular problems 19a66f4730

The second edition has been revised throughout and takes in thechanges in practice introduced into MTS since the book was firstpublished. The Manchester Triage System (MTS) is the most widely used triagesystem in the UK, Europe and Australia, with tens of millions ofpatients being processed through hospital emergencydepartments. Emergency Triage is an essential handbook for all cliniciansinvolved in unscheduled care settings such as emergency care, walkin centres, minor injury units, primary care out of hoursservices. These include: Redesigned and expanded flow charts Additional charts for allergy and palpitations New practices - such as the possibility of revascularisation forpatients with

stroke New discriminators, for example acute neurological deficit andsignificant respiratory history Redefinition of existing discriminators Also new to this edition is the incorporation of sections on theuse of the risk averse system in telephone triage, in settingswhere ‘streaming’ takes place and as an early warningscore for patients in all unscheduled care settings. Emergency Triage is the core text for the MTS which utilises arisk averse system of prioritisation for patients in allunscheduled care settings, and as such it is an essential text forall emergency department staff using the MTS, in particular triagenurses themselves. The tone ofthis edition reflects the more up to date, modified approach totriage while retaining the principles of clinical prioritisation,which in the authors’ words “remains a central plank ofclinical risk management in emergency care” 19a66f4730

Midwifery Continuity of Care is a robust ‘how to’ guide to establishing midwifery continuity of care. Written by a team of international experts in their field, this book highlights lessons learned to help develop new ways of planning, implementing, evaluating and sustaining midwifery continuity of care for the benefit of women, babies and communities. Summarises the evidence for midwifery continuity of care to support policy makers, commissioners of maternity services and health service executives with their implementation of midwifery continuity of care Practical real world examples, stories and experiences to bring to life the diversity of ways that midwifery continuity of care can be implemented Highlights a range of issues for managers and leaders to be aware of, including organisational, industrial and safety and quality issues Explores how building alliances can enable midwifery continuity of care to flourish, addressing scaling up and sustainability Evolve Student and Faculty Resources: eBook on VitalSource An inspirational video interview with author, Jane Sandall 19a66f4730

The primary target audience includes health professionals responsible for developing national and local health protocols and policies, as well as obstetricians, midwives, nurses, general medical practitioners, managers of maternal and child health programs, and public health policy-makers in all settings. In this regard, the World Health Organization (WHO) published recommendations for induction of labor in 2011. The goal of the present guideline is to consolidate the guidance for effective interventions that are needed to reduce the global burden of prolonged labor and its consequences. Optimizing outcomes for women in labor at the global level requires evidence-based guidance of health workers to improve care through appropriate patient selection and use of effective interventions 19a66f4730

As with the first edition, all of the newly revised chapters take a strong collaborative and interprofessional approach to clinical conditions in the obstetric triage setting. New to the Second Edition: New chapters on sepsis in pregnancy and triage acuity tools Key updates on ectopic pregnancy, nausea and hyperemesis in pregnancy, severe preeclampsia, sexually transmitted and other infections, substance abuse, and psychiatric disorders in pregnancy Expanded information on periviable obstetric management Information on Zika and Ebola Clinical callouts in each chapter highlighting key points Enhanced narrative protocols Key Features: Provides interprofessional triage protocol guidance for ED and OB triage settings Delivers protocols and guidelines for over 30 emergent care situations Includes plentiful diagnostic and imaging guidelines with accompanying figures Formatted consistently for quick access Offers algorithms, protocols, diagnostic imaging, and best evidence for each condition. Each protocol comprises presenting symptomatology, patient history and data collection, physical exam findings, laboratory and imaging studies, differential diagnosis, and clinical management protocol/follow up. With more women than ever seeking obstetric triage and emergency services in obstetric triage units, obstetric providers need to be aware of triage assessment and evaluation protocols. Esteemed contributors include midwives, nurse practitioners, obstetricians, gynecologists, and maternal fetal medicine faculty who evaluate nearly 30,000 OB visits per year. With specific clinical protocols for more than 30 clinical situations, this fully updated second edition includes two completely new chapters on sepsis in pregnancy and triage acuity tools, along with updated guidelines for hypertension, sepsis, and postpartum complications. First Edition Named a 2013 Doody’s Core Title. Plentiful figures and images, reference tables and standardized forms for reference and usage, algorithms, and clinical pathways illustrate chapter content. This prize-winning pocket guide, containing management guidelines for obstetric triage/emergency settings, delivers critical information on obstetrics, midwifery, emergency, and family care for both students and seasoned clinicians. First Edition Second Place AJN Book-of-the-Year Award Winner in Maternal and Child Health 19a66f4730

Simple, direct, and useful, this is the most comprehensive and user-friendly telephone triage book available. This rapid-access resource delivers more than 200 triage protocols for evaluating patients' symptoms over the telephone. Each symptom entry lists questions, grouped by urgency level, to determine whether the caller should seek emergency care immediately, seek medical care the same day, call back for appointment, or follow home care instructions. Detailed home care instructions are then provided. Performing telephone triage requires the ability to make quick and effective decisions based on limited information 19a66f4730

Table of Contents Presentation flow charts index 1: Introduction 2: The decision-making process and triage 3: The triage method 4: Pain assessment as part of the triage process 5: Patient management, triage and the triage nurse 6: Auditing the triage process 7: Telephone triage 8: Beyond prioritisation to other applications This Edition was updated in 2023 to Version 3. As such, it is an essential text for all emergency department staff using the MTS, in particular triage nurses. Emergency Triage is the core text for the MTS, which utilises a risk averse system of prioritisation for patients in all unscheduled care settings. This edition features revised protocols that reflect new approaches to prioritisation, with accompanying revised flowcharts - the core part of the book. The Manchester Triage System (MTS) is the most widely used triage system in the UK, Europe and Australia, with tens of millions of patients being processed through hospital emergency departments. 8. It is also used in hospitals throughout Brazil. The book is both a training tool and a reference for daily use in the Emergency Department and prehospital settings 19a66f4730

Developed by expert authors, editors, and faculty from both AAP and ACEP, the new APLS is a unique teaching and learning system for individual physicians, residents, students, and APLS instructors and course directors. APLS: The Pediatric Emergency Medicine Resource, Revised Fourth Edition offers the information necessary to assess and manage critically ill or injured children during the first hours in the emergency department. The Revised Fourth Edition of APLS is truly the body of knowledge in pediatric emergency medicine. The Fourth Edition of APLS has been revised and expanded to cover new conclusions drawn from reason, fact, and experience to the benefit of sick and injured children worldwide. The course is highly interactive with small group scenarios, hands-on skill stations, and case-based lectures. If you want the newest, most comprehensive reference on pediatric emergency medicine, the Revised Fourth Edition will meet your needs. Together, AAP and ACEP developed APLS into a new, stand-alone course, offering continuing medical education units and an APLS course completion card 19a66f4730

Presents over 150 essential midwifery procedures in an easy-to-read, quick reference format ‘Learning Objectives’ and ‘end-of-chapter’ self-assessment exercises allow readers to monitor their progress Refers to the latest evidence and research, including current national and international guidelines Explains the underlying physiology associated with pregnancy and childbirth Over 150 artworks help explain physiological processes and clinical procedures ‘Roles and Responsibilities’ boxes define the nature and extent of current practice Ideal for use as a basis for teaching and assessment New format - now with colour - makes learning even easier. The new edition of this highly acclaimed step-by-step guide continues to offer readers with the relevant physiology, evidence-base and rationale for the key midwifery skills. Explores the use and significance of the Modified Early Obstetric Warning Scoring Chart Discusses advances in equipment usage including the application of sequential compression devices, temporal artery thermometers, and pulse oximetry in the early detection of critical congenital heart disease Contains advances in microbiology and infection control including the application and removal of gloves and the use of ANTT for each relevant procedure Physiology updates include an expanded section on normal and abnormal breathing patterns, the structure of the stratum corneum at birth and the factors that affect its barrier function, and neonatal reflexes present at birth Updated information regarding the use of the automated external defibrillator during maternal resuscitation, and the use of blended air and oxygen and pulse oximetry during neonatal resuscitation Care of the traumatised perineum - including expanded discussion of modern suture materials Recognition and management of complications associated with infusion therapy and epidural analgesia. Authored by experienced practitioners and educationalists, Skills for Midwifery Practice 4e will be ideal for all midwifery students, both from within the UK and worldwide 19a66f4730

This up-to-date handbook of narrative practice guidelines for use in obstetric triage and emergency settings provides speedy access to critical information needed by healthcare providers in obstetrics, midwifery, emergency medicine, and family care medicine 19a66f4730

Skills for Midwifery Practice E-Book 19a66f4730

The United States spends more on childbirth than any other country in the world, yet outcomes are worse than other high-resource countries, and even worse for Black and Native American women. It is important to reevaluate the United States' approach to maternal and newborn care through the lens of these factors across multiple disciplines. The delivery of high quality and equitable care for both mothers and newborns is complex and requires efforts across many sectors. There are a variety of factors that influence childbirth, including social determinants such as income, educational levels, access to care, financing, transportation, structural racism and geographic variability in birth settings. Birth Settings in America: Outcomes, Quality, Access, and Choice reviews and evaluates maternal and newborn care in the United States, the epidemiology of social and clinical risks in pregnancy and childbirth, birth settings research, and access to and choice of birth settings 19a66f4730

Print+CourseSmart 19a66f4730

This guide has been developed jointly by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, and is designed for use by all personnel involved in the care of pregnant women, their foetuses, and their neonates 19a66f4730

This can be achieved through universal immunization of newborns against hepatitis B and other interventions to prevent mother-to-child transmission of HBV. 1% in children 5 years of age. These guidelines provide evidence-based guidance on the use of peripartum antiviral prophylaxis in HBsAg-positive pregnant women for the prevention of mother-to-child transmission of HBV. WHO estimates that in 2015, 257 million people were living with chronic hepatitis B virus (HBV) infection worldwide, and that 900 000 had died from HBV infection, mostly as a result of cirrhosis or hepatocellular carcinoma. Elimination of HBV infection as a public health threat requires a reduction in the prevalence of hepatitis B surface antigen (HBsAg) to below 0. Most HBV-associated deaths among adults are secondary to infections acquired at birth or in the first five years of life. In May 2016, the World Health Assembly endorsed the Global health sector strategy on viral hepatitis, which calls for the elimination of viral hepatitis as a public health threat by 2030 (defined as a 90% reduction in incidence of new infections and a 65% reduction in mortality) 19a66f4730

It also sets out 290 recommendations grouped around: (i) putting the patient first; (ii) developing a set of fundamental standards, easily understood and accepted by patients; (iii) providing professionally endorsed and evidence-based means of compliance of standards that are understood and adopted by staff; (iv) ensuring openness, transparency and candour throughout system; (v) policing of these standards by the healthcare regulator; (vi) making all those who provide care for patients , properly accountable; (vii) enhancing recruitment, education, training and support of all key contributors to the provision of healthcare; (viii) developing and sharing ever improving means of measuring and understanding the performance of individual professionals, teams, units and provider organisations for the patients, the

public, and other stakeholders. Further, the checks and balances that operate within the NHS system should have prevented the serious systemic failure that developed at Mid Staffs. There was also a failure to tackle the insidious negative culture involving poor standards and a disengagement from managerial and leadership responsibilities. These failures are in part a consequence of allowing a focus on reaching national access targets, achieving financial balance and seeking foundation trust status at the cost of delivering acceptable care standards. This report identifies numerous warning signs that could and should have alerted the system to problems developing at the Trust. It further examines the suffering of patients caused by failures by the Trust: there was a failure to listen to its patients and staff or ensure correction of deficiencies. The system failed in its primary duty to protect patients and maintain confidence in the healthcare system. This public inquiry report into serious failings in healthcare that took place at the Mid Staffordshire NHS Foundation Trust builds on the first independent report published in February 2010 (ISBN 9780102964394) 19a66f4730

\" \"This guideline encompasses the organisation of perinatal mental health services, making it the first of its kind to fully integrate the clinical and service aspects of care into a single volume. \"--BOOK JACKET. This includes depression, anxiety disorders, and severe mental illnesses such as bipolar disorder and schizophrenia. The book is illustrated by women's experiences of mental health problems, treatment and services. \"The guideline, commissioned by NICE and developed by the National Collaborating Centre for Mental Health (NCCMH), covers the care and treatment of women with mental health problems during pregnancy and the first postnatal year 19a66f4730

Medical errors tend to vary with the level of proficiency and experience, and this must be taken into account in adverse events prevention. Human factors assume a decisive importance in resilient organizations, and an understanding of risk control and containment is fundamental for all medical and surgical specialties. This open access book offers recommendations and examples of how to improve patient safety by changing practices, introducing organizational and technological innovations, and creating effective, patient-centered, timely, efficient, and equitable care systems, in order to spread the quality and patient safety culture among the new generation of healthcare professionals, and is intended for residents and young professionals in different clinical specialties. The culture of safety in the care environment and of human factors influencing it should be developed from the beginning of medical studies and in the first years of professional practice, in order to have the maximum impact on clinicians' and nurses' behavior. Implementing safety practices in healthcare saves lives and improves the quality of care: it is therefore vital to apply good clinical practices, such as the WHO surgical checklist, to adopt the most appropriate measures for the prevention of assistance-related risks, and to identify the potential ones using tools such as reporting & learning systems 19a66f4730

It is designed to crystalize the professionals existing knowledge base and to provide clear guidance on handling a wide-variety of patient situations about which the triage nurse might need to work through. the protocols are organized alphabetically by major topic areas and outline the salient medical, legal and practical considerations involved important educational points are highlighted to reinforce important points to stres. This telephone triage book is designed for use by professional nurses assessing and advising patients over the telephone on topics related to obstetrics and gynecology 19a66f4730

The Review of Maternity and Neonatal Services in Scotland was announced on 25 February 2015. The Review examined choice, quality and safety of maternity and neonatal services, in consultation with the workforce, NHS Boards and service users. Its aim was to ensure that every mother and baby continues to get the best possible care from Scotland's health service, giving all children the best start in life 19a66f4730

Performing telephone triage requires the ability to make quick and effective decisions based on limited information. Simple, direct, and useful, it is the most comprehensive and user-friendly telephone triage book available. Each symptom entry lists questions, grouped by urgency level, to determine whether the caller should seek emergency care immediately, seek medical care the same day, call back for appointment, or follow home care instructions. This new edition features several new protocols--Swine Flu (H1N1 virus), Bedbug Problems, Tattoo Problems, and Emergency Contraception--as well as new information in the introductory chapter about program development, management issues, and staff development, including training. This rapid-access resource delivers over 200 triage protocols for evaluating patients' symptoms over the telephone. Also featured is a new reminder about documentation in each protocol as well as a new anatomic Table of Contents and expanded home care instructions. Detailed home care instructions are then provided 19a66f4730

This authoritative text enables midwives to justify their decisions on the best size and mix of the midwifery workforce. This practical guide to workforce planning in midwifery care incorporates real-life applications of 'Birthrate', a method of analysis developed by Jean Ball 19a66f4730

In light of revised recommendations for intrapartum care, this updated edition reviews best practice in all aspects of labour and delivery 19a66f4730

Intended to provide evidence-based recommendations to guide health care professionals in the management of women during pregnancy, childbirth and postpartum, and newborns, and the post abortion, including management of endemic deseases like malaria, HIV/AIDS, TB and anaemia. These include pre-eclampsia & eclampsia; postpartum haemorrhage; postnatal care for the mother and baby; newborn resuscitation; prevention of mother-to- child transmission of HIV; HIV and infant feeding; malaria in pregnancy, interventions to improve preterm birth outcomes, tobacco use and second-hand exposure in pregnancy, post-partum depression, post-partum family planning and post abortion care. This edition has been updated to include recommendations from recently approved WHO guidelines

relevant to maternal and perinatal health 19a66f4730

The Manual for participants is also available separately (ISBN 9241546875) 19a66f4730

In some settings these guidelines can be used in any facilities where sick children are admitted for inpatient care. It is for use in both inpatient and outpatient care in small hospitals with basic laboratory facilities and essential medicines. This second edition is based on evidence from several WHO updated and published clinical guidelines. The Pocket Book is one of a series of documents and tools that support the Integrated Managem. The Pocket Book is for use by doctors nurses and other health workers who are responsible for the care of young children at the first level referral hospitals 19a66f4730

This means the current system operates in a way that risks failure to learn from mistakes, which cannot be in the interests of the safety of mothers and babies and must change. The cases clearly illuminate a potential muddling of the supervisory and regulatory role of supervisors of midwives. The current arrangements do not always allow information about poor care to be escalated effectively into hospital clinical governance or the regulatory system. The Ombudsman investigated three cases in which local statutory supervision of midwives failed, all of which occurred at Morecambe Bay NHS Foundation Trust. Working with the Nursing and Midwifery Council (NMC), the Professional Standards Authority for Health and Social Care, NHS England and the Department of Health, the Ombusdman has identified two key principles that will form the basis of proposals to change the system of midwifery regulation: that midwifery supervision and regulation should be separated; that the NMC should be in direct control of regulatory activity. The Department of Health should convey these recommendations to its counterparts in Northern Ireland, Scotland and Wales and develop proposals to put these principles into effect 19a66f4730

The up-to-date and in-depth coverage will assist emergency physicians in identifying patients at risk for adverse outcomes, in conducting appropriate assessment,and in providing timely and adequate care. This book, written by internationally recognized experts in emergency medicine and geriatrics, not only presents the state of the art in the care of this population but also underlines the increasing need for adequate training and development in the field. Particular attention is paid to the commonpitfalls in emergency management andmeans of avoiding them. Compared with younger patients, older people suffer from more comorbidities, a higher mortality rate, require more complex assessment and diagnostic testing, and tend to stay longer in the emergency department. This book discusses all important aspects of emergency medicine in older people, identifying the particular care needs of this population, which all too often remain unmet. Between 1980 and 2013, the number of older patients in emergency departmentsworldwide doubled 19a66f4730