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West Middlesex University Hospital

Requested Date: 30 September 2019
Sources Searched: Medline, CINAHL, BNI, HMIC, Embase.

Maternity Telephone Triage Services

See full search strategy

1. Telephone triage in midwifery practice: A cross-sectional survey.

Author(s): Bailey, Carolyn M; Newton, Jennifer M; Hall, Helen G

Source: International journal of nursing studies; Mar 2019; vol. 91 ; p. 110-118

Publication Date: Mar 2019

Publication Type(s): Journal Article

PubMedID: 30682631

Abstract:BACKGROUNDChildbearing women commonly access maternity services via the telephone. A midwife receiving these calls listens to the woman's concerns and then triages women according to their assessment. This may result in the provision of advice and instruction over the telephone or inviting the woman into the health service for further assessment. Midwives are responsible for all care and advice given to women, including via the telephone.OBJECTIVESThe purpose of this study was to explore the experiences and practices of midwives regarding their management of telephone triage.DESIGNA cross-sectional survey.SETTING AND PARTICIPANTSPurposive non-probabilistic sampling of currently practising midwife members of professional organisations was used to recruit participants. From this, 242 midwives responded and 230 returned valid surveys were used in data analysis.METHODSParticipant demographics, telephone triage processes, skills, educational preparation, confidence and anxiety levels, and external factors that influence midwives' management of telephone triage were collected via an on-line survey. Descriptive statistics and further analyses were conducted to explore relationships between variables.RESULTSEighty-three percent of midwives respond to 2-5 telephone calls per shift, with only 11.7% (n = 24) of midwives reporting that this is included in their workloads. Telephone triage is frequently managed in environments with distractions. Most midwives (84%; n = 177) report receiving no training in this skill. Confidence in performing telephone triage was reported, with higher confidence levels related to midwives' increased years of experience ($p < 0.05$) and age ($p < 0.01$). Anxiety related to managing telephone triage has been experienced by 73% (n = 151) of midwives, with this being greater in midwives with less years of experience. Anxiety is reported less by midwives in rural or remote settings compared to metropolitan or regional ($p < 0.05$) settings in this study. A variety of standards and aids to guide practice, and document calls are utilised in a range of ways.CONCLUSIONTo the authors' knowledge, this is the first study conducted to explore midwives' practises in telephone triage. The findings suggest the need for appropriate environments to conduct telephone calls and the inclusion of telephone triage in midwifery workloads. In addition,

consistent education and processes are required to reduce anxiety and support midwives provision of this service to women.

Database: Medline

2. Pregnant women call on Labour Line.

Author(s): Jones-Berry, Stephanie

Source: Emergency nurse : the journal of the RCN Accident and Emergency Nursing Association; Dec 2014; vol. 22 (no. 8); p. 9

Publication Date: Dec 2014

Publication Type(s): Journal Article

PubMedID: 25466739

Abstract:WOMEN EXPERIENCING unplanned births are receiving better care due to a unique telephone service run by midwives based in an emergency call centre.

Database: Medline

3. Telephone triage and midwifery: A scoping review.

Author(s): Bailey, Carolyn M; Newton, Jennifer M; Hall, Helen G

Source: Women and birth : journal of the Australian College of Midwives; Oct 2018; vol. 31 (no. 5); p. 414-421

Publication Date: Oct 2018

Publication Type(s): Journal Article Review

PubMedID: 29241698

Abstract:BACKGROUNDMidwives use telephone triage to provide advice and support to childbearing women, and to manage access to maternity services. Telephone triage practises are important in the provision of accurate, timely and appropriate health care. Despite this, there has been very little research investigating this area of midwifery practice.AIMTo explore midwives and telephone triage practises; and to discuss the relevant findings for midwives managing telephone calls from women.METHODSA five-stage process for conducting scoping reviews was employed. Searches of relevant databases as well as grey literature, and reference lists from included studies were carried out.FINDINGSA total of 11 publications were included. Thematic analysis was used to identify key concepts. We grouped these key concepts into four emergent themes: purpose of telephone triage, expectations of the midwife, challenges of telephone triage, and achieving quality in telephone triage.DISCUSSIONTelephone triage from a midwifery perspective is a complex multi-faceted process influenced by many internal and external factors. Midwives face many challenges when balancing the needs of the woman, the health service, and their own workloads. Primary research in this area of practice is limited.CONCLUSIONFurther research to explore midwives' perceptions of their role, investigate processes and tools midwives use, evaluate training programs, and examine outcomes of women triaged is needed.

Database: Medline

4. High-risk obstetrical call center: a model for regions with limited access to care.

Author(s): Rhoads, Sarah J; Eswaran, Hari; Lynch, Christian E; Ounpraseuth, Songthip T; Magann, Everett F; Lowery, Curtis L

Source: The journal of maternal-fetal & neonatal medicine : the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians; Apr 2018; vol. 31 (no. 7); p. 857-865

Publication Date: Apr 2018

Publication Type(s): Journal Article

PubMedID: 28316278

Abstract:PURPOSEHigh-risk obstetrical care can be challenging for women in rural states with limited access.MATERIALS AND METHODSData were evaluated from 62,342 obstetrical calls from pregnant and postpartum patients within rural Arkansas to a nurse call center. Call center nurses provided triage using evidence-based guidelines to patients across the state. Data were extracted and analyzed using retrospective data collection and descriptive statistical methods.RESULTSWomen had an average maternal age of 28 years old, average weeks gestation was 27.4, over half had Medicaid 32,513 (52.15%), and the greatest percentage were in their first pregnancy 14,232 (34.1%). The greatest percentage of calls resulted in a recommendation to come to the hospital to be evaluated 25,894 (41.54%) followed by advice with no prescription given 19,442 (31.19%). The most frequent guidelines used included preterm labor 5114 (8.24%) followed by abdominal pain >20 weeks 4,518 (7.28%).CONCLUSIONSA centralized obstetrical nurse call center model, including 24/7 availability, using triage software for obstetrical care, with experienced labor and delivery nurses to answer and respond to calls and secondary triage performed by OB/GYN physicians or Advance Practice Registered Nurses (APRN) has the potential of improving access to obstetric care in rural areas.

Database: Medline

5. Obstetric triage: a systematic review of the past fifteen years: 1998-2013.

Author(s): Angelini, Diane; Howard, Elisabeth

Source: MCN. The American journal of maternal child nursing; 2014; vol. 39 (no. 5); p. 284

Publication Date: 2014

Publication Type(s): Journal Article Review Systematic Review

PubMedID: 24905040

Abstract:BACKGROUNDTriage concepts have shifted the focus of obstetric care to include obstetric triage units. The purpose of this systematic review is to examine the literature on use of triage concepts in obstetrics during a 15-year time frame.METHODSA systematic review was completed of the obstetric triage literature from 1998 to 2013 using the electronic online databases from PubMed, CINHAL, Ovid, and Cochrane Library Reviews within the English language. Reference lists of articles were reviewed to identify other pertinent publications. Both peer-reviewed and non-peer-reviewed documents were used.INCLUSION CRITERIAarticles specifically related to obstetric triage or obstetric emergency practices in the hospital setting. Exclusion criteria included: manuscripts that focused on general, nonobstetric emergency and triage units, telephone triage, out-of-hospital practices, other clinical conditions, and references outside the time frame of 1998-2013.RESULTSKey categories were identified: legal issues and impact of Emergency Medical Treatment and Active

Labor Act (EMTALA); liability pitfalls; risk stratification (acuity tools); clinical decision aids; utilization, patient flow, and patient satisfaction; impact on interprofessional education and advanced nursing practice; and management of selected clinical conditions. Components of a best practice model for obstetric triage are introduced.CONCLUSIONSeven key triage categories from the literature were identified and best practices were developed for obstetric triage units from this systematic review. Both can be used to guide future practice and research within obstetric triage.

Database: Medline

6. Role of telephone triage in obstetrics.

Author(s): Manning, Nirvana Afsordeh; Magann, Everett F; Rhoads, Sarah J; Ivey, Tesa L; Williams, Donna J

Source: Obstetrical & gynecological survey; Dec 2012; vol. 67 (no. 12); p. 810-816

Publication Date: Dec 2012

Publication Type(s): Journal Article Review

PubMedID: 23233053

Available at Obstetrical & gynecological survey - from Ovid (Journals @ Ovid) - Remote Access

Abstract:UNLABELLEDThe telephone has become an indispensable method of communication in the practice of obstetrics. The telephone is one of the primary methods by which the patient makes her appointments and contacts her health care provider for advice, reassurance, and referrals. Current methods of telephone triage include personal at the physicians' office, telephone answering services, labor and delivery nurses, and a dedicated telephone triage system using algorithms. Limitations of telephone triage include the inability of the provider to see the patient and receive visual clues from the interaction and the challenges of obtaining a complete history over the telephone. In addition, there are potential safety and legal issues with telephone triage. To date, there is insufficient evidence to either validate or refute the use of a dedicated telephone triage system compared with a traditional system using an answering service or nurses on labor and delivery.TARGET AUDIENCEObstetricians and gynecologists, family physicians.LEARNING OBJECTIVESAfter completing this CME activity, physicians should be better able to analyze the scope of variation in telephone triage across health care providers and categorize the components that go into a successful triage system, assess the current scope of research in telephone triage in obstetrics, evaluate potential safety and legal issues with telephone triage in obstetrics, and identify issues that should be addressed in any institution that is using or implementing a system of telephone triage in obstetrics.

Database: Medline

7. Call the midwife: an audit of a telephone triage service.

Author(s): Clarke, Paula; Bowcock, Malcom; Walsh, Michelle; Johnson, Vaness

Source: Essentially MIDIRS; Nov 2012; vol. 3 (no. 10); p. 17-23

Publication Date: Nov 2012

Publication Type(s): Periodical

Abstract: Detailed telephone conversations between women and clinical staff were recorded and analysed as part of a maternity services triage audit. Conversations were assessed for both clinical content and presentation, and while some good practice was identified, it was apparent there was a need to improve the service. The busy workload in triage appeared to impact on the quality of calls. There was sometimes inconsistency in the advice given and quality of the documentation of calls. It is our opinion that triage requires a clearly defined role, with triage specific guidance that includes telephone advice.

Database: CINAHL

8. Setting up a triage telephone line for women in early labour.

Author(s): Weavers, Annette; Nash, Kate

Source: British Journal of Midwifery; May 2012; vol. 20 (no. 5); p. 333-338

Publication Date: May 2012

Publication Type(s): Academic Journal

Abstract: This article aims to provide an overview of a collaborative service improvement project that was undertaken by midwives at the Royal Berkshire NHS Foundation Trust to improve services for women in early labour. The labour triage line was set up to increase the consistency of information and advice provided to women in early labour and to enable women to feel confident in using coping strategies to help them remain at home during early labour. It was hoped that this would reduce the number of women attending the labour ward for early labour assessment and increase both women's and midwives' satisfaction with the service provided. A review of early labour services was initially undertaken to inform the project. This revealed that most women in early labour telephoned and were assessed on the labour ward with only a small proportion receiving advice about coping strategies. A survey of postnatal women found that the provision of calm, friendly advice over the telephone was reassuring, with more than half of the women surveyed stating that their experience of early labour could be improved through good telephone advice from a midwife. Following this, the telephone labour triage line was implemented and evaluated following a 6-month pilot. Feedback from women suggested a high degree of satisfaction with the service and a significant improvement in midwives discussing coping strategies with women in early labour. Other findings included an increase in the use of the midwifery-led unit and normal birth rate for low-risk first-time mothers. The triage line has now been extended to 24 hours and will move to the new midwifery-led unit that is being built this year where the outcomes will continue to be monitored.

Database: CINAHL

9. Managing demand: telephone triage in acute maternity services.

Author(s): Cherry A; Friel R; Dowden B; Ashton K; Evans R; Pugh Y; Evans Y

Source: British Journal of Midwifery; Aug 2009; vol. 17 (no. 8); p. 496-500

Publication Date: Aug 2009

Publication Type(s): Academic Journal

Available at British Journal of Midwifery - from MAG Online Library - Intermid

Abstract:A project providing triage in acute maternity settings was developed to better manage demand and ensure the right service was available at the right time and in the right place. Data collected prior to implementing the telephone triage project identified that a significant number of women accessed the labour ward as their first point of contact for advice with maternity services resulting in an unnecessarily high volume and throughput where labour ward was in effect gate-keeping other clinical areas.The project was designed and introduced to maximize the use of the clinical expertise possessed by a group of practice development midwives. Early results suggest that demand and patient flow is better managed following the introduction of the telephone triage service.The development of a telephone triage service within an acute maternity service is beneficial and can result in a reduction in inappropriate admissions. There are benefits at a client, clinician, service and organizational level.

Database: CINAHL

10. Telephone triage in maternity care.

Author(s): Kennedy S

Source: RCM Midwives; Nov 2007; vol. 10 (no. 10); p. 478-480

Publication Date: Nov 2007

Publication Type(s): Academic Journal

PubMedID: 18041322

Abstract: Senior sister midwife Susan Kennedy in charge of the maternity triage department at Stirling Royal Infirmary at NHS Forth Valley details the wide and positive benefits that telephone triage has brought to both midwives and clients.

Database: CINAHL

Strategy 722976

#	Database	Search term	Results
1	Medline	exp TRIAGE/	10894
2	Medline	(triage).ti,ab	15798
3	Medline	exp "LABOR, OBSTETRIC"/	45357
4	Medline	(labor OR labour OR pregnan*).ti,ab	542993
5	Medline	exp PREGNANCY/	872051
6	Medline	(1 OR 2)	20436
7	Medline	(3 OR 4 OR 5)	1015773
8	Medline	(hotline* OR helpline* OR "help line*").ti,ab	1832
9	Medline	exp HOTLINES/	2639
10	Medline	exp TELEPHONE/	21101
11	Medline	(telephone* OR telecommunication*).ti,ab	59217
12	Medline	(8 OR 9 OR 10 OR 11)	74317
13	Medline	(6 AND 7 AND 12)	37
14	Medline	exp "CALL CENTERS"/	55
15	Medline	(6 AND 7 AND 14)	1
16	Medline	exp AMBULANCES/	8322
17	Medline	("ambulance service*").ti,ab	1927
18	Medline	(16 OR 17)	9291
19	Medline	(6 AND 7 AND 18)	6

20	Medline	(7 AND 18)	182
21	Medline	(NHS ADJ2 111).ti,ab	56
22	Medline	("NHS direct").ti,ab	271
23	Medline	(21 OR 22)	320
24	Medline	(7 AND 23)	3
25	Medline	("call centre*" OR "call center*").ti,ab	812
26	Medline	(7 AND 25)	52
27	CINAHL	(triage).ti,ab	8669
28	CINAHL	exp TRIAGE/	8554
29	CINAHL	(27 OR 28)	12735
30	CINAHL	(maternity OR labor OR labour OR pregnan*).ti,ab	143170
31	CINAHL	exp LABOR/	11546
32	CINAHL	exp PREGNANCY/	185017
33	CINAHL	exp "OBSTETRIC PATIENTS"/	431
34	CINAHL	(30 OR 31 OR 32 OR 33)	235314
35	CINAHL	(hotline* OR helpline* OR "help line*").ti,ab	1709
36	CINAHL	("call centre*" OR "call center*").ti,ab	592
37	CINAHL	exp "TELEPHONE INFORMATION SERVICES"/	2968
38	CINAHL	exp TELEPHONE/	21034
39	CINAHL	(35 OR 36 OR 37 OR 38)	25270

40	CINAHL	(29 AND 34 AND 39)	31
41	CINAHL	(NHS ADJ2 111).ti,ab	74
42	CINAHL	("NHS direct").ti,ab	464
43	CINAHL	(41 OR 42)	526
44	CINAHL	(34 AND 43)	3
45	CINAHL	exp AMBULANCES/	3943
46	CINAHL	(ambulance*).ti,ab	5515
47	CINAHL	(45 OR 46)	7563
48	CINAHL	(29 AND 34 AND 47)	6
49	CINAHL	(34 AND 37)	105
50	CINAHL	("labour line").ti,ab	1
51	CINAHL	("telephone triage").ti,ab	475
52	CINAHL	(34 AND 51)	24
53	BNI	(triage).ti,ab	2145
54	BNI	(obstetric* OR maternity OR labor OR labour OR pregnan*).ti,ab	40352
55	BNI	"CHILDBIRTH & LABOR"/	11152
56	BNI	PREGNANCY/	24679
57	BNI	(54 OR 55 OR 56)	51630
58	BNI	(hotline* OR helpline* OR "help line*").ti,ab	643
59	BNI	("call centre*" OR "call center*").ti,ab	144

60	BNI	"TELEPHONE HOTLINES"/	69
61	BNI	TELEPHONES/	121
62	BNI	(58 OR 59 OR 60 OR 61)	938
63	BNI	(53 AND 57 AND 62)	3
64	BNI	(57 AND 62)	48
65	BNI	(nhs ADJ2 111).ti,ab	98
66	BNI	("nhs direct").ti,ab	466
67	BNI	(65 OR 66)	543
68	BNI	(57 AND 67)	12
69	BNI	(ambulance).ti,ab	1206
70	BNI	"AMBULANCE SERVICES"/	847
71	BNI	(69 OR 70)	1700
72	BNI	(53 AND 57 AND 71)	7
73	HMIC	(triage).ti,ab	565
74	HMIC	exp TRIAGE/	284
75	HMIC	(73 OR 74)	613
76	HMIC	(obstetric* OR maternity OR labor OR labour OR pregnan*).ti,ab	10769
77	HMIC	exp PREGNANCY/ OR exp "PREGNANCY COMPLICATIONS"/	3502
78	HMIC	exp CHILDBIRTH/	1128
79	HMIC	(76 OR 77 OR 78)	12290

80	HMIC	(75 AND 79)	6
81	EMBASE	(triage).ti,ab	24897
82	EMBASE	exp "EMERGENCY MEDICAL DISPATCH"/ OR exp "HOSPITAL EMERGENCY SERVICE"/	4027
83	EMBASE	(81 OR 82)	0
84	EMBASE	(obstetric* OR maternity OR labor OR labour OR pregnan*).ti,ab	766532
85	EMBASE	exp PREGNANCY/	643006
86	EMBASE	exp LABOR/	34242
87	EMBASE	exp "OBSTETRIC PATIENT"/	1699
88	EMBASE	(84 OR 85 OR 86 OR 87)	996877
89	EMBASE	(hotline* OR helpline* OR "help line*").ti,ab	2829
90	EMBASE	("call centre*" OR "call center*").ti,ab	1284
91	EMBASE	exp TELEPHONE/ OR exp "TELEPHONE CONSULTATION"/ OR exp "TELEPHONE INFORMATION SERVICE"/	58992
92	EMBASE	exp HOTLINE/	330
93	EMBASE	(89 OR 90 OR 91 OR 92)	61802
94	EMBASE	(83 AND 88 AND 93)	44
96	EMBASE	(88 AND 92)	18
97	EMBASE	(88 AND 89)	161

98	EMBASE	exp "EMERGENCY MEDICAL DISPATCH"/	141
99	EMBASE	(97 AND 98)	0
100	EMBASE	(88 AND 98)	1
101	EMBASE	(NHS ADJ2 111).ti,ab	62
102	EMBASE	("NHS direct").ti,ab	334
103	EMBASE	(101 OR 102)	388
104	EMBASE	(88 AND 103)	9