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Antenatal Risk and Obstetric Triage

Practical 02 / Clinical or documentation case

Aim

Recognise urgent findings in an antenatal encounter and prioritise assessment and handover.

Principle

Bleeding, severe hypertension symptoms, reduced fetal movements and physiological instability require prompt assessment. Gestation and history guide the differential.

Materials and Requirements

- Fictional antenatal card and trend chart, BP cuff and case cards
- Maternity escalation and referral checklist

Procedure

1. Confirm gestation, symptom onset, previous complications and current medicines. Ask about bleeding, pain, headache, visual symptoms and fetal movements as appropriate.
2. Establish gestation, recent course, previous obstetric complications and medicines. Ask about symptom timing and directed warning features while arranging help for an urgent concern.
3. Assess stability and check blood pressure using an appropriate cuff. Record maternal vital signs and obtain help for abnormal findings.
4. Use the correct cuff on the supported arm and record blood pressure with time. Also check pulse, breathing, perfusion and alertness as appropriate. Escalate severe symptoms or observations immediately.

Continue with step 5 on the next page.

Procedure Continued

Antenatal Risk and Obstetric Triage

5. Review antenatal results and risks for hypertension, haemorrhage, anaemia, diabetes or infection. Identify maternal and fetal assessments needed.
6. Compare current findings with antenatal trends and case risk factors. Determine what fetal assessment or maternal investigation the responsible team needs next and which review can wait.
7. Choose the immediate escalation tier and prepare the referral information. Identify investigations likely to affect the next decision.
8. Prepare a focused urgent referral including gestation, symptoms, current and prior observations, interventions and outstanding findings. Confirm that the receiving service knows the priority.
9. Explain the reason for urgent assessment in clear terms and document who received the handover.
10. Explain why further assessment is needed and where it will occur. Document handover time, team and planned monitoring or transport arrangements.

Precautions

- Escalate urgently before completing routine examination.
- For antepartum bleeding, defer a digital vaginal examination until the obstetric team has excluded placenta praevia or other contraindications.

Observations and Interpretation

Antenatal Risk and Obstetric Triage

Observations and Record

Item	What to record	What it tells you
Symptoms	Gestation, onset and maternal or fetal concerns	Narrows urgent possibilities
Maternal status	Vital-sign trends and associated findings	Identifies instability
Handover	Reason, urgency and destination	Supports continuity of care

Worked Example

At 32 weeks a patient has blood pressure 166/112 mmHg, new severe headache and visual symptoms. The case record shows previously normal pressures.

Result and Interpretation

The combination requires immediate maternity team assessment for a severe hypertensive disorder. Communicate values, symptoms, pregnancy dates and time of review.

Viva Questions and Answers

Why ask about visual symptoms with high blood pressure?

They may accompany a severe hypertensive disorder of pregnancy.

Why document the measurement time and cuff?

They make the reading traceable and help interpret changes.

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