

## Maternal/Fetal Classification Tool

**1.0 Admission Assessment**    Date \_\_\_\_\_    Time \_\_\_\_\_

RN    MD    RM   Name \_\_\_\_\_    Signature \_\_\_\_\_

### ADDRESSOGRAPH

	<input type="checkbox"/> Normal	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2a	<input type="checkbox"/> Level 2b	<input type="checkbox"/> Level 3	<input type="checkbox"/> Level 3+
<b>2.0 LOS</b>	No maternal/fetal well-being concerns	Maternal and/or Fetal medical, surgical, social and obstetrical needs: <b>not anticipated to impact well-being</b>	Maternal and/or Fetal medical, surgical, social and obstetrical needs: <b>could impact well-being</b>	Maternal and/or Fetal medical, surgical, social and obstetrical needs: <b>impacting well-being: not life threatening</b>	Maternal and/or Fetal medical, surgical, social and obstetrical needs: <b>seriously impacting well-being: not anticipated to be life threatening</b>	Maternal and/or Fetal medical, surgical, social and obstetrical needs: <b>critically impacting well-being: are life threatening</b>
<b>3.0 Maternal</b>	<input type="checkbox"/> Maternal age >16 and <40 <input type="checkbox"/> Term pregnancy (37 <sup>0</sup> -41 <sup>6</sup> ) <input type="checkbox"/> Anticipated NSVD and post partum progress <input type="checkbox"/> BMI >18.5 <30 <input type="checkbox"/> Assessment and care of women <20 weeks <input type="checkbox"/> Other:	<input type="checkbox"/> Maternal age <16 or ≥40 <input type="checkbox"/> PTL (36 <sup>0</sup> -36 <sup>6</sup> ) <input type="checkbox"/> Post-term ≥42 weeks <input type="checkbox"/> Planned VBAC <input type="checkbox"/> PROM <input type="checkbox"/> Group B Strep+ <input type="checkbox"/> Undiagnosed pregnancy <input type="checkbox"/> Planned C-sect <sup>n</sup> <input type="checkbox"/> Augmentation/induction of labour <input type="checkbox"/> BMI 30-38 <input type="checkbox"/> Diagnosed chronic health needs; stable <input type="checkbox"/> Mental Health, substance use, psycho-social ± IPV considerations; stable <input type="checkbox"/> GDM, diet controlled <input type="checkbox"/> Other:	<input type="checkbox"/> Previous preterm birth or history of PTL <input type="checkbox"/> PTL with cervical changes and positive fFN <input type="checkbox"/> Confirmed PPROM <input type="checkbox"/> Antepartum hemorrhage <input type="checkbox"/> BMI >38 <input type="checkbox"/> Gestational HTN (without adverse features) <input type="checkbox"/> Pre-existing HTN, no systemic involvement <input type="checkbox"/> GDM, insulin controlled <input type="checkbox"/> Acute/episodic health concern, eg: pneumonia, pyelonephritis <input type="checkbox"/> Other:	<input type="checkbox"/> Severe gestational HTN <input type="checkbox"/> Pre-existing HTN requiring pharmacologic treatment; mild systemic involvement <input type="checkbox"/> Pre-pregnancy diabetes impacting the fetus with no maternal systemic involvement <input type="checkbox"/> Diagnosed chronic health needs; unstable ie: mild renal effect of lupus <input type="checkbox"/> Other:	<input type="checkbox"/> Severe pre-eclampsia <input type="checkbox"/> HELLP syndrome <input type="checkbox"/> Serious Medical and/or Surgical conditions requiring inpatient admission e.g. pulmonary edema, cardiac/renal <input type="checkbox"/> Pre-pregnancy diabetes with significant maternal systemic involvement <input type="checkbox"/> Requiring emergency rescue cerclage <input type="checkbox"/> Other:	<input type="checkbox"/> High order multiple pregnancy <input type="checkbox"/> Pulmonary embolism <input type="checkbox"/> Level 1 trauma <input type="checkbox"/> Intubation/ventilation <input type="checkbox"/> Other:
<b>4.0 Fetal</b>	<input type="checkbox"/> Gestational age ≥ 37 weeks <input type="checkbox"/> Singleton <input type="checkbox"/> Cephalic presentation <input type="checkbox"/> Normal FHS <input type="checkbox"/> Other:	<input type="checkbox"/> Gestational age 36-36 <sup>6</sup> weeks <input type="checkbox"/> Singleton <input type="checkbox"/> Fetal anomaly not requiring immediate intervention at birth <input type="checkbox"/> Cephalic presentation <input type="checkbox"/> Mild IUGR <input type="checkbox"/> Uncomplicated dichorionic-diamniotic twin <input type="checkbox"/> Meconium <input type="checkbox"/> Other:	<input type="checkbox"/> Gestational age ≥32-35 <sup>6</sup> weeks <input type="checkbox"/> Breech at term/trial of labour <input type="checkbox"/> Moderate IUGR <input type="checkbox"/> Dichorionic-diamniotic twins <input type="checkbox"/> Moderate polyhydramnios, deep vertical pockets, 8-10 cm <input type="checkbox"/> Moderate oligohydramnios <input type="checkbox"/> Other:	<input type="checkbox"/> Gestational age 30-31 <sup>6</sup> weeks <input type="checkbox"/> Fetal anomaly(ies), requiring evaluation after birth <input type="checkbox"/> Breech preterm (>2500 g) <input type="checkbox"/> Complicated dichorionic-diamniotic twins <input type="checkbox"/> Monochorionic-diamniotic twins <input type="checkbox"/> Severe IUGR <input type="checkbox"/> Severe polyhydramnios <input type="checkbox"/> Severe oligohydramnios <input type="checkbox"/> Other:	<input type="checkbox"/> Gestational age <30 weeks <input type="checkbox"/> Fetal anomalies requiring immediate care at birth <input type="checkbox"/> Complicated monochorionic-diamniotic twins <input type="checkbox"/> Uncomplicated triplets <input type="checkbox"/> Other:	<input type="checkbox"/> Any gestational age <input type="checkbox"/> Complicated multiples <input type="checkbox"/> Twin-twin transfusion syndrome <input type="checkbox"/> In utero interventions <input type="checkbox"/> Hydrops <input type="checkbox"/> Congenital Diaphragmatic Hernia <input type="checkbox"/> Gastroschisis <input type="checkbox"/> Other:

**Admission Status**    Yes    No    Other:

Please see the Guide for Completion at [www.perinatalservicesbc.ca](http://www.perinatalservicesbc.ca)

## See: Maternal / Fetal Classification Tool and Guide for Completion

<http://www.perinatalservicesbc.ca/Guidelines/PerinatalLevelsOfCare/default.htm>

*\* This Classification Tool becomes part of the patient's permanent medical record; therefore, must be completed in full.*

- Begin by clinically assessing maternal / fetal wellbeing and entering your data on the BC Perinatal Triage Assessment Record (Form 1582). Using the assessment data, focus on the shaded top row of the Maternal / Fetal Classification Tool to establish the highest acuity of need for the mother and for the fetus. This is achieved by selecting the relevant clinical indicators listed in the columns directly below the shaded area which most accurately reflect the highest need. **If unclear, classify up to the higher level of care.**
- This tool is intended for maternal / fetal assessment of gestational age of ≥ 20 weeks.
- Dynamic maternal / fetal needs, regardless of their anticipated duration, **require clinical judgment** to determine the frequency and timing of reassessment / reclassification (e.g. fetal health surveillance findings may also contribute to the decision to reclassify).
- **The clinical care planning process assumes initial local interdisciplinary consultation between the primary care provider and the team** (e.g. Obstetrician, Pediatrician, Registered Midwife, Nurse Practitioner, and Registered Nurse). Additional regional consultation support for decision making from a Perinatologist or Neonatologist via BC Bedline is also available to assist in determining care needs.