

Advanced Cardiac Life Support in Obstetric Settings

An official position statement of the Association of Women's Health, Obstetric & Neonatal Nursing

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Position

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) does not mandate advanced cardiac life support (ACLS) competence validation for perinatal nurses who provide post-analgesia and post-anesthesia care for obstetric patients. However, as a broader issue of appropriate facility staffing and patient care, each hospital must ensure that teams capable of providing ACLS care (e.g., a code team) and the means to provide invasive monitoring or extensive ventilatory support to obstetric patients are available at all times.

AWHONN supports The Joint Commission recommendation that all nurses achieve and maintain competence in basic life support (BLS). It is important to recognize that perinatal complications may be medical, surgical, obstetric, or anesthetic in nature. Therefore, AWHONN maintains that assessment skills specific to these areas are important for nurses providing care to women during the obstetric post-analgesia and post-anesthesia periods.

Background

AWHONN supports the guidelines of the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG). These guidelines state that when regional or general anesthesia is used for either vaginal or Cesarean birth, the woman should be observed in an appropriately staffed and equipped post-anesthesia/analgesia care location (e.g., Labor, Delivery, Recovery [LDR]; Labor, Delivery, Recovery, Postpartum [LDRP] rooms or Post Anesthesia Care Unit [PACU]) until she has recovered from the anesthetic. (AAP & ACOG, 2007).

Considerations for Educational Planning

Decision making regarding whether obstetric registered nurses should receive ACLS education and competence validation should be guided by factors such as the acuity of the patient population served,

the availability of the code team within a facility, and the frequency with which ACLS skills may actually be used by those nurses.

Beyond considerations for periodic attendance at an ACLS course, maintaining competence in ACLS skills can be a challenge because the need to implement ACLS skills during the care of obstetric patients is usually rare. Perioperative nurses who are exclusively assigned to the care of general surgical patients may have the opportunity to apply ACLS knowledge and skills with greater frequency than obstetric nurses. Given the general lack of opportunity for obstetric nurses to use ACLS knowledge and skills, it may be more appropriate to mobilize the code team when maternal resuscitation requiring ACLS care is needed during the perioperative period.

Consideration of the resources required for ACLS competence validation should also be weighed against consideration of the resources necessary to ensure that other critical, mandated skills validation is accomplished (e.g., BLS, Neonatal Resuscitation Program [NRP], and Fetal Heart Monitoring [FHM]).

Considerations for Comparable Care

Patients with the same health status and condition should receive a comparable level of quality care regardless of where that care is provided within the hospital. According to the Joint Commission, "Comparable standards of care means that the organization can provide the services that patients need within established timeframes and that those providing care, treatment, and services have required competence. Hospitals may provide different services to patients with similar needs as long as the patient's outcome is not affected" (2009, LD.04.03.07). Perinatal units should generally maintain comparable care standards as those in the main hospital surgical suites/postanesthesia care

unit (PACU) (American Society of PeriAnesthesia Nurses, 2006; The Joint Commission). The goal is to ensure that obstetric surgical patients undergoing general and regional anesthesia receive consistent perioperative care. Women who have had a vaginal birth under regional analgesia or anesthesia may not need care that is comparable to that required for women who have a Cesarean birth or other obstetric operative procedure.

REFERENCES

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