

# FREQUENTLY ASKED QUESTIONS

## *Guidelines for Professional Registered Nurse Staffing for Perinatal Units*

**Q: Why has AWHONN introduced new perinatal Registered Nurse (RN) staffing guidelines?**

A: The guidelines in current use by many institutions were first published in 1983. AWHONN has introduced new perinatal staffing *Guidelines* because of the many changes in perinatal care that have occurred since that time. Some of these changes are:

- Increases in: labor inductions; preterm births; multiple gestations; cesarean births; requirements for maternal and fetal assessments; women with advanced maternal age with associated medical complications;
- Decreased lengths of inpatient stay for childbirth resulting in higher acuity of hospitalized mothers and babies;
- Introduction of electronic health record systems that require more nursing time; and
- Increases in what nurses are required to document in health records.

These changes and many others have implications for RN staffing of perinatal units.

**Q: What is new in these *Guidelines*? How do they differ from the perinatal RN staffing guidelines that are currently used in many settings?**

A: The AWHONN *Guidelines* are more comprehensive, reflecting the increased complexity of today's perinatal settings. These *Guidelines* detail the effects of changes and trends in perinatal care on nursing care and workloads. The current health risks facing women and newborns are described, including the increased incidence of late preterm births and the increased need for monitoring and support of these infants.

The guidelines include 13 new classifications of patients with accompanying recommendations for perinatal RN staffing.

Six recommendations are changed from existing guidelines and call for decreasing the number of patients an RN cares for in each instance. The recommendations reflect the increased number of women and infants who have complications or are undergoing medical and surgical procedures, and new technologies and documentation requirements, all of which increase the RN's workload.

There is new guidance for minimum staffing of low-volume perinatal care units.

Recommendations from the United States Lactation Consultants Association for lactation consultant staffing are included in recognition of the collaborative practice that exists between postpartum RNs and lactation consultants. The importance of appropriate staffing for those in both roles is highlighted to underscore the value of encouraging and supporting new mothers to breastfeed.

**Q: Who has endorsed the AWHONN *Guidelines*?**

A: Since the *Guidelines* were released in September 2010, a number of national organizations have endorsed the document. They are: American Academy of Pediatrics, American College of Nurse-Midwives, American Nurses Association, Association of periOperative Registered Nurses (AORN), International Lactation Consultant Association, March of Dimes, National Association of Neonatal Nurses, National Association of Pediatric Nurse Practitioners and United States Lactation Consultant Association. There are some organizations, such as ACOG and The Joint Commission, who do not endorse documents developed independently by other organizations.

**Q How might these *Guidelines* change nursing practice and patient outcomes?**

A: A growing body of evidence suggests that higher RN staffing levels are associated with improvements in patient outcomes, fewer deaths and complications, and fewer prolonged hospital stays. Increased job satisfaction and job retention for RNs are also important considerations related to planning and implementing appropriate staffing levels.

**Q: How did AWHONN develop these staffing *Guidelines*?**

A: The development of AWHONN's *Guidelines for Professional Registered Nurse Staffing for Perinatal Units* was a multi-step process that began in 2009, when the AWHONN Board of Directors convened a task force to evaluate the existing nurse staffing standards for perinatal units. The task force was comprised of AWHONN experts from a variety of perinatal nursing settings and roles, including RNs in administrative positions and practicing at a variety of levels.

In its deliberations, the task force considered that a number of national professional and regulatory organizations, such as The Joint Commission (TJC) and the American Nurses Association (ANA), have standards and clinical recommendations that impact perinatal RN staffing. These are supportive statements for AWHONN's *Guidelines for Professional Registered Nurse Staffing for Perinatal Units*.

The AWHONN Board of Directors reviewed the document and their feedback was incorporated. Additionally, AWHONN members were invited to respond to an online survey to solicit feedback on staffing issues they felt merited consideration in the *Guidelines*. Nearly 900 perinatal nurses expressed their concerns about the use of the existing staffing standards to meet the needs of pregnant women, mothers and babies in contemporary perinatal clinical practice. Consistent themes were identified and specific areas of concern raised by AWHONN members were clarified and addressed in the new *Guidelines*.

**Q: How can safe and appropriate perinatal RN staffing be determined? Isn't it a more complex equation than just considering numbers in a ratio?**

A: Classification of patients and clinical situations are key to determining appropriate and safe RN staffing, and serve as the basis for the updated recommendations in *Guidelines for Professional Registered Nurse Staffing for Perinatal Units*. Professional judgment is also critical in evaluating staffing requirements when using a classification system in light of the nursing needs of the patients on a particular unit. Some types of patients and clinical situations may require more RNs than suggested based on specific conditions. A RN staffing plan with evidence that it is appropriately resourced and actively managed is essential to promote patient safety.

Physical design of the unit and patient volume also influence staffing requirements. High-volume perinatal services may have separate units for each aspect of care for logistic and space reasons. AWHONN's new staffing guidelines are based on the belief that for optimal care mothers and babies should remain together as their condition allows.

Experience and skill mix of RNs on each unit and on each shift is an additional key aspect of determining safe and appropriate RN staffing. Staffing plans that include experienced perinatal RNs on each shift are recommended.

AWHONN acknowledges that financial constraints may limit certain facilities ability to meet these standards but AWHONN's obligation is to identify optimal care conditions.

**Q: Is AWHONN suggesting that perinatal units are unsafe now?**

A: The purpose of AWHONN's new perinatal RN staffing *Guidelines* is to serve as professional recommendations from AWHONN for those who plan and implement perinatal RN staffing. They are not intended to be used to evaluate existing conditions on perinatal units, but rather to be used going forward as a basis for planning appropriate RN staffing. Appropriate RN staffing helps to assure safe and effective care for mothers and babies in the 21st century.

**Q: These are economically challenging times. What should hospitals consider regarding implementation of these new *Guidelines*?**

A: Planning for appropriate RN staffing is critical to providing the safe and effective care that is the goal of institutions providing perinatal services. AWHONN's *Guidelines for Professional Registered Nurse Staffing for Perinatal Units* can be used as a basis for this planning. Institutions should consider the importance of planning RN staffing budgets that can ensure safe patient care for mothers and babies on contemporary perinatal units.

Research demonstrates that increasing the number of registered nurses can reduce the number of extra days in the hospital for adverse events, such as bleeding and infection. Fewer complications and days in the hospital, including for readmissions, means a cost savings and healthier, more satisfied patients (Aiken et al., 2010; Aiken et al., 2002; Kane, Shamliyan, Mueller, Duval, & Wilt, 2007).

Institutions providing perinatal care must consider the dynamic nature of providing care on perinatal units, which is due to the wide variety of types of patients, clinical situations, and surges in patient volume that are frequently encountered. This dynamic nature of providing perinatal care is especially challenging in low and high-volume settings. The new guidance for contingency planning for all settings and minimum staffing of low-volume perinatal care units will be useful for institutions facing the challenge of providing safe and appropriate levels of RN staffing on perinatal units.

**Q: What should consumers know about AWHONN's *Guidelines*?**

A: The goal of the *Guidelines* is to promote a safe environment and allow perinatal RNs to spend more time caring for mothers and babies. An RN who can spend more time at the bedside can give more personalized care to women and families to better meet their unique needs.

New recommendations include that RNs in labor and delivery units have only one woman to care for if she is having her labor induced or if a woman chooses a low-tech birth without pain medication. A new recommendation on postpartum units is for RNs to have fewer new moms and babies to care for than in the past.

Consumers will also benefit from knowing that appropriate RN staffing is associated with fewer patient complications, such as infection and bleeding (Kane, et al., 2007).

**Q: What patient outcomes are useful measures of safety and quality as they relate to RN staffing?**

There are a number of adverse patient outcomes that can be reduced somewhat by adequate RN staffing. These include: failure to rescue, urinary tract infections, length of hospital stay, pneumonia, upper gastrointestinal bleeding, and shock or cardiac arrest (Kane, et al., 2007).

**Q: What do the *Guidelines* say about licensed practical nurse (LPNs) and ancillary personnel?**

A: The focus for the *Guidelines* is the professional Registered Nurse (RN). LPNs are governed by different practice acts than RNs and practice acts vary from state to state. There is an assumption built into the *Guidelines*, however, that there will be ancillary personnel, such as LPNs, obstetric technicians or nurses' aides. Without these and other support staff, more RNs may be needed.

**Q: What is a reasonable timeline for implementing the *Guidelines*?**

A: Recognizing that the patient populations and the priorities of each hospital vary, the *Guidelines* do not outline a specific timeline for implementation. AWHONN expects implementation to be an ongoing cycle of data collection, planning, evaluation, and consideration for implementing the changes needed to promote improved patient outcomes.

The Joint Commission does not mandate specific staffing levels or ratios, but requires that organizations determine their own staffing ratios based on their own evidence and experience.

**Q: What are the consequences from a medical-legal standpoint if an institution does not follow the AWHONN *Guidelines*?**

A: Each of the recommendations included in AWHONN's *Guidelines* is based on existing professional standards and guidelines from organizations such as the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the Joint Commission, American Nurses Association, National Association of Neonatal Nurses, Association of periOperative Registered Nurses, American Society of PeriAnesthesia Nurses, Institute for Safe Medication Practices, the United States Lactation Consultant Association, and the U.S. Department of Health and Human Services Emergency Medical Treatment and Active Labor Act. Thus, the recommendations in the *Guidelines* are based on existing recommendations and provide clarification and a detailed framework to facilitate the ability of perinatal RNs to practice within already established standards and guidelines. AWHONN cannot know all the ways professional standards such as these may be used. Governmental bodies and courts may or may not refer to, or rely on, these standards in various contexts.

**Q: Please discuss the research that supports the AWHONN *Guidelines***

A: The AWHONN Staffing Guidelines are not only the first guidelines produced by AWHONN; they are the first perinatal RN staffing guidelines to be based on the recent research about RN staffing and patient outcomes. This research includes significant studies by Aiken et al. (2002; 2010) and the Agency for Healthcare Research and Quality Evidence Report/Technology Assessment, *Nurse Staffing and Quality Patient Care* (Kane et al. 2007).

When Kuklina et al compared rates of severe maternal morbidity between the years 1998 and 2005; they found that the 27% increase correlated with Cesarean surgeries (Kuklina, Meikle, Jamieson, Whiteman, Barfield, Hillis, et al. 2009). The United States now ranks 50th in the world for maternal mortality rates. These are important data to consider, since as the staffing *Guidelines* point out, it is well known that RN staffing ratios do affect the mortality and morbidity of surgical patients (Aiken, Sloane, Cimiotti, Clarke, Flynn, Seago, et al, 2010; Kane, Shamliyan, Mueller, Duval, & Wilt, 2007).

Due to the high rates of operative birth in the U.S. and the increase in maternal medical and obstetric complications perinatal RNs are routinely caring for many patients who fit descriptions of either medical or surgical patients. Additionally, the *Guidelines* make recommendations for the care of infants in NICUs.

A recent study found that when a unit's nursing shift went eight hours or more without meeting their target staffing levels, there was a significant increase in patient mortality. Furthermore, there was a significant association between high patient turnover (defined as the numbers of admissions, transfers and discharges) i.e. more complex patient management challenges and increased patient mortality (Needleman et al.2011). This finding demonstrates the importance of adequate perinatal RN staffing as perinatal units regularly have substantial patient turnover.

AWHONN supports further research related to RN staffing and perinatal patient outcomes.

**Q: What is AWHONN doing to support ongoing implementation of the *Guidelines*?**

A: AWHONN has offered and will continue to offer a number of resources that support nurse leaders in implementing the *Guidelines*. AWHONN has hosted webinars on staffing and the *Guidelines* all of which were recorded and are available online. AWHONN also plans to conduct a national staffing survey to gather baseline data, and will provide in-person education and planning resources at our annual Convention in June.

AWHONN Consulting Services Group (ACG) offers a Staffing Survey program for hospitals and facilities that considers the *Guidelines* in the scope of work.

**Q: Does the Joint Commission (TJC) have a position on the AWHONN staffing guidelines?**

A: The Joint Commission does not endorse guidelines of professional associations but looks to each organization to set their own guidelines. TJC does expect hospitals to have appropriate RN staffing which results in quality care and supports achievement of Joint Commission core measures. For example, one of TJC's perinatal core measures is the promotion of exclusive breastmilk feeding for newborns. AWHONN's staffing guidelines cite the United States Lactation Consultant Association's recommendations related to lactation consultants and recommend postpartum and mother/baby unit staffing that allows RNs sufficient time to support initiation of lactation during the postpartum stay.

Development of AWHONN's staffing guidelines was motivated by significant changes in obstetric practice and patient populations in recent decades that have necessitated updating previously published perinatal staffing recommendations and not due to regulatory pressures. This motivation to promote quality care for women and infants inspires the efforts of both AWHONN and TJC.

## References

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