

High-Risk Antepartum Care

Background

Current recommendations (AAP & ACOG, 1983 to 2007) are for 1 nurse to 6 antepartum patients *without* complications; however, antepartum patients without complications are rarely, if ever, hospitalized. This ratio has been eliminated in these guidelines because such patients do not exist in contemporary obstetric practice. Some antepartum patients with complications such as preterm labor or preeclampsia receive high-alert medications such as intravenous (IV) magnesium sulfate, which requires more intensive monitoring and care (Institute for Healthcare Improvement [IHI], 2007; Institute for Safe Medication Practices [ISMP], 2007a; Simpson & Knox, 2004). Likewise, patients who are being administered cervical ripening agents such as Cervidil (prostaglandin E₂ vaginal insert) or Cytotec (misoprostol) are sometimes cared for on antepartum units and are of higher acuity and require more intensive monitoring than patients not receiving pharmacologic agents for cervical ripening (ACOG, 2009a,b). Patients undergoing cervical ripening with pharmacologic agents are not specifically considered in the current AAP & ACOG (1983 to 2007) staffing ratios, yet such procedures are now common as cervical readiness or ripening is recommended for women having labor induction (ACOG, 2009a).

Existing Applicable Professional Standards and Guidelines

- 1 nurse to 3 women with antepartum complications in stable condition

(Guidelines for Perinatal Care, AAP & ACOG, 2007)

(Perinatal staffing and the nursing shortage: Challenges and principle-based strategies, Association of Women's Health, Obstetric and Neonatal Nurses [AWHONN], 2009)

- Women who are receiving IV magnesium sulfate who are not in labor (antepartum patients at risk for preterm birth who are no longer contracting to the degree that preterm birth is an imminent concern) should have 1 nurse in continuous bedside attendance for the first hour of administration and 1 nurse to 1–2 women thereafter with at least hourly assessment of maternal-fetal status.

(Obstetric accidents involving intravenous magnesium sulfate: Recommendations to promote patient safety. Simpson & Knox, 2004).

Recommendations

- **Hospitalized antepartum patients are assumed to have complications and require 1 nurse to 3 women if in stable condition.**
- If the antepartum patient is not in stable condition, **a minimum ratio of 1:1** is recommended.
- **A woman who is receiving IV magnesium sulfate should have 1 nurse in continuous bedside attendance for the first hour of administration. The ratio of 1 nurse to 1 woman receiving magnesium sulfate should continue until the woman is no longer contracting to the degree that preterm birth is an imminent concern.**
- **Women receiving IV magnesium sulfate who are not in labor** (antepartum patients at risk for preterm birth who are no longer contracting to the degree that preterm birth is an imminent concern) **require a minimum of 1 nurse to 2 women** with