

Mother-Baby Care

the stress response but are not sufficient for the operative pain and cannot be recommended as the sole method of analgesia. Either a ring block or a dorsal penile block has proven to be more effective than local application of combination preparation of lidocaine and prilocaine cream.

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

(*2010 Accreditation Standards and Requirements*, 2010a)

- At a minimum, one nurse circulator should be dedicated to each patient undergoing a surgical or other invasive procedure and present during the patient's intraoperative experience.

(One Perioperative Registered Nurse Circulator Dedicated to Every Patient Undergoing A Surgical or Other Invasive Procedure, AORN, 2010)

Babies Requiring a Higher Level of Care

Background

The preterm rate had been generally increasing since 1981, rising 13 percent from 1981 (the earliest year for which comparable data are available) to 1990, and more than 20 percent from 1990 to 2006 (Martin, Osterman, & Sutton, 2010). Although the rate of preterm births for women under age 40 has leveled off in the last two years for which data are available (2007–2008), they represent 12.3% of all U.S. births (Martin et al., 2010) and are a common reason for admission to the special care nursery or neonatal intensive care unit. Advances in neonatal care have contributed to the ability of babies on the edge of viability to survive after months of intensive inpatient care. These fragile preterm babies are cared for by nurses with expertise in neonatal intensive care. Other common reasons babies are admitted to a special care nursery or neonatal intensive care unit include difficult transition to extrauterine life, temperature instability, hypoglycemia, respiratory problems, transient tachypnea of the newborn, unstable vital signs, suspected sepsis, isolation, feeding difficulties, hyperbilirubinemia, anemia, small for gestational age, oxygen therapy, continuous positive airway pressure, mechanical ventilation, cardiac problems, meconium aspiration, birth trauma, and congenital anomalies. These neonatal complications require specialized nursing knowledge and skill.

Classification of care for babies is delineated by AAP & ACOG (2007) as follows. *Newborn nursery care* is provided for healthy newborns. Late preterm babies may also be cared for in the newborn nursery if they are physiologically stable. Late preterm babies are usually not ill, but may require more frequent feeding

and more hours of nursing care than do normal term babies. *Continuing care* is provided to convalescing babies who have returned to specialty facilities from an outside intensive care unit. *Intermediate care* is provided to sick babies who do not need intensive care but who require 6 to 12 hours of nursing care per day. *Intensive care* is provided to severely ill babies who require constant nursing care and continuous cardiopulmonary and other support. The number of nursing personnel required in the neonatal intensive care unit is greater than that required in less acute perinatal care areas. The nurse-to-baby ratio should be 1:2 or 1:1, depending on acuity.

Safe and effective neonatal nursing care requires a sufficient number of qualified nurses to attend to the emergent complex care needs of babies in the special care nursery or neonatal intensive care nursery (National Association of Neonatal Nurses [NANN], 2008). Current nursing workloads in these critical care units are unprecedented as patient acuity, technology, and the scope of practice increases. Professional nursing resources must be sufficient to provide appropriate care based on the physiologic stability of individual babies to ensure a quality standard of nursing care, including parent education, bereavement care, and emergency response (NANN, 2008).

Existing Applicable Professional Standards and Guidelines

- 1 nurse to 3–4 newborns requiring continuing care.
- 1 nurse to 2–3 newborns requiring intermediate care.
- 1 nurse to 1–2 newborns requiring intensive care.
- 1 nurse to 1 newborn requiring multisystem support.
- 1 or more nurses to 1 unstable newborn requiring complex critical care.

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

- When fewer than 6 intermediate care newborns or 4 intensive care neonatal care newborns are in the special care nursery or neonatal intensive care unit, at all times neonatal specialty care requires a minimum of 2 registered nurses with neonatal expertise and training.

(*Minimum RN Staffing in NICUs*, National Association of Neonatal Nurses [NANN], 2008).

Recommendations

- 1 nurse to 3–4 newborns requiring continuing care.
- 1 nurse to 2–3 newborns requiring intermediate care.
- 1 nurse to 1–2 newborns requiring intensive care.
- 1 nurse to 1 newborn requiring multisystem support.
- 1 or more nurses to 1 unstable newborn requiring complex critical care.
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Nurse-to-Woman or Nurse-to-Baby Ratio	Care Provided
Postpartum and Newborn Care	
1 to 1	continuous bedside nursing attendance to woman in the immediate postoperative recovery period (for at least 2 hours)
1 to 3	mother-baby couplets after the 2-hour recovery period (with consideration for assignments with mixed acuity rather than all recent post-cesarean cases)
1 to 2	women on the immediate postoperative day who are recovering from cesarean birth as part of the nurse to patient ratio of 1 nurse to 3 mother-baby couplets
1 to 5-6	women postpartum without complications (no more than 2-3 women on the immediate postoperative day who are recovering from cesarean birth as part of the nurse to patient ratio of 1 nurse to 5-6 women without complications)
1 to 3	women postpartum with complications who are stable
1 to 5-6	healthy newborns in the nursery requiring only routine care whose mothers cannot or do not desire to keep their baby in the postpartum room
1	at least 1 nurse physically present at all times in each occupied basic care nursery when babies are physically present in the nursery
1 to 1	newborn boy undergoing circumcision or other surgical procedures during the immediate preoperative, intraoperative and immediate postoperative periods
1 to 3-4	newborns requiring continuing care
1 to 2-3	newborns requiring intermediate care
1 to 1-2	newborns requiring intensive care
1 to 1	newborn requiring multisystem support
1 to 1 or greater	unstable newborn requiring complex critical care
1	at least 1 nurse available at all times with skills to care for newborns who may develop complications and/or need resuscitation