
SUBJECT: STAFFING GUIDELINES: MATERNAL CHILD HEALTH

Purpose:

To provide qualified, safe obstetrical, neonatal and gynecological care.

Policy Statement:

The Labor & Delivery Department is self-contained for staffing purposes. The charge nurse is responsible for assuring that sufficient staffing is available to care for patients in the department and potential emergencies. Association of Women's Health Obstetrical and Neonatal Nurses (AWHONN) guidelines 2011, American College of Obstetrics and Gynecology (ACOG) and American Academy of Pediatrics (AAP) guidelines are to be used by the Labor & Delivery charge nurses to assess staffing needs (see attached).

Minimum staffing for zero patients is 3 RNs at all times. Minimum competencies that must be in house at all times include the following:

- Charge RN
- Labor skills (at least two RNs in house)
- MCH skills
- NRP skills (at least two RNs in house)
- Circulating skills
- ACLS/Recovery room skills

The charge RN should possess all the above for mentioned competencies

Ratios:

- 3-4 moms/babies per nurse on Mother Baby
- 5 Gyn patients per nurse
- 4 pediatric patients per nurse
- 1 active labor patient per nurse
- 2 early labor/ triage patients per nurse

Labor Ready RN

One labor ready RN without an assignment at the start of the shift is designated "labor ready" to accept incoming patients. Although the "labor ready" nurse does not have an initial assignment, she is to assist others actively in the care of patients.

Charge RN

The Charge Nurse shall not have a planned direct patient care assignment... nothing shall preclude a charge nurse from taking a patient care assignment (CBA pg 12). The Director (when present) and the Nursing Supervisor are to be notified when an urgent situation exists. Charge RN must demonstrate charge nurse competencies. Approved Charge RNs are identified on the document entitled, "MCH Competencies".

Staffing Adjustments

Charge RNs are responsible for constantly assessing and assuring adequate, but not excessive staffing. Constant communication with the Director when present and the Nursing Supervisor 24/7 is required.

Additional work will be assigned in accordance with Article 12, Section C, and page 31 of the C.N.A. current contract.

The department will follow the current contract C.N.A. language, Article 15, Section B on page 37 regarding cancellations.

Please note that the above is based on skill and qualification.

Unit Clerk

Unit clerk is scheduled for day shift only as long as there are more than 3 couplets. UC is canceled if three or fewer couplets and no one is in labor. Cancellation call is to be made by 5:00am for 7:00am start of shift. To assure non-census related responsibilities are completed, the unit clerk is not to be cancelled two weekdays in a row.

References:

Standards of Obstetric-Gynecologic Services, 6th ed., The American College of Obstetrics and Gynecologists, Washington, D.C., 1985.

NAACOG Standards for the Nursing Care of Women and Newborns, 4th ed., The Nurse's Association of the American College of Obstetrics and Gynecologists, Washington, D.C., 1991.

Guidelines for Perinatal Care, 6th ed., The American Academy of Pediatrics and the American College of Obstetric and Gynecologists.

Title 22, Perinatal Unit Staffing

AWHONN Staffing Guidelines of 2011

REPLACES:	
DISTRIBUTION LIST	MCH
APPROVED BY	DATE APPROVED
Administration	07/09, 05/13
OB/GYN Department	03/10
Medical Executive Committee	08/25/10, 6/26/13
Board	09/09/10, 09/05/13