2022 AWHONN Nurse Staffing Standards FAQ

What changes were made to the nurse-to-patient ratios in the updated nurse staffing standards from the 2010 document?

The standard nurse-to-patient ratios remain the same except for a minor change for maternity units that do not assign the same nurse to a mother-baby couplet but rather assign separate nurses for mothers and separate nurses for newborn babies. The main difference between the 2010 document and the updated nurse staffing standards is the addition of supportive evidence published since 2010 for the nurse-to-patient ratios based on acuity; further coverage of the links between nurse staffing and patient outcomes; details, clarifications, and rationales for each recommendation for types of patients and types of clinical situations; and an appendix of implementation tools.

How are increasing co-morbidities affecting patient acuity?

The number of women with severe maternal morbidity has significantly increased in the last decade. Some hospitalized patients with pregnancy or medical complications require frequent and intense monitoring and associated nursing care. This may include hourly vital signs, blood glucose assessment, cardiac monitoring, continuous electronic fetal monitoring (EFM), twice daily nonstress testing, and/or multiple intravenous (IV) lines administering blood products or high alert medications such as insulin or magnesium sulfate. They may have a central line or a peripherally inserted central catheter (PICC). They may need supplemental oxygen and/or be experiencing vaginal bleeding, uterine contractions, fetal heart rate (FHR) decelerations, or other abnormalities. They may have a contagious disease. Personal protective equipment may be necessary before each patient encounter. Patients who have psychosocial concerns or mental health conditions such as anxiety or depression, who are grieving, or who are non–English-speaking may require extra nursing attention. Some neonatal clinical situations are nursing-resource intensive, including infants receiving continuous positive airway pressure, who require meticulous monitoring of their physiologic status to minimize the risk of adverse outcomes such as pneumothorax or nasal trauma, and late-preterm infants, who may require considerable attention related to feeding. Each of these factors individually and collectively contributes to patient acuity over the course of the hospitalization for childbirth and must be considered in the dose of nursing care required for safe and effective care that supports optimal outcomes. Nurse staffing assignments must reflect that acuity. Some patients are quite complex such that a ratio of one nurse to one woman or one nurse to one newborn is most appropriate given their nursing care needs.

How has the COVID pandemic affected the updated nurse staffing standards?

This project began in June 2019. During the first year of the pandemic, members of the task force, who were mostly hospital-based, had to put the project on hold to care for patients and take on leadership roles in hospital pandemic responses. When work resumed, the task force was sensitive to the situation many hospitals were facing, with nurse staffing barely able to meet the current patient care needs and perinatal nurses allocated to other hospital units. AWHONN is now hearing from many members that updated staffing standards are needed. The decision to move forward with the publication was made in an effort to be sensitive to all members' needs. Based on recent data from reports of nurses in maternity units, we know that the standards are followed for the most part (Simpson et al., 2019). However, nurses and nurse leaders want help in getting budgetary support from executives to allow routine nurse staffing to be consistent with the AWHONN standards (Simpson, 2021). A section on nurse staffing during emergencies, disasters, and events such as the COVID-19 pandemic was added.

How are ancillary personnel accounted for in planning nurse staffing consistent with the nurse staffing standards?

As per the original nurse staffing standards from 1983 and continued by AWHONN in 2010, the document includes a specific statement that there is a presumption that there is the appropriate number of ancillary personnel, including clerical support when setting the standard nurse-to-patient ratios. Without ancillary personnel to support the work of nurses, more nurses are needed than the standard nurse-to-patient ratios.

Is there a recommendation in the updated nurse staffing standards that the newborn is counted in the hours per patient day (HPPD) or unit of service?

Historically, the fetus and newborn have been somewhat invisible patients, not considered or counted in patient acuity, yet they account for a significant amount of nursing care and documentation. When calculating the number of licensed beds and patient census reported by hospitals, well-baby bassinets and healthy newborns are not included, yet newborns require an enormous amount of close assessment, screening, feeding support, medical record documentation, and discharge teaching for the parents. Continuing as per the 2010 AWHONN nurse staffing standards, the fetus and the newborn must be considered when determining patient acuity and nurse staffing requirements.

How are small-volume maternity services covered in the updated nurse staffing standards?

Standards for minimal nurse staffing for small volume maternity services are covered in detail in the updated nurse staffing standards, including minimum staffing when there are no maternity patients in-house. The standards for minimum nurse staffing have not changed.

Do the updated nurse staffing standards include lactation consultant staffing?

Like the 2010 AWHONN staffing document, nurse-to-patient ratios for lactation consultants are included.

Do the updated nurse staffing standards cover respectful maternity care?

Respectful maternity care is discussed in the nurse staffing standards. For more detailed information, readers are directed to the new AWHONN 2022 evidence-based clinical practice guideline on respectful maternity care.

Was the perinatal acuity tool created as part of the development of these updated nurse staffing standards?

The perinatal acuity tool is a color-coded grid of standard nurse-to-patient ratios that was developed soon after the first edition of the 2010 AWHONN standards were published (Simpson 2013). The tool was tested as part of determining nurse staffing requirements in a new labor and birth hospital (Simpson, 2015). The purpose was to use the acuity tools for real-time assessment of nurse staffing needs and make modifications based on findings (Simpson, 2015). A goal was to promote its integration into the electronic health record by the various vendors that have systems that serve birthing hospitals. For example, the Johns Hopkins Health System has integrated the AWHONN nurse staffing standards into their electronic health system and uses it to predict nurse staffing needs based on historical and real time data as well as support budgetary increases in staffing and flexible scheduling to meet patient care needs (Jones & Hall, 2022). The nurse staffing standards offer detailed advice on how to use the tool in your hospital with example grids for different level of care hospitals.

What efforts are underway to address reimbursement to support nurse staffing?

A stakeholder's summit was held on March 24, 2022. Invited guests were representatives from the White House, legislators, insurance companies, the Centers for Medicare and Medicaid Services, the Joint Commission, professional societies such as the American College of Obstetricians and Gynecologists, the Society for Maternal-Fetal Medicine, the American Academy of Pediatrics, the American Nurses Association, nurse staffing companies, the American Hospital Association, and others, to make the case for adequate funding of care for mothers and babies.

A meeting with physician and nurse experts at the Centers for Medicare and Medicaid Services was held on May 2, 2022, so AWHONN nurse staffing task force co-chairs and AWHONN policy experts could present the rationale and evidence for promoting nurse staffing for inpatient maternity and neonatal services with a budget for reimbursement to hospitals to fund nurse staffing consistent with the AWHONN nurse staffing standards and to include nurse staffing as part of their new initiative to designate birthing hospitals that provide quality care.

The AWHONN public policy committee and public policy staff at AWHONN are available to help members with local advocacy. The committee wants to hear from members. AWHONN policy experts can help you write an Op Ed or connect with local members. AWHONN has been asked to have a support member on the American Nurses Association nurse staffing standards committee. Dr. Cheryl Roth will serve on that committee on behalf of AWHONN.

What can be done to get health care insurers/payers and hospital administrators on board with funding nurse staffing to provide safe, high-quality care for maternity patients and their babies?

These key stakeholders were invited to the stakeholders' summit. An executive summary is included at the beginning of the document that can be used to support the standards. As AWHONN members who are these stakeholders' customers, we must advocate for the nurse staffing standards. The change in language from guidelines to standards was based on member requests. There are tools in the appendices to help with supporting the nurse staffing standards.

What can members do to make a difference?

Nurses can reach out to local legislators, advocate for safe nurse staffing, and emphasize the need to meet the 2022 AWHONN nurse staffing standards to promote the most optimal outcomes for mothers and babies. Review the 2022 AWHONN nurse staffing standards in detail and make sure your nurse leaders have a copy if they are not AWHONN members. It is important to reinforce that the document provides more evidence and rationale, but the nurse-to-patient ratios are essentially unchanged. Some executives have called for time to implement the "new" staffing standards. However, they are not new but rather accompanied by more supportive evidence and implementation tools. Safe, high-quality perinatal nursing care is predicated on evidence-based nurse staffing standards. All those who give birth and their babies deserve this level of care.

Why did AWHONN change from guidelines to standards?

The American Nurses Association is currently using the term standards in regards to staffing. Health care insurers/payers and hospital administrators require confidence in the data they use to make staffing decisions. We have updated these standards from the previously referred to guidelines, at the request of AWHONN members, so that it is clear that the data reflected in the work is not something that is optional but rather is documented as the optimal staffing requirements for these units.

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