ABOUT AWHONN

Headquartered in Washington, D.C., the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) is a leader among the nation’s nursing associations, serving more than 23,000 health care professionals in the United States, Canada, and abroad.

AWHONN advances the nursing profession by providing nurses with critical information and support to help them deliver the highest quality care for women and newborns. Through its many evidence-based education and practice resources, legislative programs, research, and coalition work with like-minded organizations and associations, AWHONN has firmly established itself as the leading association for women’s health, obstetric, and neonatal nurses.

AWHONN members are committed to delivering superior health care to women and newborns in hospitals, home health, and ambulatory care settings. The rich diversity of members’ skills and experience make AWHONN the voice for women’s health and neonatal nursing. It is through their dedication, knowledge, skill, and expertise that we create resources aimed at achieving our mission to promote the health of women and newborns.
Standards for Professional Perinatal Nursing Practice and Certification in Canada

Second Edition
The Standards presented herein summarize the nursing profession’s best judgment and optimal practice based on current research and clinical practice. AWHONN believes that these standards will be helpful for all nurses engaged in the functions described. However, as with most or all such standards, certain qualifications should be borne in mind. For example:

- These standards articulate general guidelines; additional considerations or procedures may be warranted for particular patients or settings. The best interest of an individual patient is always the touchstone of practice.
- These standards represent optimal practice; although nurses should strive for optimal practice, full compliance may not be possible at all times with all patients in all settings.
- These standards are but one source of guidance. Nurses also must act in accordance with applicable law, institutional rules and procedures, and established interpersonal arrangements concerning the division of duties.
- These standards serve as a guide for optimal practice. They are not designed to define standards of practice for employment, licensure, discipline, reimbursement, legal, or other purposes.
- These standards may change in response to changes in research and practice.
The revision of the Association of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN) Standards for Professional Perinatal Nursing Practice and Certification in Canada (AWHONN Canada Perinatal Nursing Standards), was undertaken by the 2008-2009 AWHONN Canada Perinatal Nursing Standards Revision Task Force with support from AWHONN senior staff. Consistent with the first edition, the goal of this revision was to update the original document that reflects perinatal practice in Canada, to affirm AWHONN’s support of perinatal nursing in Canada, and to provide information for nurses preparing for the Canadian Perinatal Nursing Certification Exam. AWHONN’s Standards for Professional Nursing Practice in the Care of Women and Newborns, 7th edition (Standards) serve as the foundation for the creation of this document.

AWHONN recognizes the significant contributions of the members of the original AWHONN Canada Perinatal Nursing Standards Committee and Task Force groups who were instrumental in creating the perinatal nursing standards in collaboration with the Canadian Nurses Association. AWHONN greatly appreciates the dedication and expertise of the 2008-2009 Revision Task Force whose significant contributions were essential to the Standards revision process.

The AWHONN Canada Perinatal Nursing Standards were reviewed by the 2009 AWHONN Board of Directors and by members of the AWHONN Canada Section, and we gratefully acknowledge their expertise and input.

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The Association of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN) is an international organization of nurses whose mission is to promote the health of women and newborns. AWHONN provides leadership in the development of standards and guidelines for professional nursing practice in the care of women and newborns. The AWHONN Canada Section (AWHONN Canada) is recognized by the Canadian Nurses Association (CNA) as representing perinatal, neonatal, and women’s health nurses in Canada.

In 1997, a group of AWHONN Canada members from across the country convened the AWHONN Canada Perinatal Nursing Standards Committee (Standards Committee) and led the way toward the development of standards. The committee was the first group to use the CNA’s national framework for the development of standards (Canadian Nurses Association [CNA], 1998). Through the development of the CNA perinatal nursing certification examination, which was created in collaboration with AWHONN Canada and first offered in 2000, perinatal nursing is now formally recognized as a specialty in Canada.

This document outlines AWHONN’s standards for professional perinatal nursing practice and certification in Canada. Section I of AWHONN’s *Standards for Professional Nursing Practice in the Care of Women and Newborns* (Association of Women’s Health, Obstetric and Neonatal Nurses, [AWHONN], 2009) provides the foundation for development of these standards. Moreover, this publication is unique because it represents the blending of two independent nursing organization’s documents to form a bridge for the creation of perinatal nursing and certification standards for Canada. The standards presented herein are intended to be used in conjunction with standards of the CNA, provincial nursing associations, appropriate AWHONN evidence-based clinical practice guidelines, health care facility guidelines, and applicable law and regulations. This document seeks to provide a convenient resource for Canadian nurses and includes the following components:

- **Part I:** AWHONN’s *Standards for Professional Nursing Practice in the Care of Women and Newborns*, (7th ed., AWHONN, 2009)
- **Part II:** AWHONN’s *Standards for Professional Perinatal Nursing Practice and Certification in Canada*, (2nd ed.)
- **Part III:** *Canadian Nurses Association Certification Program: Competencies for the Perinatal Nursing Certification Examination*. Part III is reprinted with permission from the Canadian Nurses Association CNA, 2008b).

Since the document is targeted toward Canadian nurses, Canadian spelling is used throughout, except in Part I, which is reprinted from another AWHONN resource. Reference lists for the entire document are included at the end of Part III to accommodate the incorporation of AWHONN’s and CNA’s reprinted works.
Part I includes the Standards of Practice and Standards of Professional Performance published in AWHONN’s *Standards for Professional Nursing Practice in the Care of Women and Newborns*, 7th edition (AWHONN, 2009). Nursing care of women and newborns is centred on the principle of treating the patient as a whole being within the context of the family and community. It is also based on the concept of wellness as a continuum across the lifespan that is not limited to those who enjoy full health. Wellness applies to all patients, including those with chronic and terminal illness, for whom care is designed and coordinated to offer the optimal level of wellness within the limitations of the individual’s condition. This type of nursing care requires the integration of a substantial knowledge base, as well as the ability to recognize and use new scientific information and use a complex set of communication and organizational skills.

The task force that revised the AWHONN’s *Standards* has once again adapted the Standards of Practice and Standards of Professional Performance developed by the American Nurses Association (American Nurses Association [ANA], 2004). These standards delineate the unifying elements within nursing practice. They provide women’s health, obstetric, and neonatal nurses with a clear definition of the unique elements of nursing, regardless of the area of specialty.

The Standards of Practice define the nurse’s responsibility to women and newborns. The Standards of Professional Performance delineate the various roles and behaviours for which the professional nurse is accountable. Measurement criteria are included with each standard. The *Standards* reflect the philosophical values of the profession (ANA, 2004). The measurement criteria are a means to measure practice and may change as new knowledge is acquired and integrated into the profession.

Evidence-based nursing practice involves the use of research findings to guide clinical decision-making and to evaluate care. Since 1998, AWHONN has led an Evidence-Based Clinical Practice Guideline Development Program based on the ANA’s framework for guideline development (Marek, 1995). AWHONN has published several titles in a series of evidence-based clinical practice guidelines reflecting women's health, perinatal, and newborn nursing. Guidelines allow for variations in practice in response to the unique needs of individual patients; they also validate critical thinking as a central element in professional nursing care.

Critical thinking is the basis of professional accountability. Section I of AWHONN’s *Standards* reflects accountability for professional nursing practice and performance. The nurse who provides care for women and newborns accepts the weight of this accountability. Standards are one benchmark against which registered nurses can assess their care management and professional performance. Together, standards and guidelines provide the foundation for professional practice.

Part II of this document presents standards for the professional practice of perinatal nursing in Canada. The AWHONN Canada Perinatal Nursing Standards Committee, a group of AWHONN
members from across Canada, wrote the first edition of the *AWHONN Canada Standards for Professional Perinatal Nursing Practice and Certification in Canada (AWHONN Canada Perinatal Nursing Standards)*, and developed the *Conceptual Model for Perinatal Nursing Practice*. A second group of AWHONN Canada members participated in the revisions for the this second edition and slightly modified the conceptual model. The standards assume competence in general nursing practice, yet allow for excellence in specialty practice.

Perinatal nursing addresses the care of women, newborns, and their families throughout the childbearing experience and in a variety of settings. These settings include communities and hospitals and range from small rural centres where perinatal nursing is one component of nurses’ overall responsibility to larger centres where perinatal nurses may focus exclusively on antepartum, labour and birth, postpartum, or newborn care. Perinatal nurses care for healthy women and newborns as well as those with complex care requirements.

The second edition of the *AWHONN Canada Perinatal Nursing Standards* specifically addresses the practice of the registered nurse in Canada. Elements of the *AWHONN Canada Perinatal Nursing Standards* may be applicable to practical nurses in Canada as identified in provincial nurse practice acts, regulatory agencies or relevant nursing association guidelines. The standards described in Part II are intended to guide professional perinatal nursing practice in Canada regardless of the setting or the complexity of care required. Highly specialized nursing practice areas, such as neonatal intensive care and assisted-reproductive technology, are not addressed in this document. The standards presented herein were designed to reflect practice across the broader specialty of perinatal nursing in Canada.

*Part III* of this document consists of the CNA perinatal nursing certification competencies (CNA, 2008b). These competencies were developed by the CNA with the active participation of many AWHONN Canada members and form the template for the CNA voluntary certification examination in perinatal nursing. Voluntary certification in perinatal nursing is one way that Canadian nurses can further demonstrate their commitment to excellence and competence in providing care for childbearing women and their newborns.
**Accountability:** An expectation whereby nurses are accountable from their actions and answerable for their practice (CNA, 2008a).

**Childbearing continuum:** The period from the preconception period to 6 months after birth. For the purposes of the CNA Perinatal Certification Exam, the perinatal period is from pre-conception to 3 months postpartum. This period is also referred to as the childbearing year or experience.

**Collaborative Woman-Centred and Family-Centred Care:** A model of care based on the philosophy of family-centred maternity care. Within this model, perinatal nurses work in partnership with women, families, and other health care providers within the social, political, economic, and cultural context for maternity care in Canada.

**Competence:** An achievement that indicates having requisite qualities, capacity, or ability. For the purposes of test development, CNA focuses on competencies that test the knowledge of the perinatal nurse.

**Continuity of care:** Collaborative coordination and provision of care throughout the childbearing continuum.

**Environment of Care:** The physical, sociocultural, psychological, spiritual, or economic context or conditions that influence the childbearing continuum.

**Evidence-based decision-making:** A continuous interactive process involving the explicit, conscientious, and judicious consideration of the best available evidence to provide care. Decision-making in nursing practice is influenced by evidence and also by individual values, client choices, theories, clinical judgment, ethics, legislation, and practice environments (CNA, 2002, p.1).

**Evidence-based practice:** A process founded on the collection, interpretation, and integration of valid, important, and applicable patient-reported, clinician-observed, and research-derived evidence [from a variety of disciplines and professions]. The best available evidence, moderated by patient circumstance and preferences, is applied to improve the quality of clinical judgments (ANA, 2004, p. 47).

**Evidence-based nursing:** The incorporation of evidence from research, clinical expertise, client preferences, and other available resources to make decisions about patients (CNA, 2002, p.1).

**Family** is a unit of interacting individuals whom the woman recognizes as significant and perceives as important.

**Family-centred maternity care (FCMC)** is a model of care based on the philosophy that the physical, sociocultural, psychological, spiritual, and economic needs of the woman and her family, however the family may be defined, should be integrated and considered collectively. Provision of FCMC requires mutual trust and collaboration between the woman, her family, and health care professionals (AWHONN, 2009; Health Canada, 2000; Phillips & Fenwick, 2000).

**Interprofessional Practice:** Collaboration among diverse professions possessing unique characteristics yet sharing complementary knowledge, experiences, skills, and/or attitudes for the purpose of achieving a common goal or outcome.
**Justice:** A principle through which nurses safeguard human rights, equity, and fairness and by promoting the public good (CNA, 2008a).

**Neonatal period:** The time frame from birth through the first 28 days of life.

**Perinatal nursing** is a practice specialty that includes professional care delivered across the childbearing continuum and based on principles of women and family-centred maternity care.

**Physical privacy** is defined as withdrawing or being protected from public view, particularly applicable to protecting persons from exposure while providing physical care.

**Quality practice environments** are defined as patient care settings that ideally include the following characteristics: effective communication and collaboration, an environment that supports nurses’ accountability and responsibility, realistic workloads, demonstrated leadership, support for optimal information and knowledge management, professional development opportunities, and a culture that values patient and employee well-being. (Canadian Nurses Association and Canadian Federation of Nurses Unions, CNA/CFNUJ, 2006).

**Registered nurse** is a health care professional who has successfully completed a nursing education program and licensure or registration process approved by a province, territory, or state.

**Reflective practice** is a means for professional growth through ongoing learning, acquisition, critical reflection, and evaluation of relevant knowledge, attitudes, and skills for perinatal nursing practice.

**Standard** is an authoritative statement that outlines a desired and achievable level of performance by which the quality of practice, service, or education can be judged (AWHONN, 2009; CNA, 1998).
Part I

AWHONN Standards for Professional Nursing Practice in the Care of Women and Newborns
Standard I. Assessment

The registered nurse collects health data about women and newborns in the context of woman-centred and family-centred care.

Measurement Criteria

The registered nurse:

1. prioritizes data collection based on the immediate condition of the woman or newborn and their needs for health promotion, maintenance or restoration.
2. collects data using appropriate evidence-based assessment techniques.
3. involves the woman and newborn and when appropriate, the family, significant others, and members of the health care team during data collection.
4. collects data with respect for individual cultural needs in an age-appropriate manner.
5. analyzes data in a systematic and ongoing manner.
6. synthesizes available data to identify trends and variances.
7. documents data in a retrievable form with appropriate protection of patient confidentiality.

Standard II. Diagnosis

The registered nurse formulates nursing diagnoses by analyzing assessment data to identify and differentiate normal physiologic and developmental transitions from pathophysiologic variations and other clinical issues in the context of woman-centred and family-centred care.

Measurement Criteria

The registered nurse:

1. develops and prioritizes diagnoses based on synthesis of the assessment data.
2. individualizes and validates diagnoses with the woman or with parents of the newborn and when appropriate, with family members, significant others, and members of the health care team.
3. documents diagnoses in a retrievable form that facilitates the determination of expected outcomes and plan of care with appropriate protection of patient confidentiality.

Standard III. Outcomes Identification

The registered nurse individualizes expected outcomes for women and newborns in the context of woman-centred and family-centred care.

Measurement Criteria

The registered nurse:

1. develops outcome measures from nursing or medical diagnoses or identified problems.
2. develops outcome measures that are realistic in relation to the present and potential capabilities of the woman or newborn.
3. formulates outcome measures with the woman or with parents of the newborn and when appropriate, family members, significant others, and members of the health care team.
4. identifies outcome measures that are attainable in relation to resources available and accessible to the woman or newborn with consideration given to associated risks and benefits.
5. provides a direction for continuity of care through outcome measures.
6. formulates outcome measures that are culturally appropriate with consideration given to best available evidence, patient values, and ethical principles.
7. modifies outcome measures to reflect ongoing data collection and re-evaluation of the woman’s or newborn’s condition or situation.
8. documents outcome measures in a retrievable form as measurable goals, including a time estimate for attainment, with appropriate protection of patient confidentiality.

Standard IV. Planning

The registered nurse develops a plan of care that includes interventions and alternatives to attain expected outcomes for women and newborns in the context of woman-centred and family-centred care.

Measurement Criteria

The registered nurse:

1. individualizes and prioritizes the plan to support the health promotion, maintenance or restoration needs of women and newborns.
2. formulates a plan of care that is age- and developmentally appropriate as well as culturally and environmentally sensitive.
3. develops a plan that is based on principles of woman-centred and family-centred maternity, neonatal or women’s health care.
4. develops a plan with the woman or with parents of the newborn and when appropriate, with family members, significant others and members of the health care team.
5. utilizes current evidence-based practice, accepted guidelines for care, statutes, rules, and regulations when developing the plan.
6. develops a plan with consideration for continuity of care and including a timeline for implementation.
7. considers economic and environmental influences on the plan of care.
8. documents the plan using standardized language or recognized terminology in a retrievable form accessible to other members of the health care team, with appropriate protection of patient confidentiality.

Standard V. Implementation

The registered nurse implements the interventions identified in the woman’s or newborn’s plan of care in the context of woman-centred and family-centred care.

Measurement Criteria

The registered nurse:

1. utilizes interventions that are consistent with the established plan of care in a safe and timely manner, incorporating community resources and systems as appropriate.
2. utilizes interventions that are consistent with evidence-based nursing practice and with accepted guidelines for care, statutes, rules and regulations.
3. collaborates with nursing colleagues and other members of the health care team, and refers to community resources and systems as appropriate to implement the plan of care.
4. integrates principles of safety and quality into interventions.
5. documents implementation and modifications of the identified plan.
6. documents interventions in a retrievable form accessible to other health care providers with appropriate protection of patient confidentiality.
Standard V (a) Coordination of Care

_The registered nurse coordinates care delivery to women and newborns in the context of woman-centred and family-centred care and within her/his scope of practice._

**Measurement Criteria**

The registered nurse:

1. coordinates implementation of the plan.
2. documents the coordination of the care in a retrievable form accessible to other health care providers with appropriate protection of patient confidentiality.

Standard V (b). Health Teaching and Health Promotion

_The registered nurse employs teaching strategies that promote, maintain, or restore health in the context of woman-centred and family-centred care._

**Measurement Criteria**

The registered nurse:

1. provides health teaching that addresses such topics as healthy lifestyles, risk-reducing behaviors, developmental needs, activities of daily living, and preventative self-care.
2. incorporates principles of safety in health teaching and health promotion.
3. uses health promotion and health teaching methods appropriate to the situation and the patient’s developmental level, learning needs, readiness, ability to learn, language preference and culture.
4. seeks opportunities for feedback and evaluation of the effectiveness of the strategies used.
5. documents health teaching in a retrievable form accessible to other health care providers with appropriate protection of patient confidentiality.

Standard VI. Evaluation

_The registered nurse evaluates the progress of women and newborns toward attainment of expected outcomes in the context of woman-centred and family-centred care._

**Measurement Criteria**

The registered nurse:

1. conducts an evaluation that is systematic, ongoing and criterion-based, relative to the elements of patient care and indicated time lines.
2. evaluates the effectiveness of the planned strategies in relation to patient responses and the attainment of the expected outcomes.
3. utilizes ongoing assessment data to revise diagnoses, problem lists, plans of care, interventions, and outcomes, as needed.
4. involves the woman or the parents of the newborn and when appropriate, family members, significant others, and other health care providers in the evaluation process, in accordance with state and federal laws and regulations.
5. documents the revisions in diagnoses, problem lists, plans of care and evaluation of outcomes in a retrievable form accessible to other health care providers with appropriate protection of patient confidentiality.
Standard VII. Quality of Practice

The registered nurse systematically evaluates and implements measures to improve the quality, safety and effectiveness of nursing practice for women and newborns.

Measurement Criteria

The registered nurse:

1. participates in the evaluation of quality of practice activities as appropriate to her or his position, education, and practice environment. Such activities may include:
   - Identification of aspects of practice important for quality monitoring
   - Identification of indicators used to monitor quality, safety and effectiveness of nursing practice
   - Integration of best available evidence into quality, safety and effectiveness indicators, as appropriate
   - Development, regular review and revision of evidence-based practice guidelines and organizational policies and procedures
   - Collection of data to monitor quality, safety, and effectiveness of nursing practice
   - Analysis of quality data to identify opportunities for improving nursing practice
   - Development, implementation, and evaluation of policies, procedures and/or practice guidelines to improve quality of care
   - Formulation of recommendations to improve nursing practice and patient outcomes
   - Participation on interprofessional teams that evaluate clinical practice and safety related to provision of health services
   - Analysis of barriers to quality of practice within organizational systems
   - Implementation of strategies designed to minimize or remove barriers to quality of practice within organizational systems
   - Participation in efforts to minimize costs and unnecessary duplication without compromising quality of practice

2. uses the results of quality of care activities to initiate and implement changes in practice with the goal of enhancing quality, safety, and effectiveness of nursing practice and the healthcare system, as appropriate.

3. protects the privacy of patient information used to evaluate the quality of care as is consistent with institutional, state, provincial, and federal law.

Standard VIII. Education

The registered nurse acquires and maintains knowledge and competencies that reflect current evidence-based nursing practice for women and newborns.

Measurement Criteria

The registered nurse:

1. acquires knowledge and experiences that reflect current evidence-based practice in order to maintain skills and competence appropriate for his or her specialty area, role, and practice setting.

2. participates in and maintains professional records of educational activities required to provide evidence of competency.

3. maintains licensure and certification as mandated by state licensing boards, health care facilities, and accrediting agencies.
4. maintains certification within the specialty area of practice when appropriate, as a mechanism to demonstrate special knowledge.

5. participates in lifelong learning, including educational activities related to evidence-based practice, knowledge acquisition, safety and professional issues.

6. has knowledge of relevant practice parameters and guidelines of other organizations that focus on the delivery of health care services to women and newborns.

Standard IX. Professional Practice Evaluation

The registered nurse evaluates her or his own nursing practice in relation to current evidence-based patient care information, professional practice standards and guidelines, statutes, rules, and regulations.

Measurement Criteria

The registered nurse:

1. provides age-appropriate care in a culturally and ethnically sensitive manner.

2. engages in performance appraisal on a regular basis, identifying areas of strength as well as areas where professional development would be beneficial.

3. obtains constructive feedback regarding one’s own practice from patients, peers, professional colleagues, and others consistent with established institutional evaluation processes.

4. participates in systematic peer review as appropriate.

5. takes action to achieve goals identified during performance appraisal.

6. provides rationales for practice beliefs, decisions, and actions as part of the evaluation process that reflects current evidence-based knowledge and professional practice standards and guidelines, laws and regulations.

Standard X. Ethics

The registered nurse’s decisions and actions on behalf of women, fetuses, and newborns are determined in an ethical manner and guided by a sound framework for an ethical decision-making process.

Measurement Criteria

The registered nurse:

1. uses the ANA Code of Ethics for Nurses with Interpretive Statements (ANA, 2001) to guide practice.

2. seeks available resources that are necessary to help formulate ethical decisions.

3. maintains confidentiality and protects the privacy of patient information consistent within legal and regulatory parameters.

4. acts as a patient advocate in appropriate ways and assists patients in developing skills for self-advocacy.

5. delivers care in a nonjudgmental and nondiscriminatory manner that is sensitive to patient diversity and patient preferences whenever possible.

6. delivers care in a compassionate manner that preserves patient autonomy, dignity, safety, and rights.

7. reports and strives to protect women and their newborns from incompetent, impaired, unethical or illegal healthcare practice.
8. contributes to resolution of ethical issues for women and their fetuses or newborns or family members, and within health care services or systems appropriate to her or his role through participation in activities such as ethics committees.

9. participates on committees within the practice setting appropriate to her or his education and professional role.

10. maintains compassionate and caring relationships with peers and colleagues.

Standard XI. Collegiality

The registered nurse interacts with and contributes to the professional development of peers, colleagues, and other health care providers.

Measurement Criteria

The registered nurse:

1. shares knowledge and skills with colleagues and other health care providers.

2. interacts with peers and colleagues to enhance one’s own professional nursing practice and/or role performance.

3. mentors novice nurses and those new to the specialty.

4. contributes to an environment that is conducive to clinical education and professional development of nursing students, other health care students and other employees, as appropriate.

5. provides peers with constructive feedback regarding their practice and/or role performance.

6. respects, supports, and embraces the diversity of colleagues as individuals and professionals in a nondiscriminatory manner.

7. contributes to a supportive and healthy work environment.

8. participates in interprofessional team work to facilitate positive patient outcomes.

Standard XII. Collaboration and Communication

The registered nurse collaborates and communicates with women, families, health care providers, and the community in providing safe and holistic care.

Measurement Criteria

The registered nurse:

1. communicates with women, families, health care providers, and the community regarding best practices for health care and highlights the nurse’s role in the provision of that care.

2. collaborates in creating a documented plan, focused on outcomes and decisions related to care and delivery of services that emphasizes communication with women and their families.

3. partners with others to effect change and generate positive outcomes through knowledge of the woman, her family, and the situation.

4. responds appropriately and participates in guiding nursing actions and collaborating with other health care providers in emergency situations.

5. documents referrals, including provisions for continuity of care.
Standard XIII. Research

The registered nurse generates and/or integrates evidence to identify, examine, validate, and evaluate interprofessional knowledge, theories, and varied approaches in providing care to women and newborns.

Measurement Criteria

The registered nurse:

1. utilizes the best available evidence to guide practice decisions.
2. participates in research activities appropriate to her or his position, education, and practice environment. Such activities may include:
   - Identifying clinical problems suitable for nursing research
   - Participating in data collection
   - Participating in unit, organization, or community research programs
   - Sharing research activities with others
   - Evaluating the clinical significance and application of research findings for related disciplines
   - Conducting research and scientific inquiry consistent with ethical guidelines
   - Critiquing research for application to practice
   - Using research findings for application in the development of policies, procedures, and guidelines for patient care
   - Incorporating research as a basis for learning
   - Participating as a member of funding groups, review panels, committees concerned with human subjects protection and review, or institutional review boards (IRBs)
   - Evaluating the effect of nursing practice on patient outcomes

Standard XIV. Resources and Technology

The registered nurse considers factors related to safety, effectiveness, technological advances, and cost in planning and delivering care to women and newborns.

Measurement Criteria

The registered nurse:

1. evaluates factors such as safety, effectiveness, availability, cost and benefits, efficiencies, and impact on practice when choosing practice options and resources.
2. incorporates the most current technology in providing care and safety documentation and communication, whenever possible.
3. assists the woman and her family in identifying and securing appropriate and available services to address health-related needs.
4. assigns or delegates tasks based on evaluation of the needs and condition of the woman or newborn, potential for harm, stability of the patient’s condition, complexity of the task, predictability of the outcome and the knowledge, skill, and scope of practice of the provider.
5. assists the woman and her family in becoming informed consumers about the options, costs, risks, and benefits of treatment and care.
Standard XV. Leadership

*Within appropriate roles in the settings in which the registered nurse functions, she or he should generally seek to serve as a role model, change agent, consultant, and mentor to women, families, and other healthcare professionals.*

**Measurement Criteria**

The registered nurse:

1. models professionalism to women, families, and other health care providers.
2. engages in teamwork as a team player and a team builder.
3. strives to create or maintain healthy work environments in local, regional, national, or international communities.
4. displays the ability to define a clear vision, associated goals, and a plan to implement and measure progress.
5. demonstrates a commitment to continuous, lifelong learning for self and others.
6. teaches others to succeed by mentoring and other strategies appropriate to her or his designated role.
7. displays creativity and flexibility through times of change.
8. demonstrates energy, enthusiasm, and a passion for quality work.
9. accepts responsibility for decisions, and openly discusses ways to improve performance.
10. inspires loyalty through valuing of people as the most precious asset in an organization.
11. directs or participates in the coordination of care across settings and among caregivers, including oversight of licensed and unlicensed personnel in assigned or delegated tasks.
12. serves in key roles in the work setting by participating on committees, councils and administrative teams appropriate to her or his designated role.
13. promotes advancement of the profession through participation in professional organizations.
REFERENCES


Part II

AWHONN Standards for Professional Perinatal Nursing Practice and Certification in Canada
AWHONN Canada’s Perinatal Nursing Standards Committee used the Canadian Nurses Association’s (CNA) *National Framework for the Development of Standards for the Practice of Nursing* (CNA, 1998) to develop the first edition (AWHONN 2002) and this revision of *Standards for Professional Perinatal Nursing Practice and Certification in Canada*. The framework proposes that values and guiding principles be used as the basis for developing standards and competencies for specialty nursing practice in Canada. In 2008, the CNA’s *Code of Ethics* was updated (CNA, 2008a) and the Conceptual Model presented in the first edition of the *AWHONN Canada Perinatal Nursing Standards* (AWHONN, 2002) has been modified. The current model uses the fields of perinatal nursing activities: practice, education, research, leadership and environment of care as the organizing framework for the Standards. The concept of caring is emphasized and embedded throughout the model and standards and is consistent with AWHONN’s Core Values (AWHONN, 2008) and AWHONN’s Health for Women and Newborn Program Development Framework (AWHONN, 1999).

The values and ethical responsibilities included in the CNA Code of Ethics (CNA, 2008a) are “intended for nurses in all contexts and domains of nursing practice and at all levels of decision making” (p.1). The values and responsibilities that follow were adapted to reflect perinatal nursing as a specialty of nursing practice in Canada. The values and responsibilities include: providing safe, compassionate, competent, and ethical care; promoting health and well-being; promoting and respecting informed decision-making; preserving dignity; maintaining privacy and confidentiality; promoting justice; and being accountable for the provision of nursing care (CNA, 2008a). The CNA code recognizes the influence of societal and work environments on nurses’ ability to provide ethical nursing care. The revised Code also identifies activities that “nurses may undertake to address social inequities” (CNA, 2008a, p. 1) both in Canada and globally, and provides the foundation upon which nurses, through self-reflection, can grow as “moral agents.”
The outer ring of the model represents collaborative woman- and family-centred maternity care as the focus of perinatal nursing in Canada. Perinatal nurses work in partnership with women, families, and other health care providers. The outer ring of the model also represents the social, political, economic, and cultural context for maternity care in Canada.

Values and ethical responsibilities for perinatal nursing are represented in the next layer of the model. These values are grounded in caring and are the foundation for the development of AWHONN’s Standards for Perinatal Nursing Practice and Certification in Canada.

Legislation and provincial regulations and institutional standards and guidelines also influence perinatal nursing practice. AWHONN Canada has taken a leadership role in developing standards for the practice of perinatal nursing in Canada and for ensuring that these standards are regularly reviewed to reflect the current environment for maternity care.

The standards are organized by the interdependent fields of nursing activity. These fields, or domains, of nursing practice were modified from CNA’s framework (CNA, 1998) to emphasize the common responsibility of all perinatal nurses for leadership and the care environment. These fields include practice, education, research, leadership, and the environment of care. Within the conceptual model, the environment of care in its broadest definition significantly influences, and is influenced by perinatal nursing practice in Canada.
The importance of ongoing learning through reflective practice is also highlighted in the conceptual model. Perinatal nurses are recognized as practicing on a continuum from novice to expert (Benner, 2001). Permeable boundaries between the layers represent the interaction among all areas. For example, a perinatal nurse may be an expert in one field of activity and a novice in another.
Perinatal nursing is a practice specialty that includes professional nursing care delivered across the childbearing continuum and based on principles of women- and family-centred maternity care, a model of care centred on treating the woman, newborn, and family as a whole within the context of their lives and their environment (AWHONN 1999; Health Canada, 2000; Phillips & Fenwick, 2000). Perinatal nurses collaborate with family members in planning and providing care to promote the health of the family unit. Perinatal nurses make a significant and positive contribution to outcomes for women and families, interprofessional health team functioning, and the healthcare system as a whole.

The period of childbearing marks a transition in the lives of women and their families. Nursing care that promotes physical, psychological, social, and spiritual well-being enhances this transition to provide a sound foundation for a healthy family. Each unique childbearing experience is influenced by values, culture, ethnicity, socioeconomic levels, and religion. Perinatal nurses work in partnership with women and their families, members of the interprofessional health care team, and society as a whole to provide care that promotes the best possible outcomes for women and their newborns.

Perinatal nurses base their practice on a unique body of knowledge encompassing the art and science of perinatal nursing. Working in a variety of settings, perinatal nurses promote, support, and advocate for the well-being of women, fetuses, newborns, and families through practice, education, research, and leadership in a variety of care environments.
AWHONN’s Core Values use the acronym CARINg to demonstrate the essential and enduring principles that guide the organization (AWHONN, 2008):

- **C**ommitment—to professional and social responsibility
- **A**ccountability—for personal and professional contributions
- **R**espect—for diversity and inclusivity of and among colleagues, patients, and clients
- **I**ntegrity—in exemplifying the highest standards in personal and professional behaviour
- **N**ursing Excellence—for quality outcomes in practice, education, research, advocacy and management
- **G**eneration of Knowledge—to enhance the science and the evidence-based practice of nursing to improve the health of women and newborns

Perinatal “nurses provide safe, compassionate, competent and ethical care” (CNA, 2008a, p.8) that is grounded in the following values and guiding principles:

### 1. Caring

The concept of caring is critically important to perinatal nursing practice. Perinatal nursing is a dynamic specialty that emphasizes caring for childbearing women and their families within the domains of nursing, including practice, education, leadership, research, and quality practice environments.

Perinatal nurses:

- foster caring relationships with women and families
- empathize with women and their families to understand the power of childbearing experiences and events in their lives
- provide a physical and emotional presence to women, newborns, and families
- promote family development by supporting women, newborns, and families to facilitate passage through life/role transitions and unfamiliar events
- assist families in situations where women, newborns, or families face self-care challenges
- empower women, newborns, and families to work through an event or transition and to competently face the future
- provide continuity of care, wherever possible

### 2. Health and Well-Being

Perinatal nurses “work with people to enable them to attain their highest possible level of health and well-being” (CNA, 2008a, p.10). They promote health and well-being by assisting women, newborns, and families to develop the knowledge and skills needed to achieve their optimal level of well-being in situations of normal health, illness, injury, or in the process of dying (CNA, 2008a).

Perinatal nurses:

- support childbearing as a healthy and normal developmental process
- provide woman-centred care that empowers women to be “strong, competent, capable mothers who trust themselves and know their strength” (Rothman, 1996, p. 253)
- recognize that each woman and newborn is physically, socially, psychologically, and spiritually unique and that each family brings unique strengths and challenges to the childbearing experience
- promote, maintain, or restore family health and well-being for women, newborns, and families
- increase family confidence in the childbearing experience
3. Informed Decision-Making

Perinatal nurses have a holistic view of women and families and respect their capacity to set goals and make decisions. Women and families have the right to make informed choices that are congruent with their own beliefs and values within legal limitations.

Perinatal nurses:
- respect and promote the autonomy of women, helping them to meet their health needs by obtaining appropriate information and services
- provide women and families with evidence-based information to facilitate informed decision making
- work in partnership with women and their families by respecting their views and supporting their choices whenever possible
- advocate for women, newborns, and families within the context of law and institutional processes
- work in collaboration with other health care providers to support women’s and families’ care choices whenever possible

4. Dignity

Perinatal nurses are privileged to share the intimacy of the childbearing experience with women and their families. They strive to positively influence the childbearing experience knowing that women and their families will have lasting memories of this important and unique developmental process. Therefore, they respect the intrinsic worth of women, newborns, and families and advocate for their care. In a similar manner, perinatal nurses are respectful and treat each other with dignity and advocate for this treatment from women/families and colleagues (CNA, 2008a).

Perinatal nurses:
- affirm the dignity of women, newborns, and families, caring for them with honour and respect
- provide care that is sensitive to diversity in women/families in relation to values, beliefs, customs, and traditions as well as biological and psychological factors
- respect the strength and acknowledge the vulnerability of women during the childbearing experience
- support the active participation of the family in the childbearing experience
- intervene and report when they are aware of colleagues who are not respecting patients/families as they are aware that to be silent is to condone
- provide care that includes physical privacy and minimizes intrusions that are not related to needed care
- collaborate with women and/or their family members about maternal and newborn assessment of pain and provision of appropriate options and treatments to relieve suffering and maintain dignity.
- work with their colleagues, students, and leaders in a collaborative and respectful way, recognizing the power differentials inherent in various positions.
- work with others to resolve differences in a constructive way
- develop and maintain professional and therapeutic relationships with women/families

5. Confidentiality

Perinatal nurses recognize the importance of privacy, confidentiality, and trust of women and families. They limit the transmission of personal, family, and community information to those who need it for the appropriate care of women and families. Perinatal nurses advocate for and respect policies that protect and preserve women and families’ privacy, including safeguards in information technology.
Perinatal nurses:

- respect the right of women/families in accordance with the law to have control over the collection, use, access, and disclosure of their personal information
- respect and maintain the confidentiality of information obtained in intimate childbearing experiences
- advocate for women to have access to their health care records through a timely and affordable process if required and requested
- ensure that communication about a woman or infant, whether verbal, written or electronically transmitted, is respectful and maintains patient confidentiality
- respect the rights of colleagues and family members by not accessing any patient records except those patients for whom they are directly providing care or for other authorized purposes.

6. Justice

Perinatal nurses uphold principles of justice by safeguarding human rights, equity, and fairness as they work with women/families/infants. They advocate for humane, accessible, available, and appropriate health care services for all women, newborns, and families. Perinatal nurses use reflective practice to increase their understanding of cultural diversity, their own values and beliefs to promote respectful attitudes and behaviour toward women, families and colleagues.

Perinatal nurses:

- provide care that does not discriminate unlawfully on the basis of race, ethnicity, cultural and spiritual or political beliefs, social or marital status, gender or sexual orientation, age, health status, place of origin, socioeconomic status, lifestyle, mental or physical ability
- coordinate care across the childbearing continuum ensuring appropriate and individualized care
- work toward social change in a variety of ways that can positively affect women and their families. This work may be predicated upon an awareness of issues such as environmental pollution, homelessness, and violence.
- encourage a spirit of openness and trust in the workplace that includes speaking out if there is inappropriate behaviour by a health care provider

7. Accountability

Perinatal nurses act in a manner consistent with their professional responsibilities and standards of practice. They comply with the values and responsibilities presented in the Code of Ethics for Registered Nurses (CNA, 2008a) as well as with professional standards and laws pertaining to their practice. They work in a collaborative manner, valuing the ongoing education and experience of their colleagues.

Perinatal nurses:

- are honest and act with integrity
- provide safe, competent, evidenced-based care
- implement clinical practice guidelines that are based on current and relevant best available evidence.
- make a commitment to ongoing professional development and continuing education
- expand the body of knowledge for specialty practice through the ongoing discovery, acquisition, critical application and evaluation of relevant knowledge, attitudes and skills, or implementation of research
8. Quality Practice Environments

Perinatal nurses work with women and their families in many settings, including the hospital, the home, and a variety of community and ambulatory care settings. These health care professionals advocate for safe, supportive, and respectful work environments. They also advocate for organizational structures and resources that enhance professional nursing practice and that respect the contributions of all health care providers. Perinatal nurses involve colleagues in decision-making as appropriate, and strive to promote the health, safety, and well-being of all members of the health care team.

Perinatal nurses:

- collaborate as active and valued members of interprofessional teams
- respect and support their nursing colleagues as individuals and professionals
- foster a spirit of inquiry, continued learning, and professional growth.
- promote an environment that supports women and their families across the continuum of perinatal care
- provide care in settings that are appropriate to meet the needs of women and families
- promote safe and healthy work environments including advocacy for sufficient resources to provide competent and safe care.
- use resources effectively and technology appropriately
The standards for perinatal nursing reflect the beliefs and values discussed in the previous section. The perinatal nursing standards are organized to reflect the domains of nursing (including practice, education, research, leadership, and the environment of care) and the contribution of perinatal nurses to improving the care provided to women, newborns and families.

1. Practice

The domain of practice is the foundation for the perinatal nursing role. Perinatal nurses provide care for women, newborns, and families that is consistent with their education, experience and scope of practice. Perinatal nursing care can include preconception counseling, prenatal care, childbirth education, intrapartum care, postpartum care, breastfeeding support, infant care, continuing postpartum care in the home after discharge and care during and following perinatal loss.

Perinatal nurses:

- demonstrate knowledge and synthesis of information pertinent to perinatal nursing practice
- apply relevant concepts, theories, and research to perinatal nursing practice using critical thinking and analysis
- assess the meaning of the childbearing experience for each woman, newborn, and family
- demonstrate skill in health and family assessment, therapeutic communication, and clinical decision-making
- assess and provide referral and support for women at risk or who have experienced violence
- advocate for and support women-centred decision-making regarding health care by:
  - assessing learning needs
  - providing women and families with meaningful and accurate information
  - supporting women and families as they make informed decisions based on knowledge of their health status and, whenever possible, consistent with their beliefs and values
  - assessing and acknowledging the choices that women and families make
- promote a collaborative, interdisciplinary approach to decision-making and care
- assess, analyze, prioritize, plan, and evaluate care in collaboration with women and families
- promote continuity of perinatal care through relevant verbal communication and accurate and complete documentation
- co-ordinate care to promote continuity and ensure follow-up care as appropriate
- provide competent nursing care that is consistent with her/his education, experience, current guidelines, and scope of practice
- provide woman-centred care that promotes family health and includes the following:
  - maintaining a physical and emotional presence
  - striving to optimize and understand the woman and family’s experience of childbearing taking into consideration the family’s past and present circumstances
  - enabling and facilitating the normal processes of childbearing and parenting
  - fostering the development of confident, competent mothers and families
  - performing physical care that promotes well-being
2. Education

Education and counselling are integral parts of the care provided by the perinatal nurse. The knowledge base of perinatal nursing is constantly evolving and increasing in complexity. The perinatal nurse meets the present and future needs of women, newborns, and families and of the profession by obtaining and sharing current knowledge. Perinatal nurses are committed to their own learning as well as to the facilitation of learning for women, newborns and families.

Perinatal nurses:

- demonstrate knowledge of the significance of the childbearing process
- demonstrate knowledge of childbearing experiences and transitions in both wellness and illness situations
- participate in the ongoing discovery, acquisition, critical application, and evaluation of relevant knowledge, attitudes, and skills for perinatal nursing
- participate in learning opportunities and are committed to continuing education
- participate in learning needs assessment and identify learning issues and challenges
- identify facilitators and barriers to learning and participate in problem-solving related to learning
- participate in identifying or creating resources for learning
- facilitate the development, implementation, and/or evaluation of planned learning experiences
- assist and support the skill development of women and families
- assist and support colleagues in professional development
- act as role models for nurse colleagues
- share knowledge gained through practice and professional development

3. Research

Research is integral to the ongoing growth of all domains of perinatal nursing. Research drives the development of high-quality nursing practice and contributes to the further development of nursing science.

Perinatal nurses:

- demonstrate a basic understanding of and appreciation for the research process
- incorporate research findings into practice as appropriate and promote evidence-based nursing practice
- support, facilitate or participate in research relevant to perinatal nursing
- advocate for women, newborns, and families who are participating in research projects
- participate in quality improvement activities

Consistent with their education, experience, and professional role, perinatal nurses may:

- initiate nursing research
- identify research questions generated through clinical experience
- develop or participate in collaborative research projects
4. Leadership

Perinatal nurses work autonomously and collaboratively within complex systems and across a variety of settings. The childbearing population varies and ranges from women and newborns who are very healthy to those who are very ill. Leadership is required to advance perinatal nursing and to promote excellent care. Consistent with her/his education, experience, and professional role, the perinatal nurse provides leadership for nursing care, education, administration, and research programs. Perinatal nurses may also use their specialized knowledge and skills to clarify issues, explore options, facilitate change and create new possibilities.

Perinatal nurses:

- demonstrate a commitment to the values and guiding principles of perinatal nursing and woman-centred care
- demonstrate accountability for and influence the quality of perinatal nursing practice
- demonstrate understanding of the nursing profession, the complexities of nursing work, and the health care system
- share knowledge of childbearing families when assisting with program/policy development and health service planning
- function as change agents through reflective thinking, questioning assumptions, assessing alternatives and supporting change
- participate in or provide leadership for committees relating to care delivery, policy and procedure development, ethical issues, research, education, or professional development
- support provincial, federal, or international professional associations through membership and participation
- implement government and regulatory mandates
- articulate and highlight the contributions of perinatal nurses within the changing health care system
- anticipate future directions, identify challenges and recommend appropriate action

Consistent with their education, experience, and professional role, perinatal nurses may:

- participate in employee recruitment, selection, professional development, and performance appraisal
- identify human, material and organizational system needs, and effectively utilize resources
- demonstrate specialized knowledge and skills in managing environments and organizations
- collaborate in program planning, implementation, and evaluation, thereby fostering innovation
- analyze social, political, and ethical issues and contribute to processes that influence and improve health outcomes
- evaluate outcomes of policy decisions and communicate findings

5. Environment of Care

Perinatal nurses practice in diverse and complex environments. An important responsibility of perinatal nurses is the creation of a supportive, safe, functional, and welcoming environment for women, newborns and their families, and for other health care providers.

Perinatal nurses:

- promote and maintain environments for care that achieve the following:
  - promote woman-centred, family friendly care
- respect privacy and maintain dignity and confidentiality
- promote health and safety
- use technology appropriately
- utilize available resources effectively
- promote continuity of care and collaborative relationships between health care providers
- encourage continued learning and professional development
- advocate for resources and/or environmental modifications needed to meet the unique needs of each childbearing family

Consistent with their education, experience and professional role, perinatal nurses may:

- develop and maintain policies, procedures and guidelines that reflect evidence-based practice
- advocate for formal venues for consumer participation in the development of perinatal programs
- advocate for innovative staffing patterns to ensure nurses are able to meet the needs of women and families

- promote an organizational culture that enhances nurses’ ability to accomplish the following:
  - support one another as individuals and professionals
  - participate on interdisciplinary teams
  - be involved in decision making that influences nursing practice and/or the provision of care for childbearing women and their families.
  - engage in self-reflection to identify learning needs and to pursue professional development
  - take advantage of opportunities for mentoring and nurse-to-nurse consultation
Canadian Nurses Association Certification Program: Competencies for the Perinatal Nursing Certification Exam¹,²


2. These competencies are an optimal list and the scope of services provided will depend on the particular care context and applicable statues and regulations.
The competencies have been organized according to the following 4 categories: Preconception, Antepartum, Intrapartum and Postpartum.

**Preconception**

The perinatal nurse:

1.1 selects appropriate nursing interventions for the woman’s and/or family’s health before pregnancy in regard to:
   1.1a social history and resources (e.g., couple relationship, alternative family relationships, social support, domestic or intimate partner violence);
   1.1b health practices (e.g., substance use, physical activity and rest, safe sexual practices, stress management, smoking, alcohol);
   1.1c environmental and occupational health hazards (e.g., infectious diseases, toxins, radiation);
   1.1d nutrition (e.g., folic acid, vitamin supplementation, herbal teas, herbal supplements, raw fish, Listeria, safe water, alternative diets, cultural and religious practices);
   1.1e immunization (e.g., varicella, rubella, influenza); and
   1.1f genetic risk (e.g., maternal age, family history, ethnic background).

1.2 interprets the woman’s health history, including:
   1.2a obstetrical and gynecological history (e.g., GTPAL, previous loss or losses, preterm birth, ectopic pregnancy, cone biopsy, laser surgery, fibroids, female circumcision, previous uterine surgeries);
   1.2b medical health conditions and their associated therapies (e.g. Type I and Type II diabetes, BMI (body mass index) > or < 19 25, hepatitis B and C, human papilloma virus, herpes simplex virus, HIV/AIDS, cardiovascular disorders, renal disorders, cancer, neurological disorders, thyroid disorder);
   1.2c mental health history and associated therapies (e.g., eating disorders, depression, anxiety disorder, psychiatric conditions); and
   1.2d physical and mental challenges (e.g., paraplegic, previous cardiovascular accident, fetal alcohol syndrome).

1.3 selects appropriate nursing interventions in response to the following sexuality issues:
   1.3a family planning (e.g., methods of contraception, fertility counselling); and
   1.3b sexual health (e.g., sexually transmitted infections, sexual abuse).
Antepartum

The perinatal nurse:

2.1 interprets the woman’s and/or family’s data obtained during pregnancy related to:
   2.1a antenatal history (e.g., GTPAL, pattern of prenatal visits with health-care provider);
   2.1b physiological changes (e.g., weight gain, vital signs, lab values, fundal height);
   2.1c emotional, social and development issues (e.g., history of depression, body image, developmental tasks of pregnancy, parental role adaptation);
   2.1d breast health (e.g., changes in anatomy and physiology, breast surgery, inverted nipples);
   2.1e nutritional issues (e.g., pica, weight gain, vitamin and mineral supplementation);
   2.1f physical activity (e.g., exercise);
   2.1g sexual health (e.g., libido, associated risks, sexual activity);
   2.1h culture and ethnicity (e.g., language ability, values and practices, diet); and
   2.1i family resources (e.g., support system, financial resources).

2.2 selects appropriate nursing interventions when domestic abuse has been identified during pregnancy (e.g., development of a safety plan, providing information on community resources, counselling, support for woman’s decisions).

2.3 selects appropriate nursing interventions for women experiencing physical discomforts of pregnancy (e.g., backache, nausea, heartburn, constipation).

2.4 identifies implications of prenatal testing results (e.g., maternal serum screening, Rh status, group B streptococcus, ultrasound, glucose screening, amniocentesis).

2.5 identifies key elements of fetal development (i.e. critical periods of development for each body system, e.g., neural tube closure, eyes becoming unfused).

2.6 identifies the implications of results related to fetal health surveillance during antepartum, including:
   2.6a fetal movement;
   2.6b fetal heart rate (FHR) auscultation;
   2.6c biophysical profile; and
   2.6d electronic fetal monitoring (e.g., non-stress test).

2.7 selects appropriate nursing interventions based on the following maternal conditions during antepartum:
   2.7a hyperemesis gravidarum;
   2.7b threatened preterm labour (e.g., cervical changes, urinary tract infection, dehydration);
   2.7c rupture of membranes (i.e. preterm or premature).
2.7d antepartum hemorrhage (e.g., abruptio placenta, placenta previa, missed abortion, ectopic pregnancy);

2.7e trauma (e.g., falls, motor vehicle collision, physical violence);

2.7f gestational hypertension (e.g., pre-eclampsia);

2.7g anemia and blood dyscrasias (e.g., diet related, idiopathic thrombocytopenic purpura [ITP], thalassemia, sickle cell anemia, clotting factor deficiencies);

2.7h diabetes (e.g., Type I, Type II, gestational);

2.7i infections (e.g., HIV, hepatitis, TORCH [toxoplasmosis, other, rubella, cytomegalovirus, herpes], chlamydia, parvovirus, syphilis);

2.7j multiple gestation;

2.7k mental health conditions (e.g., anxiety, depression, schizophrenia, bipolar affective disorder);

2.7l pre-existing medical conditions (e.g., asthma, epilepsy, paraplegia, cardiovascular disorders, renal disorders, cancer, obesity, hypertension);

2.7m weight gain (e.g., inadequate or excessive); and

2.7n substance use (e.g., alcohol, cannabis, opiates, amphetamines, benzodiazepine, polydrug use, over-the-counter medication, smoking).

2.8 assists the woman and her family to adapt to an at-risk pregnancy (e.g., anxiety related to outcome of pregnancy, financial and child care concerns).

2.9 selects appropriate nursing interventions when caring for the pregnant adolescent (e.g., development tasks of pregnancy and adolescence, nutrition, body image, living arrangements, social and financial support).

2.10 selects appropriate nursing interventions when caring for the woman with advanced maternal age (i.e., over age 35, e.g., role transition, expectations, health risks, anxiety).

2.11 selects appropriate nursing interventions to promote informed choice for the woman and her family (e.g., infant feeding choices, antenatal testing, infant circumcision, elective caesarean birth).

2.12 selects nursing interventions to promote breastfeeding (e.g., benefits of breastfeeding for the mother and for the infant).

2.13 selects appropriate nursing interventions to meet identified learning needs of the woman and her family (e.g., normal variations of pregnancy, manifestations of pregnancy complications, birth planning, transition to parenting).
Intrapartum

The perinatal nurse:

3.1 interprets the following data to establish presenting maternal health status during the intrapartum period:

3.1a antenatal history (e.g., documented prenatal care, expected date of birth, Rh status);

3.1b presence of maternal and/or fetal risk (e.g., group B streptococcus, fetal demise, HIV/AIDS, hepatitis B or C, herpes simplex virus);

3.1c pre-existing medical and/or mental health conditions (e.g., autoimmune diseases, asthma, cardiovascular disorders, depression, anxiety, cancer, blood dyscrasias, obesity, multiple sclerosis);

3.1d physical and mental challenges (e.g., paraplegia, previous cardiovascular accident, fetal alcohol syndrome); and

3.1e health practices (e.g., smoking, substance use, domestic violence).

3.2 interprets intrapartum data to determine the status of labour, including:

3.2a Leopold’s manoeuvres (e.g., presentation, position, attitude, lie, engagement);

3.2b assessment of contractions (i.e. frequency, duration, intensity, resting tone); and

3.2c vaginal exam (e.g. cervical station, vaginal discharge, status of membranes).

3.3 selects appropriate nursing interventions related to the woman’s and her family’s adaptation to the intrapartum period (e.g., birth planning, labour support).

3.4 selects appropriate methods of fetal surveillance during labour (e.g., intermittent auscultation, continuous fetal heart monitoring).

3.5 interprets data related to fetal health surveillance, including:

3.5a heart rate patterns (i.e., reassuring and non-reassuring);

3.5b amniotic fluid (e.g., volume, colour, blood, odour);

3.5c fetal activity; and

3.5d fetal scalp sampling.

3.6 selects appropriate nursing interventions in the presence of non-reassuring fetal heart rate (FHR) patterns (e.g., discontinuing oxytocin, repositioning, administering oxygen, notifying other health-care providers).

3.7 implements appropriate nursing interventions to provide pain management using:

3.7a non-pharmacological measures (e.g., massage, warm or cold compresses, hydrotherapy, relaxation and distraction, position changes, continuous labour support);

3.7b nitrous oxide;
3.7c epidural analgesia (e.g., positioning to prevent injury, bladder management, sensory block, maternal vital signs); and
3.7d narcotic analgesia.

3.8 selects appropriate nursing interventions to promote progress of labour (e.g., continuous labour support, position changes, mobility).

3.9 selects appropriate pushing techniques in response to maternal cues (e.g., position changes, coaching, breathing).

3.10 selects appropriate nursing interventions to minimize perineal trauma (e.g., warm compresses, physiologic pushing, maternal positioning).

3.11 selects appropriate nursing interventions to manage the following actual or potential complications during the intrapartum period:
   3.11a gestational hypertension (e.g., pre-eclampsia);
   3.11b diabetes (e.g., Type I, Type II, gestational);
   3.11c preterm labour;
   3.11d precipitous birth;
   3.11e prolonged rupture of membranes (e.g., group B streptococcus, induction or augmentation of labour, infection);
   3.11f infections (e.g., communicable diseases, sexually transmitted infections);
   3.11g placenta previa (e.g., marginal);
   3.11h multiple gestation;
   3.11i fetal compromise (e.g., anomalies, intrauterine growth restriction, amniotic fluid abnormalities);
   3.11j labour dystocia;
   3.11k intrauterine demise;
   3.11l gynecological complications (e.g., previous uterine and cervical surgeries, fibroids, female circumcision, cervical sutures);
   3.11m history of sexual abuse or intimate partner violence; and
   3.11n communication challenges (e.g., language, hearing impairment, visual impairment).

3.12 selects appropriate nursing interventions to respond to the following urgent and emergency situations in the intrapartum period:
   3.12a severe hypertension;
   3.12b seizure;
   3.12c hemolysis, elevated liver enzymes, low platelets (HELLP) syndrome;
   3.12d disseminated intravascular coagulation (DIC).
3.12e hemorrhage (e.g., abruptio placenta, placenta previa);
3.12f malpresentation (e.g., breech, transverse lie);
3.12g prolapsed cord;
3.12h uterine rupture;
3.12i uterine inversion;
3.12j shoulder dystocia; and
3.12k emboli (e.g., amniotic fluid, pulmonary).

3.13 selects appropriate nursing interventions for the woman experiencing planned or emergency caesarean birth (e.g., psychological support, breech presentation, labour dystocia).

3.14 selects appropriate nursing interventions to promote client safety during induction or augmentation with regard to:
3.14a risk factors (e.g., previous uterine surgery); and
3.14b abnormal contraction patterns (e.g., unco-ordinated contractions, hyperstimulation).

3.15 selects appropriate nursing interventions for the woman receiving the following methods of labour induction or augmentation:
3.15a cervical Foley catheter;
3.15b misoprostol (Cytotec) (e.g., fetal demise);
3.15c prostaglandin;
3.15d oxytocin; and
3.15e artificial rupture of membranes.

3.16 selects appropriate nursing interventions associated with operative or instrumental vaginal births with regard to:
3.16a vacuum extractions (e.g., appropriate analgesic, bladder management, coaching maternal pushing); and
3.16b forceps (e.g., appropriate analgesic, bladder management, coaching maternal pushing).

3.17 identifies the risk factors associated with postpartum hemorrhage (e.g., overdistention of the uterus, prolonged labour, operative or instrumental vaginal birth, retained placental tissue, lacerations).

3.18 implements appropriate nursing interventions to manage postpartum hemorrhage (e.g., pharmacological agents, fundal massage).

3.19 interprets Apgar scores.

3.20 identifies risk factors for potential compromised newborn (e.g., meconium aspiration, non-reassuring fetal heart tracing, infant of a diabetic mother, prematurity).
3.21 implements appropriate nursing interventions to promote initial newborn transition (e.g., skin-to-skin contact, drying the baby).

3.22 implements nursing interventions to manage the compromised newborn (e.g., neonatal resuscitation program, cord blood gases).

3.23 selects appropriate nursing interventions when administering the following medications to the newborn:
   3.23a vitamin K;
   3.23b erythromycin ointment; and
   3.23c hepatitis B prophylaxis.

3.24 facilitates optimal maternal and family interaction with the newborn (e.g., early skin-to-skin contact, minimizing mother-baby separation).

3.25 selects appropriate nursing interventions to facilitate initiation of breastfeeding when mother and baby are able (e.g., skin-to-skin contact, timing within the first hour, latch, position, cultural variations).

Postpartum (birth to 3 months)

The perinatal nurse:

4.1 assesses the woman’s and family’s pregnancy and childbirth history.

4.2 selects nursing interventions to promote healthy parenting and family development related to:
   4.2a attachment (e.g., skin-to-skin contact);
   4.2b caring for mother, family and baby together (e.g., 24-hour mother and baby care); and
   4.2c confidence building (e.g., learning opportunities for all family members, encouragement, praise).

4.3 identifies key elements of physical assessment of the postpartum woman (e.g., fundus, lochia, perineum, breasts, vital signs).

4.4 selects appropriate nursing interventions to manage the following actual or potential maternal conditions during postpartum period:
   4.4a pain (e.g., pain scale assessment, substance use, analgesics or anesthetics during childbirth, non-pharmacological and pharmacological interventions);
   4.4b hematoma;
   4.4c urinary retention;
   4.4d fluid balance (e.g., retention, overload, dehydration);
   4.4e constipation or hemorrhoids;
   4.4f wound management (e.g., perineal trauma, caesarean incision, episiotomy);
4.4g post-epidural/spinal complications (e.g., dural headaches, residual effects);
4.4h uterine atony;
4.4i pre-existing medical or mental health disorders (e.g., diabetes, depression, bipolar disorder);
4.4j physical or mental challenges (e.g., paraplegia, previous cardiovascular accident, fetal alcohol syndrome);
4.4k deep vein thrombosis (DVT);
4.4l gestational hypertension (e.g., magnesium sulphate, seizures);
4.4m postpartum emotional adjustment (e.g., “blues”, depression, psychosis);
4.4n anemia;
4.4o rubella non-immune;
4.4p Rh negative;
4.4q infections (e.g., pulmonary infection, uterine infections, mastitis, urinary tract infection); and
4.4r substance use (e.g., withdrawal).

4.5 selects appropriate nursing interventions to promote maternal self-care (e.g., rest, nutrition, hygiene, activity level, uterine involution, methods of contraception).

4.6 selects appropriate nursing interventions to support the family experiencing grief and loss related to:
4.6a admission to intensive care (e.g., mother, newborn);
4.6b birth anomalies (e.g., cleft lip, cardiac problems);
4.6c perinatal loss (e.g., fetal or neonatal demise, child welfare apprehension, adoption); and
4.6d unexpected outcome (e.g., loss of idealized infant, loss of idealized birth).

4.7 selects appropriate nursing interventions for the newborn related to:
4.7a physical assessment (e.g., reflexes, vital signs, hydration);
4.7b behavioural states (e.g., active alert, quiet alert, sleeping, drowsy); and
4.7c adaptation to extrauterine life (e.g., patent ductus arteriosus).

4.8 selects appropriate nursing interventions to promote thermal stability of the newborn (e.g., skin-to-skin contact, bundling, hats).

4.9 selects appropriate nursing interventions based on the following actual or potential newborn complications:
4.9a hypoglycemia (e.g., maternal diabetes);
4.9b hypothermia or hyperthermia (e.g., cold stress);
4.9c hyperbilirubinemia (e.g., pathologic, physiologic);
4.9d abnormal physical assessment (e.g., cephalohematoma, gestational age, imperforate anus, tachycardia, skin lesions, cardiac murmur, tachypnea);
4.9e sepsis;
4.9f anemia;
4.9g neonatal abstinence syndrome; and
4.9h intracranial hemorrhage (i.e., after vacuum extraction).

4.10 selects appropriate nursing interventions to address newborn care issues related to:
4.10a infant hygiene (e.g., bathing, cord care, skin care);
4.10b circumcision;
4.10c newborn screening (e.g., phenylketonuria [PKU], thyroid testing, hearing screening);
4.10d well newborn follow-up care (e.g., immunization, breastfeeding support, growth and development); and
4.10e manifestations of illness (e.g., fever, poor feeding, lethargy, vomiting).

4.11 selects appropriate nursing interventions to address newborn safety issues related to:
4.11a infant abduction or identification (i.e., in hospital);
4.11b sleep position (e.g., sudden infant death syndrome, prevention of plagiocephaly [“flat head”]);
4.11c equipment and home environment (e.g., second-hand smoke, unattended infant on change table, crib, car seat); and
4.11d coping with crying (e.g., shaken baby syndrome).

4.12 demonstrates knowledge of normal infant growth and development, including:
4.12a neurological development (e.g., reflexes, motor skills);
4.12b physical development (e.g., growth spurts); and
4.12c social development (e.g., infant states and cues).

4.13 selects appropriate nursing interventions for effective breastfeeding, including:
4.13a alternative positions (e.g., football hold, cross cradle);
4.13b position, latch, suck, milk transfer (e.g., swallowing);
4.13c infant feeding patterns (e.g., frequency, duration, growth spurts);
4.13d feeding cues (e.g., lip smacking, rooting);
4.13e milk expression (e.g., pumping, hand expression);
4.13f safe storage of breast milk (e.g., time, container, expiration date); and
4.13g adequate infant feeding indicators (e.g., voiding, stools, weight gain).

4.14 identifies situations where breastfeeding supplementation is appropriate (e.g., informed parental choice, medically indicated).

4.15 identifies appropriate supplementation methods for breastfed baby (e.g., cup, finger feeding).
4.16 selects appropriate nursing interventions to deal with common breastfeeding challenges related to the:

4.16a newborn (e.g., sleepy or fussy newborn, prematurity, tongue tie); and

4.16b mother (e.g., sore nipples, engorgement, breast augmentation or reduction, cultural expectations, medications, low milk supply, mastitis, candidiasis, maternal illness).

4.17 selects appropriate nursing interventions for the woman and/or family choosing to formula feed (e.g., teaching formula preparation and safe storage, feeding techniques, infant feeding patterns, breast care, holding the infant).

4.18 identifies healthy adjustment of the woman and/or family to parenting, including:

4.18a healthy family relationships (e.g., role transition and sexuality);

4.18b knowledge of normal newborn growth and development (e.g., milestones);

4.18c sibling adjustment (e.g., attachment, aggression);

4.18d infant-parent interaction (e.g., responsivity, reciprocity, attachment or bonding, reading infant cues);

4.18e positive coping (e.g., self-care, resource identification); and

4.18f social support system and available community resources (e.g., family resource centres, new immigrant services, public health nurses, families).

REFERENCES


