



Appendix. Recommended Registered Nurse/Patient Ratios for Perinatal Care Services

Delivery of safe and effective perinatal nursing care requires appropriately qualified registered nurses in adequate numbers to meet the needs of each patient. The number of staff and level of skill required are influenced by the scope of nursing practice and the degree of nursing responsibilities within an institution. Close evaluation of all factors involved in a specific case is essential for establishing an acceptable nurse-patient ratio. Variables, such as birth weight, gestational age, and diagnoses of patients; patient turnover; acuity of patients' conditions; patient or family education needs; bereavement care; mixture of skills of the staff; environment; types of delivery; and use of anesthesia must be taken into account in determining appropriate nurse-patient ratios.

Guidelines for Perinatal Care, 7th Edition (page 30)

The table below is from the *Guidelines for Perinatal Care, 6th Edition (2007)*. It is provided as a suggested reference.

Care Provided	RN / Patient Ratios	Your Staffing Ratios
Intrapartum		
Patients in labor	1:2	
Patients in second stage of labor	1:1	
Patients with medical or obstetric complications	1:1	
Oxytocin induction or augmentation of labor	1:2	
Coverage for initiating epidural anesthesia	1:1	
Circulation for Cesarean delivery	1:1	
Antepartum / Postpartum		
Antepartum and postpartum patients without complications	1:6	
Patients in postoperative recovery	1:2	
Antepartum and postpartum patients with complications but in stable condition	1:3	
Newborns in transition and those requiring close observation	1:4	
Newborns^a		
Newborns requiring only routine care ^b	1:6-8	
Normal mother-newborn couplet care	1:3-4	
Newborns requiring continuing care	1:3-4	
Newborns requiring intermediate care ^c	1:2-3	
Newborns requiring intensive care ^c	1:1-2	
Newborns requiring multisystem support	1:1	
Unstable newborns requiring complex critical care	1:1 or greater	

^a During periods of decreased patient census or reduced patient acuity, an absolute minimum of two registered nurses are required to respond adequately to resuscitative emergencies; to assess emergent metabolic states such as hypoglycemia; and to manage cardiorespiratory emergencies such as mechanical ventilation or the decompression of a pneumothorax. NANN, 2008.

^b This ratio reflects traditional well newborn nursery care. If breastfeeding or couplet care is provided, a registered nurse coordinates and administers care for the mother and newborn couple (1:3-4 couples). If it is necessary to separate the well mother and newborn couple, and return the newborn to a central nursery, the mother-newborn registered nurse is still responsible for the mother-newborn couple. Another registered nurse would provide care for the newborn in the central nursery. Direct care of newborns in the nursery may be provided by ancillary personnel under the register nurse's immediate supervision. Adequate staff is needed to respond to acute and emergency situations at all times. *Guidelines for Perinatal Care, 6th Edition, 2007.*

^c During those periods when fewer than six intermediate patients or four intensive care neonatal patients are in the unit, it is NANN's position that at all times neonatal specialty care requires a minimum of two registered nurses with neonatal expertise and training. NANN, 2008.

American Academy of Pediatrics and American College of Obstetricians and Gynecologists. (2007). *Guidelines for Perinatal Care, 6th Edition*. Elk Grove Village, IL: American Academy of Pediatrics.

American Academy of Pediatrics and American College of Obstetricians and Gynecologists. (2012). *Guidelines for Perinatal Care, 7th Edition*. Elk Grove Village, IL: American Academy of Pediatrics.

National Association of Neonatal Nurses. Position Statement #3009. Minimum RN Staffing in NICUs. Revised July 2008.

http://www.nann.org/pdf/08_3009_rev.pdf (Accessed November 13, 2013)