The American Society of PeriAnesthesia Nurses (ASPA N) advocates for an environment of safety in which perianesthesia nurses deliver quality care to the perinatal patient as they undergo anesthesia and surgery. Foremost, perianesthesia nurses have the responsibility of recognizing the uniqueness of physiologic changes associated with pregnancy and associated implications for clinical management of the perinatal patient.1,2,3

ASPA N promotes and encourages seminars and continuing education offerings that pertain to the perinatal patient. Perianesthesia nurses must demonstrate competencies in recognizing obstetric physiology to optimize patient care outcomes.1,2 Effective perinatal nursing care for the patient undergoing surgical (cesarean) birth in the labor and birth unit, the main or primary operating room (OR) and postanesthesia care unit (PACU) and the pregnant patient requiring non-obstetric surgery requires a specialized knowledge base. This care is developed through evidence-based nursing practice, expert opinion, education, available research and leadership.1,2,3

**Background**

According to The Joint Commission, patients with the same health status and condition should receive comparable level of quality care regardless of where that care is provided.3,4 Perinatal units should maintain comparable care standards as those in the hospital surgical suites and postanesthesia care units. Care of the perinatal patient includes obstetric, preanesthesia, intraoperative and postanesthesia nursing. Consideration also must be given in meeting the needs of the perinatal patient, their neonates and families for planning care, policy and procedure development and clinical practice. This care includes the labor and birth unit, the preanesthesia unit, OR and PACU.4 The overall goal is the provision of competent perianesthesia care for the perinatal patient undergoing general and regional anesthesia that is consistent with the standards and guidelines as set forth by applicable practice organizations.4,7

This provision of care is supported by:

1. The Joint Commission (TJC) statement that comparable level of quality care is provided across units that provide Phase I patient care, e.g., PACU, intensive care units (ICU) and obstetrical post-surgical units4
2. The perinatal patient receives comparable perioperative care as provided by the main hospital surgical suites and PACU4
3. The American Society of Anesthesiologists (ASA) Standards and Practice Standard I states “all patients who have received general
Position

It is the position of ASPAN that a collaborative partnership with perinatal nursing be developed to provide consistent, comparable, quality perianesthesia care for perinatal patients. This includes the patient undergoing a surgical delivery in the labor and birth unit, OR/PACU and the pregnant patient requiring non-obstetric surgery.

Expected Action

ASPN recognizes that today’s healthcare environment is focused on fiscal responsibilities, e.g., management of resources and expanding professional nursing roles and the impact these changes have on patient care. Therefore, education and maintenance of competencies for the care of the perinatal patient in the perianesthesia setting must be developed and shared. Institutions should conduct a gap analysis to identify where further education is needed.

ASPN recommends that nurses caring for the perinatal patient will:

- Familiarize themselves with current ASPAN Standards and Practice Recommendations
- Develop policies and procedures consistent with ASPAN Standards and Practice Recommendations and facility specific guidelines/policies
- Identify ASPAN’s “Recommended Competencies for the Perianesthesia Nurse”
- Ensure uterine and fetal monitoring by a qualified healthcare provider when indicated as determined by institutional policy
- Demonstrate knowledge of perianesthesia standards of care and competencies
- Ensure staffing guidelines are consistent with ASPAN and AWHONN recommendations
- Ensure equipment is available for perianesthesia care
- Complete annual perianesthesia competencies
• Participate in educational offerings that provide a knowledge base of the physiologic changes of the perinatal patient to provide quality care
• Develop care plans, protocols and clinical practices that support the unique needs of the childbearing family delivered by surgical birth such as:
  — Newborn in postanesthesia care units
  — Skin to skin contact with newborn
  — Encouragement to breastfeed
  — Support person(s) in the PACU

**Expected Outcomes**

The perianesthesia and perinatal staff will partner to identify, develop and provide education based on the identified needs. Yearly evaluation will be conducted to identify educational gaps and provide information/education to provide quality, safe, comparable care to the perinatal patient.

**Approval of Statement**

This statement was recommended by a vote of the ASPAN Board of Directors on November 19, 2013 in New York, New York and approved by a vote of the ASPAN Representative Assembly on April 27, 2014 in Las Vegas, Nevada.

This position statement was updated and revised at the October 2015 meeting of the Standards and Guidelines Strategic Work Team in Fort Worth, Texas.

**REFERENCES**

4. The Joint Commission. 2010a. *Accreditation standards and requirements.* Oakbrook Terrace, IL.


**BIBLIOGRAPHY**


