



A Position Statement on Care of the Perinatal Woman

The American Society of PeriAnesthesia Nurses (ASPAN) advocates for an environment of safety in which perianesthesia registered nurses deliver quality care to the perinatal^a woman as she undergoes 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 woman.^{1,2,3}

ASPAN promotes and encourages seminars and continuing professional development offerings that pertain to the perinatal woman. Perianesthesia registered nurses must demonstrate competencies in recognizing obstetric physiology to optimize patient care outcomes.^{1,2} Effective perinatal nursing care for the woman 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 woman 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 woman includes obstetric, preanesthesia, intraoperative, and postanesthesia nursing. Consideration also must be given in meeting the needs of the perinatal woman, her 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.² The overall goal is the provision of competent perianesthesia care for the perinatal woman undergoing general and regional anesthesia that is consistent with the standards and guidelines as set forth by applicable practice organizations.^{4,6,7}

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, critical care units (ICU) and obstetrical post-surgical units⁴
2. The perinatal woman receives comparable perioperative care as provided by the main hospital surgical suites and PACU⁴
3. The perinatal woman receives comparable perioperative care as described within the AORN Guidelines for Perioperative Practice⁵

^aPerinatal is defined as relating to or being the period around childbirth, especially the five months before and one month after birth.



4. The American Society of Anesthesiologists (ASA) Standards and Practice Standard I states “all patients who have received general anesthesia, regional anesthesia, or monitored anesthesia care shall receive appropriate postanesthesia management”^{3,4,6,7} (See Resource ASA Standards for Postanesthesia Care.)
5. The Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) supports ASA standards in the obstetrical labor and delivery units⁸⁻¹⁰
6. AWHONN supports the philosophy that “perinatal units should maintain care standards comparable to the main hospital surgical suites and post-anesthesia care unit (PACU)”¹⁰⁻¹²

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 women.^{1,2,8} This includes the woman undergoing a surgical delivery in the labor and birth unit, OR/PACU, and the pregnant woman requiring non-obstetric surgery.

Expected Action

ASPAN 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 woman in the perianesthesia setting must be developed and shared. Facilities should conduct a gap analysis to identify where further education is needed.

ASPAN recommends that nurses caring for the perinatal woman 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 competencies for the perianesthesia nurse⁸
- Ensure uterine and fetal monitoring by a qualified healthcare provider when indicated as determined by facility policy^{7,9}
- Demonstrate knowledge of perianesthesia standards of care and competencies
- Ensure staffing guidelines are consistent with ASPAN and AWHONN recommendations⁹
- Ensure equipment is available for perianesthesia care
- Complete ongoing perianesthesia competencies identified through education needs assessment
- Participate in educational offerings that provide a knowledge base of the physiologic changes of the perinatal woman to provide quality care
- Develop care plans, protocols and clinical practices that support the unique needs of the childbearing family delivered by cesarean birth such as:

- Newborn in postanesthesia care units
- Skin to skin contact with newborn^{13,14}
- Appropriate available members of the healthcare team to monitor mother and newborn
- Encouragement breastfeeding within the first hour of life^{13,15}
- Support person(s) in the PACU

Expected Outcomes

The perianesthesia and perinatal healthcare team members will partner to identify, develop, and provide education based on the identified needs. Periodic evaluation will be conducted to identify educational gaps and provide information/education to provide quality, safe, comparable care to the perinatal woman.

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 2019 meeting of the Standards and Guidelines Strategic Work Team in Dallas, Texas.

This Practice Recommendation was also reviewed and supported by the Association of Women's Health, Obstetric and Neonatal Nurses in 2019.

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ADDITIONAL READING

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