Standards For Professional Nursing Practice in the Care of Women and Newborns

Seventh Edition
The seventh edition of AWHONN Standards for Professional Nursing Practice in the Care of Women and Newborns (Standards) was developed by the 2008-2009 Standards Revision Task Force, composed of AWHONN member experts with the support of senior AWHONN staff. Their commitment, insight and diligent work to update and revise the Standards is greatly appreciated. The seventh edition Standards was reviewed by the 2009 AWHONN Board of Directors and the AWHONN Canada Section Chair. AWHONN gratefully acknowledges the contribution of each of these individuals.

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The standards presented herein summarize what AWHONN believes is 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 interprofessional 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 or legal or other purposes.
- These standards may change in response to changes in research and practice.
The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) provides this document as the seventh edition of its standards. The sixth edition *Standards for Professional Nursing Practice in the Care of Women and Newborns* was published in 2003 (Association of Women’s Health, Obstetric and Neonatal Nurses [AWHONN], 2003).

The Task Force for Revision of AWHONN Standards continues to use *Nursing: Scope & Standards of Practice* developed by the American Nurses Association (ANA) as the foundation for development of the seventh edition of AWHONN Standards (American Nurses Association [ANA]), 2004). The ANA *Nursing: Scope & Standards of Practice* were developed collaboratively with specialty nursing organizations and groups. Those standards delineate the unifying elements within nursing practice and 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 set forth in this seventh edition are intended to define the roles, functions and competencies of the nurse who strives to provide high-quality services to patients. The Standards of Professional Performance delineate the various roles and behaviors for which the professional nurse is accountable. Measurement criteria are included with each standard. The standards are enduring and should remain largely stable over time because they reflect the philosophical values of the profession (ANA, 2004). The measurement criteria, however, are a means to evaluate practice and change over time as new knowledge is acquired and expectations for nursing practice changes.

Core elements of women’s health, obstetric and neonatal nursing practice are integrated into the seventh edition *Standards* in addition to the information from the ANA *Nursing: Scope & Standards of Practice* (ANA, 2004). AWHONN’s mission to promote the health of women and newborns and the six AWHONN core values (Commitment, Accountability, Respect, Integrity, Nursing Excellence and Generation of Knowledge) are reflected in both the Standards of Practice and Standards of Professional Performance.

The goal for individuals practicing in the field of women’s health, obstetric and neonatal nursing is to use the Standards of Practice and Standards of Professional Performance to improve the health and well-being of individuals, communities, and populations. The challenge for every nurse is to implement the standards in an environmentally and economically conscious manner whenever possible without compromising quality and patient safety.
The Foundation of Women’s Health, Obstetric and Neonatal Nursing Practice

AWHONN’s Standards for Professional Nursing Practice in the Care of Women and Newborns, seventh edition (Standards) address the care of women and newborns in the context of woman-centered and family-centered care and provide the foundation for professional nursing practice regardless of the setting or complexity of care. The seventh-edition Standards are based on ANA’s Nursing: Scope and Standards of Practice (ANA, 2004). The ANA standards were chosen because they guide, define, and direct the expectations of the professional role within which all registered nurses are expected to practice.

Standards are an important benchmark against which registered nurses assess their professional practice and by which the quality of practice, service or education can be judged. Thus, the Standards provide the means through which AWHONN clearly describes women’s health, childbearing and newborn nursing practice, the recipients of care and the responsibilities for which nurses are accountable. The seventh edition Standards reflect AWHONN’s mission to promote the health of women and newborns within the framework of the organization’s CARING Core Values (AWHONN, 2008):

- Commitment to professional and social responsibility
- Accountability for personal and professional contributions
- Respect for diversity of and among colleagues and clients
- Integrity in exemplifying the highest standards in personal and professional behavior
- Nursing excellence for quality outcomes in practice, education, research, advocacy and management
- Generation of knowledge to enhance the science and practice of nursing to improve the health of women and newborns.

AWHONN’s work is guided by its unique Health for Women and Newborns Program Model (AWHONN, 1999). AWHONN programs integrate a lifespan approach to women’s health, as well as the childbearing and newborn continuum of care. The Model incorporates the concepts of health promotion, health maintenance, and health restoration within systems of care and with consideration of the social, cultural, economic, and environmental influences on woman’s and newborn’s well-being.

The seventh edition Standards specifically address the practice of the registered nurse. Elements of the Standards may be applicable to licensed practical or licensed vocational nurses as identified in state or provincial nurse practice acts, regulatory agencies or relevant nurse association guidelines. The Standards also apply to the advanced practice registered nurse (APRN). Advanced practice registered nurses who provide care to women and newborns integrate into their practice both the
standards presented herein and the standards applicable to their advanced practice specialty. As well, APRNs generally demonstrate greater depth and breadth of knowledge and data synthesis and perform more complex clinical skills and interventions compared with registered nurses. Advanced practice registered nurses generally have greater role autonomy than registered nurses.

The *Standards* transcend care settings. Women, newborns and families are cared for in a variety of settings, including the community and hospitals, which range from small rural health care facilities to large urban medical centers. The *Standards* apply to registered nurses who provide preconception, antepartum, intrapartum, postpartum and newborn care and to women's health registered nurses who provide care across the woman’s life span or targeted to specific ages and stages of development.

**Assumptions** *(Adapted from ANA, 2004, p. 2):*

*The professional work environment impacts the registered nurse’s ability to practice.*

Registered nurses provide care in a variety of settings to meet the needs of women, newborns, and families across the continuum of care, and across the woman’s lifespan. The Standards of Practice and Standards of Professional Performance focus on the processes involved in nursing practice, and the performance of professional activities, including collaboration with other members of the health care team. The ability of the registered nurse to demonstrate these standards depends in part on the employer providing an environment that supports nursing practice, open communication, and collaborative decision-making.

*Nursing practice is individualized.*

Nursing practice is individualized to meet the unique needs of each woman and newborn in the context of family-centered and woman-centered care. The registered nurse respects the woman’s and family’s goals, preferences, and abilities regarding care. The registered nurse uses clinical judgment based on education, experience and evidence-based practice to determine appropriate interventions and expectations for women and newborns in each situation encountered.

*Registered nurses establish partnerships*

Whenever possible, registered nurses provide and coordinate care in the context of partnerships formed with the woman, parents of the newborn, family members or significant others as defined by the woman or parents and other healthcare providers. The registered nurse recognizes and accepts that the degree of participation by the woman, parents of the newborn, other family members and significant others will vary based on needs, preferences, and abilities.
Components of the Seventh-Edition Standards

There are two components of AWHONN’s Standards: Standards of Practice and Standards of Professional Performance. The Standards of Practice for women and newborns describe a competent level of nursing care and consists of the six components of the nursing process: assessment, diagnosis, outcome identification, planning, implementation and evaluation (ANA, 2004). Each component is presented with a goal statement and a list of measurement criteria specific to the health care of women and newborns in the context of woman-centered and family-centered care. The goals and corresponding measurement criteria reflect the values and priorities of AWHONN and relate broadly to the nurse’s responsibility to the patient.

The Standards of Professional Performance outline the expectations of the professional role within which all nurses practice and describe a competent level of professional behavior (ANA, 2004). According to ANA (ANA, 2004, p. 4) “... nurses are expected to engage in professional role activities, including leadership, appropriate to their education and position. Registered nurses are accountable for their professional actions to themselves, their patients, and their peers and ultimately to society.” The nine Standards of Professional Performance included in the seventh edition Standards are:

- Quality of Practice
- Education
- Professional Practice Evaluation
- Ethics
- Collegiality
- Collaboration and Communication
- Research
- Resource and Technology
- Leadership

The last standard, leadership, is new to the seventh edition Standards. Registered nurses should look for opportunities that may be appropriate for them to exercise leadership roles in improving care, serving the profession, or serving the public. Each of the Standards includes a goal statement and measurement criteria, which are key indicators to measure performance of each standard. The Standards of Practice and Standards of Professional Performance reflect AWHONN’s values and priorities related to the care of women and newborns in the context of woman-centered and family-centered care.
Evolution of Evidence-Based Nursing Practice and the Seventh Edition Standards

AWHONN advances the nursing profession by providing nurses with critical information and support to help them deliver the highest quality care for women, newborns and their families. The seventh-edition of the Standards contains Standards of Practice and Standards of Professional Nursing Performance only and does not include clinical practice guidelines. This is a result of the development and dissemination of AWHONN evidence-based clinical practice guidelines. This change represents the ongoing evolution of AWHONN’s commitment to develop and promote current evidence-based nursing practice.

Continued development and dissemination of AWHONN evidence-based clinical practice guidelines (EBGs), practice monographs, and position statements help to ensure that perinatal, neonatal and women’s health nurses have access to clinical practice recommendations that are based on the best available evidence. Incorporating information from evidence-based guidelines, practice monographs and other AWHONN resources into clinical practice can promote collaborative practice among health care providers and can be the basis for continuous quality improvement (CQI) projects and clinical outcomes evaluation. Basing nursing practice on the best available scientific evidence can also stimulate further reading and research and can provide a foundation for continuing education, curriculum, and facility policy development. Evidence-based clinical practice guidelines provide greater depth of information than is typically found in practice guidelines based on the opinions of groups of experts. Moreover, implementing and evaluating EBGs promote the movement toward clinical practice based on high-quality and timely scientific evidence and away from practice based on tradition alone.

As AWHONN EBGs are developed or revised, they are submitted to the National Guideline Clearinghouse of the Agency for Healthcare Research and Quality (AHRQ) within the United States Department of Health and Human Services (HHS), and many have been accepted for inclusion in the Clearinghouse. This achievement supports AWHONN’s strong position as a leader in perinatal and women’s health nursing and among nursing specialty organizations. AWHONN Standards for Professional Nursing Practice in the Care of Women and Newborns, Seventh Edition are enduring and form the foundation for nursing practice in this specialty. The transition to publication of AWHONN Standards as a stand-alone document highlights the importance of this document as a strong and specialty-based practice foundation. It also affirms the Association’s ongoing commitment to develop, disseminate and revise EBGs and other resources that address specific women’s and newborns’ health care-focused clinical issues and problems from a scientific perspective.
Standard I. Assessment

The registered nurse collects health data about women and newborns in the context of woman-centered and family-centered 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-centered and family-centered 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-centered and family-centered 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-centered and family-centered 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-centered and family-centered 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-centered and family-centered 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-centered and family-centered 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-centered and family-centered 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-centered and family-centered 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.
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.
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 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.
Advanced Practice Registered Nurse (APRN): A nurse who has obtained additional education and/or credentialing or expertise beyond that of the registered professional nurse. The role of the advanced practice nurse includes but is not limited to clinical nurse specialists, nurse practitioners, nurse midwives, and nurse anesthetists. As a group, advanced practice nurses provide care across the spectrum of women's health, obstetric, and neonatal nursing.

Assessment: A systematic, dynamic process by which the nurse—through interaction with women, newborns, and families, significant others and health care providers—collects, monitors, and analyzes data. Data may include the following dimensions: psychological, biotechnological, physical, sociocultural, spiritual, cognitive, developmental, and economic, as well as functional abilities and lifestyle.

Childbearing and Newborn Health Care: A model of care addressing the health promotion, maintenance and restoration needs of women from the preconception through the postpartum period; and low-risk, high-risk and critically ill newborns from birth through discharge and follow-up, with the social, political, economic, and environmental context of the mother's, her newborn's, and the family's lives (AWHONN, 1999; 2007).

Code of Ethics: A list of provisions that makes explicit the primary goals, values, and obligations of the profession (ANA, 2004).

Competence: Having requisite qualities, knowledge or abilities.

Continuity of care: Collaborative coordination and provision of health services.

Data: Discrete entities that are described objectively without interpretation.

Diagnosis: A clinical judgment about the patient's response to actual or potential health conditions or needs. Diagnoses provide the basis for determination of a plan of nursing care to achieve expected outcomes.

Diversity: A set of evolving attributes that encompasses but is not limited to age, class, culture, people with special health care needs, education level, ethnicity, family structure, gender, ideologies, political beliefs, race, religion, sexual orientation, style, and values.

Cultural consciousness: The acceptance of and respect for the attributes of diversity and includes the acknowledgment of both similarities and differences. Culturally competent care includes recognition and awareness of the cultural perspective of those who are served. Within the scope of law and institutional policies, providers should consider how best to adapt their treatment approach in light of the values and cultural preferences of the client.

Environment of care: The physical, sociocultural, psychological, spiritual or economic context or conditions that influence the childbearing continuum.
Environmentally sensitive care: Patient care that incorporates principles of resource and energy conservation without compromising the quality of care and services provided.

Evaluation: The process of determining the patient's progress toward attainment of expected outcomes and the effectiveness of nursing care.

Evidence-based nursing: The incorporation of evidence from research, clinical expertise, client preferences, and other available resources to and other available resources to make decisions about patients (Canadian Nurses Association [CNA], 2002, p1).

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).

Expected Outcomes: Response to nursing interventions that are measurable, desirable, and observable.

Family: A unit of interacting individuals whom the woman recognizes as significant and perceives as important.

Family-Centered Maternity Care (FCMC): 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 FCC requires mutual trust and collaboration between the woman, her family, and health care professionals (Health Canada, 2000; Phillips & Fenwick, 2001). This model is applicable to the care of women across the lifespan and to low risk, high risk, and critically ill newborns from birth through discharge and follow-up (AWHONN, 1999; 2007).

Guideline: A framework developed through experts' consensus and review of the literature, which guides patient-focused activities that affect the provision of care.

Health: An individual's experience that is often expressed in terms of wellness and illness, and may occur in the presence or absence of disease or injury.

Implementation: The process of taking action by intervening, delegating, teaching, monitoring, providing, counseling, and/or coordinating. Women, newborns, families, significant others or health care providers may direct the implementation of interventions with the plan of care.
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.

Measurement criteria: Relevant, quantifiable indicators of the standards of practice and professional performance.

Patients: Women, newborns, and others for whom nurses provide professional health care services.

Plan of care: Comprehensive outline of nursing interventions designed to attain expected patient outcomes.

Registered Nurse: A health care professional who has successfully completed a nursing education program and licensure or registration process approved by a province, territory or state. For the purpose of this document, the term nurse refers to the registered nurse.

Standard: Authoritative statement defined and promoted by the profession and by which the quality of practice, service or education can be evaluated.

Standards of Practice: Authoritative statements that describe competent clinical nursing practice for women and newborns demonstrated through assessment, diagnosis, outcome identification, planning, implementation, and evaluation.

Standards of Professional Performance: Authoritative statements that describe competent behavior in the professional role, including activities related to quality of practice, education, professional practice evaluation, ethics, collegiality, collaboration, communication, research, resources and technology, and leadership.

Women’s Health Care: A model of care addressing women’s health promotion, maintenance and restoration needs occurring across the lifespan and relating to one or more life stages: adolescence, young adulthood, middle years and older within the social political, economic and environmental context of their lives (AWHONN, 1999).
REFERENCES


