minimum NURSE-TO-PATIENT RATIO

MATERNITY UNIT

Approved by Ministry of Health: July 2024

PREAMBLE STATEMENT

B.C.'s minimum nurse-to-patient ratios (mNPR) are grounded in a commitment to continuous improvement and ongoing learning, prioritizing the well-being of nurses and patients. As these ratios are implemented, we will engage in continuous improvement cycles to better understand their impact on nursing outcomes and patient care. This will enable us to make informed adjustments, ensuring that we meet the needs of nurses and patients effectively.

OVERACHING GUIDANCE

BC's mNPRs for maternity units are established in alignment with the AWOHNN (Association of Women's Health, Obstetric and Neonatal Nurses) Standards for Professional Nurse Staffing for Perinatal Units. These standards are designed to ensure safe and appropriate staffing to promote high-quality care for pregnant and postpartum patients and their newborns. Units are encouraged to refer to the AWOHNN Standards and guidelines for further clarity and additional recommendations tailored to specific clinical situations.

- BC's mNPR recognizes the unique geographical challenges in delivering maternity-based healthcare services in rural and remote areas in British Columbia. In alignment with the AWOHNN Standard, BC's mNPR recognizes that in small-volume perinatal services, nurses may be cross-trained to a variety of other specialty areas to maximize in-hospital availability when needed to care for perinatal patients and allow for productive time spent on other activities when there are no perinatal patients. Nurses in small-volume perinatal services may have mixed patient assignments.

Maternity Adaptability: Any proposed minimum Nurse-to-Patient Ratio will be considered as minimum baseline staffing, thus allowing local critical decision-making to temporarily assign staff according to urgent/emergent patient needs. This adaptability is particularly important in the complex maternity unit environment.

ANTEPARTUM UNIT

DEFINITION – An antepartum unit refers to:

- A multi-day inpatient unit which is organized, operated, and maintained to care for women/people who require hospitalization during their pregnancy related to complications or care needs for themselves and/or their unborn babies.

RATIO

1:3

LABOUR AND DELIVERY UNIT

DEFINITION – A labour and delivery unit refers to:

- A multi-day inpatient unit which is organized, operated, and maintained to care for pregnant women/people and their newborns during labour, childbirth, and the immediate postpartum period.

RATIO

1:1 (active labour)

2:1 (birth)

GUIDELINES

Active labour: continuous 1:1 attendance of a bedside nurse to a woman/person during the active phase of 1st and 2nd stages of labour. 1:1 continuous nursing is applicable regardless of the Most Responsible Provider (MRP) designation.

For birth, 1 nurse who is responsible for the mother/parent and 1 nurse with neonatal resuscitation skills whose sole responsibility is the baby. The 2:1 ratio applies for both vaginal and cesarean births.

- **The immediate postpartum period** is defined as 2 hours after birth. During the immediate postpartum recovery period, there should be 1 nurse for the mother/parent and 1 nurse for the baby. In the case of multiples, there should be 1 nurse for each baby. When the conditions of mother/parent and baby are determined to be stable and the critical elements are met, 1 nurse can care for both the mother/parent and the

baby. The determination of stability of the mother/parent and baby can be made prior to the end of the immediate postpartum period. Please refer to AWOHNN for further criteria outlining the critical elements for the mother/parent's care and the baby's care before the mother/parent's nurse accepts the baby as part of the patient care assignment.

- **For cesarean births,** during the initial admission to the OB PACU, 2 nurses should be in attendance, 1 for the mother/parent and 1 for the baby. After the critical elements have been met and the mother/parent and baby are stable, 1 nurse can care for the mother/parent and baby, with a second nurse available to assist, as necessary. In the case of multiples, there should be 1 nurse for each baby. Please refer to AWOHNN for further criteria outlining the critical elements for the mother/parent's post-anesthesia care after cesarean birth and the baby's care before the mother/parent's nurse accepts the baby as part of the patient care assignment.

POSTPARTUM UNIT

DEFINITION – A postpartum unit refers to:

- An inpatient unit which is organized, operated, and maintained to care for women/people and their newborns after delivery, as well as for women/people who are having complications related to the postpartum period.

RATIO

1:3 (dyad)

1:4 (mother/parent only)

GUIDELINES

As per the AWOHNN Standard, the 1:3 ratio applies to dyads after the 2-hour recovery period (with consideration for assignments with mixed acuity rather than all recent postcesarean cases). In addition, there should be no more than 2 women/people on the immediate postoperative day who are recovering from cesarean birth as part of the nurse-to-patient ratio of 1 nurse to 3 dyads.

For the 1:4 (mother/parent only) ratio, there should be no more than 2–3 women/people on the immediate postoperative day who are recovering from cesarean birth as part of the nurse-to-patient ratio of 1 nurse to 4 women/people without complications; their newborns are cared for by another nurse.

NEWBORN CARE NURSERY

DEFINITION – A newborn care nursery refers to:

a) a multi-day inpatient unit which is organized, operated, and maintained to provide care for:
   i. low risk newborns who are well or who have minor conditions and are medically stable, and
   ii. meet levels 1a) of Neonatal Levels of Care

RATIO

1:3

GUIDELINES

Level 1a of Neonatal Levels of Care refers to newborns requiring continuing care.