



# PERINATAL NURSING STANDARDS IN CANADA

2018

Canadian Association of Perinatal  
and Women's Health Nurses

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# PERINATAL NURSING STANDARDS

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# PERINATAL NURSING STANDARDS

## INTRODUCTION TO THE STANDARDS FOR PERINATAL NURSING IN CANADA

Perinatal nursing is a specialty practice in Canada. The Canadian Association of Perinatal and Women's Health Nurses (CAPWHN) is the national organization which represents perinatal nurses across the country. CAPWHN aims to promote excellence in perinatal nursing practice, leadership, education, and research.

Perinatal nurses strive to provide excellence in care. Perinatal nursing standards reflect current evidence and aim to assist both novice and experienced nurses to execute their role as they provide care to childbearing persons and their families.

Perinatal nurses care for families across the reproductive care continuum. In this new iteration of the practice standards, gender inclusive language has been adopted in order to promote inclusivity thereby supporting family-centered, equitable care. Respect for diversity extends to colleagues in the workplace.

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) was the leadership organization of which AWHONN Canada was a member when the existing standards were created just prior to the formation of CAPWHN, and have been in place since 2009. The past presidents of CAPWHN committed to updating the standards for perinatal nursing to reflect the values and principles of CAPWHN as a Canadian organization. The current revision of the perinatal standards was informed by conversations with CAPWHN members, and a review of standards from other associations, including:

- Entry to Practice Competencies for Nursing Care of the Childbearing Family for Baccalaureate Programs in Nursing developed by the Canadian Association of Schools of Nursing (CASN)
- The list of competencies for the Perinatal Nursing Exam through the Canadian Nurses Association (CNA).

As the current and past presidents, with you, our members, we continue to be committed to promoting the highest standard of care for childbearing families. We hope that this resource will serve as a guide in your journey for excellence.

Sharon Dore, RN, PhD (2016- Current President)

Lisa Keenan-Lindsay, RN, MN, PNC(C) (2014-2015)

Nancy Watts, RN, MN, PNC(C) (2014)

Melanie Basso, RN, MSN, PNC(C) (2012)

Luisa Ciofani RN, M.Sc.(A), IBCLC, PNC(C) (2011)

# PERINATAL NURSING STANDARDS

## Values and Guiding Principles for Perinatal Nursing in Canada



**Caring:** We foster caring relationships with childbearing persons and families by providing safe, compassionate, competent and ethical care, promoting family health and development, and assisting when childbearing challenges occur. Caring is demonstrated through authentic presence which is achieved by addressing physical, emotional, spiritual, and psychosocial needs throughout the care trajectory.



**Health and Well-being:** We promote health and well-being by assisting childbearing persons and their families to strengthen their knowledge and skills to achieve their optimal level of well-being throughout the childbearing continuum.



**Justice:** We uphold principles of justice by safeguarding human rights, equity and gender inclusivity, and fairness with childbearing persons, families, and newborns.



**Informed Decision-making:** We recognize the rights of patients to make informed choices that are congruent with their own beliefs and values, and advocate for them to act on this right.



**Dignity:** We share the intimacy of childbirth with childbearing persons and their families. Knowing that childbirth creates lasting memories of this important developmental transition, we strive to positively influence the childbearing experience by creating a healing environment that promotes and protects human dignity.



**Confidentiality:** We recognize the importance of privacy, confidentiality, and maintaining the trust of childbearing persons and their families.



**Accountability:** We act with integrity and in a manner consistent with our professional obligations, responsibilities, and standards of practice.

# PERINATAL NURSING STANDARDS

## CANADIAN PERINATAL PROFESSIONAL NURSING STANDARDS

### BECOMING PROFICIENT

Novice to expert



### LIFELONG LEARNER

Professional goals, Competencies and Standards are foundational.



### GRADUATION

The new grad refers to the CASN ENTRY TO PRACTICE Competencies to guide practice

### PROFESSIONAL DEVELOPMENT

Further education, Rounds, Journals, Conferences, Preceptors, Leadership, CNA Certification

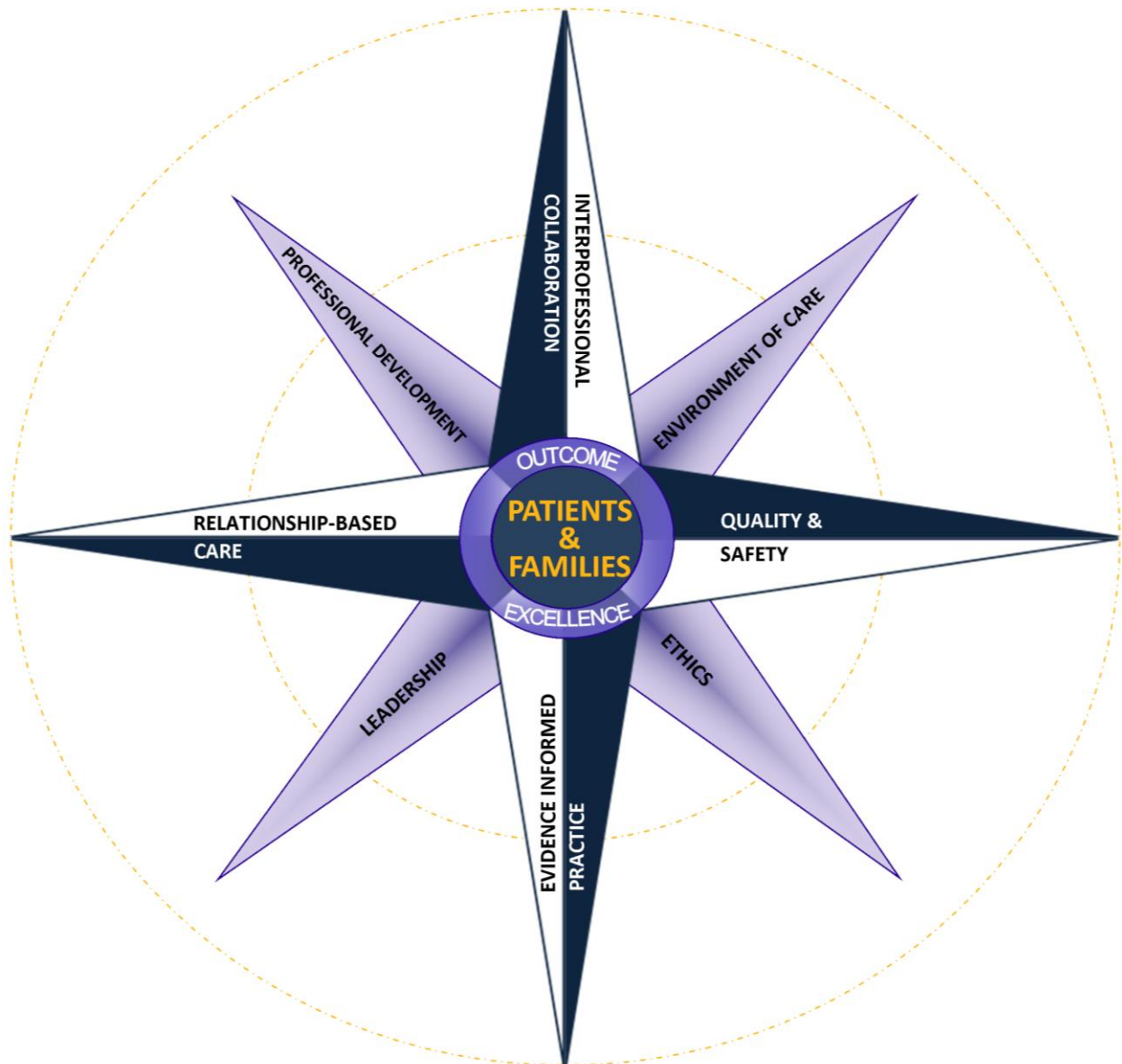


Examples of strategies for Professional Development as a Perinatal nurse includes reading professional journals, attending conferences, courses, webinars, rounds, & workshops, use of e-learning modules, and by membership in a specialty professional organization

# PERINATAL NURSING STANDARDS

## The Professional Perinatal Practice Compass Model

The Professional Perinatal Practice Compass Model is meant to pictorially illustrate the key domains that guide perinatal nurses' interactions with childbearing persons, newborns and their families. The aim of the model is to articulate the four domains of the Perinatal Nursing Standards, as well as the four threads that are woven through to guide the development of proficient practitioners throughout their professional perinatal nursing career in Canada.



Adapted from:

<https://reading.towerhealth.org/medical-professionals/nursing/professional-practice/>

# PERINATAL NURSING STANDARDS

## CAPWHN Standards for Perinatal Nursing Care in Canada

### Perinatal Nursing in Canada

Perinatal nursing care is provided across the childbearing continuum. This journey starts with planning the pregnancy (pre-conception), and continues through to antenatal, intrapartum, postpartum, and healthy newborn care for the first 3 months. Perinatal nurses collaborate to plan and provide care to promote the best possible perinatal journey with the childbearing person and family members. Family is defined by the childbearing person. Perinatal nurses use the principles of family-centered and newborn care, an approach that empowers individuals and families to actively participate in their care through informed decision-making in practices that are safe and value the diversity of people's lives (PHAC, 2017). Perinatal nurses recognize that each childbearing journey is unique and is influenced by values, culture, ethnicity, religion, and the social determinants of health. Perinatal nurses acknowledge that caring for childbearing persons and families is an honour and a privilege. Perinatal nurses strive to respect and promote the autonomy of all persons in their care.

The CAPWHN Standards for Perinatal Nursing Care in Canada are defined from within the Professional Perinatal Practice Compass Model. There are four primary domains that form the basis of the CAPWHN Standards. The purpose of the standards are to:

- Describe the perinatal nurse's responsibility to childbearing persons, families and newborns
- Delineate the various knowledge, skills and behaviours for which the professional nurse is accountable.

These four domains are described as follows:

1. Relationship-Based Care
2. Interprofessional Collaboration
3. Evidence-Informed Practice
4. Quality and Safety



# PERINATAL NURSING STANDARDS

## Standard #1: Relationship-Based Care

Relationship-based care is a model of delivering healthcare that involves caring for, and connecting with other human beings; it is the way perinatal nurses provide care with childbearing families and each other.

### Perinatal nurses:

1. Recognize that each childbearing person and family is physically, socially, culturally, psychologically, and spiritually unique and that all bring individual strengths to the childbearing experience
2. Provide person and family-centered care that empowers the person to acknowledge their strength, competence, confidence and capability as parents who trust themselves.
3. Develop and implement individualized care plans that acknowledge the importance of safety for childbearing persons and families, including the recognition of culture and diversity
4. Empathize with persons and their families to understand the power of childbearing experiences and the influence of other significant life events on the childbearing experience
5. Provide a supportive physical and emotional presence to childbearing persons, newborns, and families
6. Affirm the dignity of childbearing persons, newborns, and families by providing care with honour and respect, recognizing that the childbearing person or family members may have experienced trauma
7. Provide physical privacy and minimize intrusions that are not related to necessary care
8. Support active participation of the family in the childbearing journey, as desired by the childbearing person
9. Promote family development by facilitating the passage of childbearing persons, newborns and families through new life and role transforming events experienced through the perinatal continuum
10. Intervene with, and report, colleagues who may be providing disrespectful or incompetent care to childbearing persons and families

# PERINATAL NURSING STANDARDS

## Standard #2: Interprofessional Collaboration

Interprofessional collaboration is described when multiple health care providers from different professional backgrounds working together with childbearing persons, families, newborns and communities to deliver the highest quality of care.

### Perinatal Nurses:

1. Direct or participate in the coordination of care with families
2. Work together to create an individualized plan of care with families
3. Collaborate with all health care team members
4. Assign or delegate tasks based on the needs of the childbearing person, newborn, and family
5. Collaborate with nursing colleagues and other members of the health care team and families in the implementation of the plan of care to include community resources and system supports as appropriate
6. In collaboration with other health care providers, identify and participate in guiding nursing actions in emergency situations. This includes participation in debriefing and subsequent quality review activities
7. Participate in interprofessional team work and education such as simulation exercises and skill drills to mitigate/reduce the risk of adverse perinatal outcomes
8. Work with interdisciplinary colleagues, students, and nursing leaders in a collaborative and respectful way, recognizing the power differentials inherent in various provider roles

## Standard #3: Quality and Safety

Quality and safety places an emphasis on the system of care delivery that aims to prevent errors, learns from the errors that do occur, and relies on a culture of safety that involves all health care professionals, organizations, and patients.

### Perinatal Nurses:

1. Participate in data collection through comprehensive documentation/charting based on improving the care of childbearing persons and families that includes:
  - i. Unit-based, institutional, provincial, or national data requirements
  - ii. Research or knowledge translation initiatives
  - iii. Measurement of outcomes and dashboards to monitor quality initiatives
2. Collaborate with childbearing persons/ families in development of a plan of care that is:
  - i. Individualized based on the social determinants of health such as socioeconomic status, education level, culture, gender, religious beliefs and personal care preferences, including indigenous social determinants of health such as racism, colonization, and political marginalization
  - ii. Confidential and shared only within the circle of care and asking permission if information/care needs to be shared for the safety of the patient/infant

# PERINATAL NURSING STANDARDS

- iii. Evidence-informed and continuously validated and updated based on childbearing persons/family care needs, experiences and preferences
- 3. Are responsible for their own lifelong professional development plan which includes:
  - i. Participating in annual professional reviews (institutional requirements, provincial nursing association/college)
  - ii. Practicing at all times within current legislation, institutional policies/ procedures, and use of evidence-based information
  - iii. Providing ongoing evidence of competence by maintaining a professional practice portfolio with current education (e.g. conferences, workshops, rounds, self-study) and leadership opportunities (e.g. mentoring)
  - iv. Participating in interprofessional teams working toward advances in perinatal care
- 4. Understand the importance of safety initiatives within clinical practice and actively participate in:
  - i. Teaching persons/families about safety that aligns with the tenets of health promotion and prevention, such as immunization practices, hand hygiene, routine perinatal and postpartum health care appointments
  - ii. Safety reporting when serious clinical situations happen or “near misses” occur
  - iii. Following up with recommendations from near misses or breaches in safety

## Standard #4: Evidence-Informed Practice

Evidence-informed practice uses evidence to identify the potential benefits, harms and costs of any intervention and acknowledges that what works in one context may not be appropriate in another. Evidence informed practice brings together local experience and expertise with the best available evidence from research.

### Perinatal Nurses:

- 1. Model professionalism with childbearing persons, families, and health providers by:
  - i. Delivering nonjudgmental care that is sensitive to individual care needs. Individualized care is based on the social determinants of health such as socioeconomic status, education level, culture, gender, religious beliefs and personal care preferences
  - ii. Achieving and maintaining certification within the specialty area
- 2. Strive to create or maintain healthy work environments by:
  - i. Providing individual coaching and mentoring
  - ii. Respecting the diversity of colleagues
  - iii. Creating an ethical climate (shared values, high ethical standards)
  - iv. Providing peers with constructive feedback
- 3. Demonstrate a commitment to lifelong learning for self and others by utilizing best evidence to guide practice

# PERINATAL NURSING STANDARDS

4. Provide direct care or participate in the coordination of care by:
  - i. Prioritizing clinical assessments and subsequent care requirements to childbearing persons and families with the most acute needs
  - ii. Creating individualized plans of care for families
  - iii. Collaborating with health care team members
  - iv. Assigning or delegating tasks based on the needs of the childbearing person, newborn and family
5. Serve in key roles in the work setting by:
  - i. Participating in research activities that are appropriate to the nurse's position
  - ii. Participating in committees or unit-based councils

## The Four Threads of the Compass Model

The Compass Model articulates four threads that provide the supportive background concepts that are found throughout perinatal nursing practice. They are expressed to foster further development of the professional aspirations of perinatal nurses.

The four threads include:

### Leadership

Leadership is required to advance perinatal nursing and to promote excellence in care. Perinatal nurses provide leadership for nursing care, education, administration and research programs that is consistent with their education, experience, and professional role.

### Perinatal nurses:

1. Demonstrate a commitment to the values and guiding principles of perinatal nursing and family-centred care.
2. Demonstrate accountability for and influence the quality of perinatal nursing practice.
3. Demonstrate understanding of the nursing profession, the complexities of nursing work, and the health care system.
4. Share knowledge of childbearing families when assisting with program/policy development and health service planning.
5. Function as change agents through reflective thinking, questioning assumptions, assessing alternatives and supporting change.
6. Participate in or provide leadership for committees relating to care delivery, policy and procedure development, ethical issues, research, education or professional development.
7. Support provincial, federal or international professional associations through membership and participation.
8. Implement government and regulatory mandates.
9. Articulate and highlight the contributions of perinatal nurses within the changing health care system.
10. Anticipate future directions, identify challenges and recommend appropriate action.

# PERINATAL NURSING STANDARDS

## Ethics

Perinatal nurses use their specialized knowledge and skills to clarify issues, explore options, facilitate change, and create new possibilities. The requirement to practice ethically in all domains is recognized at the provincial and national levels.

### Perinatal nurses:

1. Use the CNA Code of Ethics for Nurses (CNA, 2017) as well as provincial regulation to guide practice.
2. Seek available resources which are necessary to help formulate ethical decisions.
3. Maintain confidentiality and protect the privacy of clinical information consistent within legal and regulatory parameters. Maintain professional autonomy.
4. Act as a patient advocate acknowledging the strengths of and encouraging the childbearing person and family for self-advocacy.
5. Deliver care in a non-judgmental and non-discriminatory manner that is sensitive to patient diversity and patient preferences ensuring informed consent.
6. Deliver care in a compassionate manner that preserves patient autonomy, dignity, safety, and rights.
7. Ensure that childbearing persons and their newborns/families are protected and provided competent care by reporting incompetent, impaired, unethical or illegal healthcare practice.
8. Contribute to resolution of ethical issues for childbearing persons and their fetuses or newborns or family members, within health care services or systems appropriate to their role through participation in activities such as ethics committees.

## Professional Development

Perinatal nurses work autonomously and collaboratively within complex systems and across a variety of settings. The childbearing population varies and ranges from healthy childbearing individuals and newborns to those who are critically ill. The need for ongoing and lifelong professional development is recognized.

### Perinatal nurses:

1. Acquire knowledge and experience that reflect current evidence-informed practice in order to maintain skills and competence appropriate for one's specialty area, role, and practice setting.
2. Participate in and maintain professional records of educational activities required to provide evidence of competency.
3. Maintain licensure and certification as mandated by provincial and national licensing boards, health care facilities, and accrediting agencies.
4. Maintain certification within the specialty area of practice when appropriate, as a mechanism to demonstrate specialized knowledge.

# PERINATAL NURSING STANDARDS

5. Participate in lifelong learning, including educational activities related to evidence-based practice, knowledge acquisition, safety and professional issues.
6. Have knowledge of relevant practice parameters and guidelines of other organizations that focus on the delivery of health care services to childbearing persons, their newborns and families.
7. Share knowledge and skills with colleagues and other health care providers.
8. Interact with peers and colleagues to enhance one's own professional nursing practice and/or role performance.

## Environment of Care

Perinatal nurses practice in diverse and complex environments. An important responsibility of perinatal nurses is the creation of a supportive, safe, functional and welcoming environment for childbearing persons, newborns and their families as well as their colleagues and members of the interprofessional team.

**Perinatal nurses promote and maintain environments for care that achieve the following:**

1. Enhance person-centered, family-centred care.
2. Respect privacy and maintain dignity and confidentiality.
3. Promote health and safety, including use of trauma-informed care practices.
4. Utilize technology appropriately.
5. Utilize available resources effectively and efficiently.
6. Promote continuity of care and collaborative relationships between health care providers across the continuum of health care services (public health and First Nation communities).
7. Participate in continued learning and professional development.
8. Advocate for resources and/or environmental modifications needed to meet the unique needs of each childbearing family.

# PERINATAL NURSING STANDARDS

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# PERINATAL NURSING STANDARDS

## Appendix A

Entry to Practice Competencies for Nursing Care of the Childbearing Family for Baccalaureate Programs in Nursing Developed by the Canadian Association of Schools of Nursing (CASN)



### **Competency 1: Promotes and enhances the health of the childbearing person, baby, and family during the childbearing years.**

- 1.1 Articulates how the social determinants of health, health trends, and challenges affect the health of the childbearing person and family.
- 1.2 Articulates awareness of ethical issues related to childbearing, and reflects on the implications of caring for childbearing families.
- 1.3 Collaborates with the childbearing person and family to identify strengths and mobilize resources to promote health, and respond to health challenges during pregnancy, childbirth, and postpartum/newborn periods.
- 1.4 Engages in relational practice and uses client-centred approaches when interacting with the childbearing person and family to promote health and facilitate learning during the childbearing years.
- 1.5 Provides responsive and culturally safe nursing care to Indigenous and other diverse childbearing families related to pregnancy, childbirth, and postpartum transitions.
- 1.6 Demonstrates an awareness of diverse forms of gender identities, including LGBTQ2S families.
- 1.7 Collaborates with the interprofessional healthcare team in the assessment, planning, implementation, and evaluation of care with the childbearing person and family.
- 1.8 Evaluates the childbearing person and family's responses to care, and adapts appropriately.
- 1.9 Advocates for the childbearing person and family to promote sexual health, and enhance health and health care.
- 1.10 Demonstrates awareness and understanding of grief and loss across the perinatal continuum.
- 1.11 Identifies the principles of family-centered, trauma-informed care for the childbearing person and family.
- 1.12 Describes potential implications of trauma and violence on the responses and needs of the childbearing person and family.



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## **Competency 2: Provides safe and appropriate care for the childbearing family from preconception through pregnancy.**

- 2.1 Demonstrates awareness of and understands the social construction and impact of fertility/infertility on the childbearing person and childbearing family.
- 2.2 Describes family planning options and acknowledges the childbearing person's choices.
- 2.3 Promotes health during the preconception period and during pregnancy.
- 2.4 Demonstrates a holistic approach to the assessment of the childbearing person and family's responses to pregnancy and childbearing.
- 2.5 Identifies potential risk factors and warning signs during pregnancy.
- 2.6 Provides evidence-informed nursing care in relation to common perinatal health concerns during pregnancy.
- 2.7 Promotes access to the resources needed for health during pregnancy (e.g. nutritious foods, appropriate housing, and folic acid supplements).

## **Competency 3: Participates in the care of the childbearing family during childbirth.**

- 3.1 Participates in a comprehensive assessment of the childbearing person and fetus/baby throughout the stages of labour and birth.
- 3.2 Participates in assessing and meeting the learning and support needs of the childbearing person and family, including those related to labour progress, coping strategies, and procedures (e.g. induction of labour, or caesarean birth).
- 3.3 Collaborates with the healthcare team to provide care for the childbearing person and family during childbirth.
- 3.4 Collaborates with the healthcare team in identifying and responding to potential and actual complications during childbirth.
- 3.5 Promotes parental and family responsiveness and interaction with the newborn.
- 3.6 Provides nursing care that reflects the understanding of physiological and psychological processes and common challenges that occur during childbirth.

## **Competency 4: Cares for the childbearing family during the postpartum period.**

- 4.1 Conducts a physical and psychosocial assessment of the childbearing person following childbirth during the postpartum period.
- 4.2 Conducts a physical assessment of the healthy term baby, and recognizes and responds to abnormal findings.
- 4.3 Provides nursing care to the childbearing person and family in the postpartum period that demonstrates an understanding of physiological and psychosocial processes and potential complications.
- 4.4 Promotes the health of the childbearing family during the postpartum transition period (e.g. enhances confidence during early parenting experiences).
- 4.5 Facilitates the parents' learning and confidence related to caring for the baby.

# PERINATAL NURSING STANDARDS

- 4.6 Provides evidence- informed support for infant feeding that respects family decision-making about breastfeeding and alternatives.

## Glossary of terms:

- LGBTQ2S
- Health challenges
- Childbearing person
- Childbearing family
- Trauma-informed care
- Relational practices

# PERINATAL NURSING STANDARDS

## Appendix B

Perinatal Nursing Certification Examination  
Developed by Canadian Nurses Association (CNA)



### List of Assumptions

There are four central concepts that underpin perinatal nursing: environment, health, person and family, and nursing practice. The following assumptions were made in the development of the competencies for perinatal nursing.

The childbearing, pregnant, breastfeeding and postpartum person includes women and those individuals who prefer and/or choose terms other than “woman” to define their identities. This includes, but is not limited to, transgender, genderqueer and intersex people.

#### Perinatal Nursing Environment

- The five domains of practice (clinical care, education, administration, research and policy) are integrated throughout perinatal nursing.
- Perinatal nursing includes practice throughout the childbearing continuum (from preconception to 3 months after birth).
- The focus of perinatal care is to promote and advocate for the safety and well-being of the childbearing person, the family and the fetus/newborn.
- Perinatal nurses work with childbearing person(s) and their families in diverse and complex environments, including hospital, home, community and ambulatory care settings.

#### Health

- Childbearing is a dynamic and transformational biological, psychological, social and spiritual process.
- The childbearing continuum is influenced by determinants of health.
- The childbearing person’s and family’s health is defined within the context of their value system which is influenced by ethnicity, culture, socio-economic status and spiritual beliefs.

#### Person and Family

- The childbearing person includes individuals who may be contemplating or experiencing pregnancy, labour and birth and/or the postpartum period.
- The family is defined by the childbearing person and includes those people who are significant to the childbearing person.
- The relationship between the childbearing person, the family and the perinatal nurse is based on mutual respect and trust.

# PERINATAL NURSING STANDARDS

- The childbearing person and the family engage with the perinatal nurse and other health-care professionals to create and implement a plan of care that reflects their self-identified needs.

## Perinatal Nursing Practice

- Perinatal nursing practice includes therapeutic care, health surveillance, health promotion and illness prevention, shared decision-making and collaboration.
- The perinatal nurse who is eligible for certification is a registered nurse who practices in accordance with Professional registration/licensure and the Code of Ethics (Canadian Nurses Association, 2017).
- The perinatal nurse has a collaborative leadership role in promoting the health of childbearing persons and their families throughout the perinatal continuum.
- The perinatal nurse honours childbearing as a unique and life-altering experience and respects the diversity of meanings attached to these experiences.

## The Perinatal Nursing Exam List of Competencies

The competencies have been organized according to the following five categories: Preconception, Antenatal, Labour and Birth, Postpartum and Newborn and Infant Care.

The childbearing, pregnant, breastfeeding and postpartum person includes women and those individuals who prefer and/or choose terms other than “woman” to define their identities. This includes, but is not limited to, transgender, genderqueer and intersex people.

### Preconception

The perinatal nurse:

- 1.1 Interprets the preconceptional health history, including:
  - 1.1a obstetrical and reproductive health history (e.g., GTPAL, genital mutilation, reproductive surgery);
  - 1.1b medical history and associated therapies (e.g., diabetes, hypertension, obesity, thyroid disorders, physical challenges); and
  - 1.1c mental health history and associated therapies (e.g., depression, eating disorders, anxiety).
- 1.2 Selects appropriate nursing interventions for the childbearing person’s and/or family’s health before pregnancy based on:
  - 1.2a social history and resources (e.g., single or partnered, social supports);
  - 1.2b lifestyle (e.g., physical activity, sexual health, smoking, alcohol/substance use);
  - 1.2c nutrition (e.g., folic acid, food security, herbal supplements, cultural and religious practices);
  - 1.2d immunization (e.g., influenza, rubella, varicella); and
  - 1.2e environmental and occupational health hazards/exposures (e.g., infectious diseases, toxins, radiation).

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- 1.3 Demonstrates knowledge of:
  - 1.3a impaired fertility (e.g., common causes and treatments); and
  - 1.3b genetic risk (e.g., personal and family history of genetic diseases or disorders).
- 1.4 Selects appropriate nursing interventions in response to the following:
  - 1.4a abuse and/or intimate partner violence; and
  - 1.4b history of perinatal loss.

## Antenatal

The perinatal nurse:

- 2.1 Interprets the following data to establish health status during the antenatal period including:
  - 2.1a obstetrical and reproductive health history;
  - 2.1b medical history and associated therapies (e.g., immunization status, Rh status, pre-pregnancy BMI);
  - 2.1c mental health history and associated therapies (e.g., anxiety, depression, post-traumatic stress disorder [PTSD]);
  - 2.1d physiological changes (e.g., breast changes, weight gain, fundal height);
  - 2.1e psychosocial, emotional and developmental issues (e.g., body image, developmental tasks of pregnancy, grief and loss);
  - 2.1f nutrition (e.g., folic acid, herbal supplements, pica);
  - 2.1g physical activity;
  - 2.1h sexual health (e.g., STI screening, sexual activity, at-risk behaviour);
  - 2.1i culture and ethnicity;
  - 2.1j social support and resources (e.g., food and housing security, community referral);
  - 2.1k communication challenges (e.g., language, hearing or visual impairment, health literacy).
- 2.2 Advocates for the pregnant person's safety by:
  - 2.2a screening for intimate partner violence and/or abuse; and
  - 2.2b selecting appropriate nursing interventions when intimate partner violence and/or abuse has been identified (e.g., referral).
- 2.3 Discusses with the pregnant person and the family regarding:
  - 2.3a common discomforts of pregnancy (e.g., fatigue, heartburn, constipation);
  - 2.3b warning signs of complications in pregnancy (e.g., bleeding, pain, decreased fetal movement);
  - 2.3c environmental risks (e.g., chemical exposure, occupational hazards, toxoplasmosis, vector-borne illness);
  - 2.3d food safety (e.g., listeriosis, fish, raw foods, unpasteurized foods).
- 2.4 Identifies the indications for and implications of prenatal testing (e.g., laboratory tests, ultrasounds, glucose tolerance testing, genetic tests).
- 2.5 Identifies key elements of fetal development (e.g., critical periods of development for each body system).

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- 2.6 Interprets results of fetal health surveillance, including:
  - 2.6a fetal movement;
  - 2.6b fetal heart rate auscultation;
  - 2.6c biophysical profile; and
  - 2.6d electronic fetal monitoring (e.g., non-stress test).
- 2.7 Selects appropriate nursing interventions based on the following antenatal conditions:
  - 2.7a nausea and vomiting of pregnancy;
  - 2.7b threatened preterm labour (e.g., fetal fibronectin, fetal lung maturation);
  - 2.7c rupture of membranes (e.g., preterm or premature);
  - 2.7d antepartum hemorrhage (e.g., abruptio placenta, placenta previa, spontaneous abortion);
  - 2.7e physical trauma (e.g., falls, motor vehicle collision, violence);
  - 2.7f hypertensive disorders of pregnancy (e.g., gestational, preeclampsia);
  - 2.7g hematological disorders (e.g., anemia, idiopathic thrombocytopenic purpura [ITP], sickle cell anemia, thrombophilias);
  - 2.7h diabetes (e.g., pre-existing, gestational, type 2);
  - 2.7i infections (e.g., sexually transmitted infections, group B streptococcus, parvovirus, periodontal disease, influenza, MRSA);
  - 2.7j Selects appropriate nursing interventions based on the following antenatal conditions: multiple gestation (e.g. chorionicity, presentation, higher order);
  - 2.7k mental health conditions (e.g., depression, eating disorders, anxiety);
  - 2.7l pre-existing medical conditions (e.g., asthma, obesity, epilepsy, cardiovascular disorders, renal disorders, cancer); and
  - 2.7m substance use (e.g., smoking, alcohol, prescription and non-prescription drugs, recreational drugs).
- 2.8 Assists the pregnant person and family to adapt to an at-risk pregnancy (e.g., anxiety and stress related to outcome of pregnancy and need for increased surveillance).
- 2.9 Selects appropriate nursing interventions when caring for the pregnant adolescent (e.g., developmental tasks of adolescence, health risks, nutrition, body image, social support).
- 2.10 selects appropriate nursing interventions when caring for the pregnant person with advanced age (e.g., health risks, anxiety).
- 2.11 Selects appropriate nursing intervention when caring for a person with an unplanned pregnancy (e.g., social/emotional support, community resources, pregnancy choices).
- 2.12 Collaborates with the pregnant person to promote informed choice (e.g., infant feeding, antenatal testing, circumcision, VBAC).
- 2.13 Selects nursing interventions to promote breastfeeding (e.g., benefits of breastfeeding, risks of breast milk substitutes [formula], skin-to-skin care).
- 2.14 Collaborates with the pregnant person and family to identify their learning needs related to labour, birth and transition to parenting (e.g., prenatal education, adoption, surrogate pregnancy).

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## Labour and Birth

### The perinatal nurse:

- 3.1 Interprets data to establish presenting health status during labour and birth including:
  - 3.1a antenatal and obstetrical history;
  - 3.1b medical history (e.g., asthma, obesity, infectious diseases, cardiovascular disease, physical challenges);
  - 3.1c mental health history (e.g., depression, anxiety, post-traumatic stress disorder [PTSD]);
  - 3.1d social history (e.g., substance use, smoking, violence, financial resources, family support);
  - 3.1e communication challenges (e.g., language, hearing or visual impairment, health literacy); and
  - 3.1f diagnostic investigations (e.g., laboratory results, ultrasound).
- 3.2 Interprets intrapartum data to determine the status of labour, including:
  - 3.2a Leopold maneuvers;
  - 3.2b assessment of contractions;
  - 3.2c vaginal exam (e.g., dilatation, effacement, station, presentation, position); and
  - 3.2d membrane status.
- 3.3 Selects appropriate method(s) of fetal surveillance during labour (e.g., intermittent auscultation, continuous fetal heart monitoring).
- 3.4 Interprets data related to fetal well-being including:
  - 3.4a fetal heart rate patterns;
  - 3.4b amniotic fluid; and
  - 3.4c fetal scalp sampling.
- 3.5 Selects appropriate nursing interventions in the presence of atypical or abnormal fetal heart rate (FHR) patterns.
- 3.6 Selects appropriate nursing interventions related to the labouring person's and family's adaptation to labour (e.g., coping with labour, birth plan/preferences, pain assessment).
- 3.7 Selects appropriate nursing interventions to promote progress of all stages of labour (e.g., continuous labour support, position changes, mobility).
- 3.8 Implements appropriate nursing interventions to provide pain management using:
  - 3.8a non-pharmacological options (e.g., massage, warm or cold compresses, hydrotherapy, relaxation and distraction, continuous labour support, TENS, sterile water injection);
  - 3.8b nitrous oxide;
  - 3.8c opioid analgesia (e.g., patient-controlled analgesia [PCA]); and
  - 3.8d epidural analgesia (e.g., patient-controlled epidural analgesia [PCEA]).
- 3.9 Selects appropriate nursing interventions to manage the following actual or potential complications during labour:
  - 3.9a labour dystocia (e.g., augmentation);
  - 3.9b hypertensive disorders of pregnancy (e.g., seizure prophylaxis);

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- 3.9c diabetes (e.g., changing insulin requirements);
- 3.9d preterm labour (e.g., fetal neuroprotection, extremes of viability);
- 3.9e prolonged rupture of membranes;
- 3.9f infections (e.g., group B streptococcus, active herpes, HIV);
- 3.9g multiple gestation (e.g., presentation, risk for postpartum hemorrhage);
- 3.9h fetal compromise (e.g., anomalies, intrauterine growth restriction, amniotic fluid abnormalities);
- 3.9i intrauterine fetal demise;
- 3.9j gynecological complications (e.g., previous uterine and cervical surgeries, fibroids, genital mutilation, cervical sutures);
- 3.9k history of sexual abuse and/or violence;
- 3.9l obesity (e.g., slow progress of labour, challenges with monitoring uterine contractions and fetal status);
- 3.9m fetal presentation (e.g., occiput posterior, planned breech birth); and
- 3.9n trial of labour after cesarean (e.g., VBAC).
- 3.10 Selects appropriate nursing interventions to respond to the following urgent and emergent situations in the intrapartum period:
  - 3.10a atypical and abnormal electronic fetal heart rate patterns;
  - 3.10b complications of hypertensive disorders of pregnancy (e.g., hemolysis, elevated liver enzymes, low platelet count [HELLP] syndrome, eclampsia);
  - 3.10c hemorrhage (e.g., abruptio placenta, placenta previa, disseminated intravascular coagulation [DIC]);
  - 3.10d shoulder dystocia;
  - 3.10e malpresentation (e.g., unexpected breech, transverse lie);
  - 3.10f uterine rupture;
  - 3.10g cord complications (e.g., prolapse);
  - 3.10h precipitous birth;
  - 3.10i abnormal placentation (e.g., vasa previa, placenta accreta); and
  - 3.10j urgent or emergent cesarean birth.
- 3.11 Selects appropriate nursing interventions for the person experiencing planned cesarean birth.
- 3.12 Identifies indications for and risk factors associated with cervical ripening, induction of labour or augmentation.
- 3.13 Selects appropriate nursing interventions for the person receiving the following methods of cervical ripening, labour induction or augmentation:
  - 3.13a prostaglandin;
  - 3.13b mechanical methods (e.g., Foley catheter)
  - 3.13c artificial rupture of membranes;
  - 3.13d oxytocin; and
  - 3.13e misoprostol.
- 3.14 Selects appropriate nursing interventions for assisted vaginal births using vacuum or forceps.



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- 3.15 Identifies the risk factors for postpartum hemorrhage.
- 3.16 Implements appropriate nursing interventions to manage postpartum hemorrhage.
- 3.17 Identifies risk factors for newborns who may experience challenges with transition to extrauterine life.
- 3.18 Implements nursing interventions for the newborn who requires resuscitation (e.g., neonatal resuscitation [NRP]).
- 3.19 Assigns the Apgar score.
- 3.20 Implements appropriate nursing interventions to promote optimal newborn transition to extrauterine life (e.g., skin to skin).
- 3.21 Selects appropriate nursing interventions when administering medications to the newborn (e.g., vitamin K, erythromycin ointment, prophylaxis based on transmissible infections [HIV, hepatitis]).
- 3.22 Facilitates parental and family attachment to the newborn.
- 3.23 Selects appropriate nursing interventions to facilitate initiation of breastfeeding.

## Postpartum (up to 3 months)

The perinatal nurse:

- 4.1 Interprets data to establish health status during the postpartum period including:
  - 4.1a pre-existing medical conditions (e.g., diabetes, obesity, hypertension, thyroid dysfunction);
  - 4.1b pre-existing or new onset mental health conditions (e.g., depression, bipolar);
  - 4.1c past and present obstetrical history (e.g., cesarean birth, assisted vaginal birth, spontaneous vaginal birth); and
  - 4.1d lifestyle (e.g., substance use, smoking, violence, financial resources, social supports).
- 4.2 Selects nursing interventions to promote confidence in parenting and support family development related to:
  - 4.2a promoting attachment;
  - 4.2b identifying learning opportunities (e.g., infant care, parenting roles);
  - 4.2c evaluating learning outcomes (e.g., self-care and infant care); and
  - 4.2d preparing for transition to home.
- 4.3 Identifies key elements of postpartum physical assessment (e.g., fundus, lochia, perineum, breasts, vital signs, incision).
- 4.4 Identifies key elements of postpartum psychosocial assessment (e.g., birth experience, mood).
- 4.5 Selects appropriate nursing interventions to manage the following actual or potential conditions during the postpartum period:
  - 4.5a pain (e.g., perineal, incisional);
  - 4.5b fluid imbalance (e.g., shortness of breath, dehydration, edema);
  - 4.5c bladder dysfunction (e.g., urinary retention, incontinence);
  - 4.5d bowel dysfunction (e.g., constipation, hemorrhoids);
  - 4.5e impaired skin integrity (e.g., perineum, cesarean incision, hematoma, nipples);

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- 4.5f postpartum emotional adjustment (e.g., “baby blues,” postpartum depression);
- 4.5g anemia;
- 4.5h immunization status (e.g., rubella, pertussis, varicella);
- 4.5i Rh negative;
- 4.5j infections (e.g., wound, uterine, breast and urinary tract infections);
- 4.5k substance use (e.g., methadone);
- 4.5l mobility challenges (e.g., symphysis pubis separation); and
- 4.5m risk for venous thromboembolism (e.g., increased BMI, limited mobility).
- 4.6 Selects appropriate nursing interventions to respond to the following urgent and emergent situations in the postpartum period:
  - 4.6a post-epidural/spinal complications (e.g., post-dural puncture headache);
  - 4.6b hemorrhage (e.g., uterine atony, laceration, retained placental tissue);
  - 4.6c thromboembolic events (e.g., pulmonary embolism, deep vein thrombosis [DVT]);
  - 4.6d hypertensive disorders of pregnancy (e.g., seizures, HELLP);
  - 4.6e sepsis; and
  - 4.6f postpartum psychosis.
- 4.7 Selects appropriate nursing interventions to promote self-care (e.g., physical and emotional).
- 4.8 Selects appropriate nursing interventions to support the family experiencing grief and loss related to:
  - 4.8a admission to intensive care (e.g., postpartum person, newborn);
  - 4.8b newborn anomalies (e.g., cleft lip, cardiac condition, chromosomal abnormalities);
  - 4.8c perinatal loss (e.g., fetal or neonatal demise, apprehension, adoption, intrapartum or postpartum death); and
  - 4.8d unexpected outcome (e.g., birth trauma, loss of idealized infant, loss of idealized birth experience).
- 4.9 instructs family on follow-up care post-discharge (e.g., postpartum checkup, community resources).

## Newborn and Infant Care (up to 3 months)

The perinatal nurse:

- 5.1 Identifies key elements of newborn physical assessment (e.g., expected findings and variants, vital signs).
- 5.2 Selects appropriate nursing interventions to promote thermal stability of the newborn (e.g., skin to skin).
- 5.3 Selects appropriate nursing interventions based on the following actual or potential newborn complications:
  - 5.3a hypoglycemia;
  - 5.3b hypothermia or hyperthermia;
  - 5.3c hyperbilirubinemia;
  - 5.3d abnormal physical assessment (e.g., birth trauma, cardiac irregularities, subgaleal hemorrhage);

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- 5.3e infections (e.g., group B streptococcus, sepsis);
- 5.3f neonatal abstinence syndrome;
- 5.3g manifestations of illness (e.g., lethargy, poor feeding, regurgitation, tachypnea, indrawing); and
- 5.3h pain or stress (e.g., procedural, birth trauma).
- 5.4 Selects appropriate nursing interventions to address newborn care related to:
  - 5.4a infant hygiene (e.g., bathing, skin care, cord care);
  - 5.4b newborn screening (e.g., metabolic, hearing, pulse oximetry); and
  - 5.4c prevention of plagiocephaly (e.g., tummy time).
- 5.5 Selects appropriate nursing interventions to address newborn safety in the hospital and/or at home related to:
  - 5.5a infant security (e.g., unattended infant);
  - 5.5b safe infant sleep (e.g., flat surface, place on back to sleep);
  - 5.5c environment (e.g., second- and third-hand smoke, room temperature);
  - 5.5d equipment (e.g., car seat, crib); and
  - 5.5e infant behaviours (e.g., crying, cluster feeding).
- 5.6 Demonstrates knowledge of normal infant growth and development including:
  - 5.6a physical (e.g., growth spurts, weight gain);
  - 5.6b neurological (e.g., reflexes);
  - 5.6c social (e.g., smile); and
  - 5.6d behavioural states (active alert, quiet alert, sleeping, drowsy).
- 5.7 Selects appropriate nursing interventions for effective breastfeeding (e.g., cues, latch, feeding assessment, feeding patterns, adequate intake and output).
- 5.8 Selects appropriate nursing interventions to support exclusive breastfeeding (e.g., hand expression, skin-to-skin contact).
- 5.9 Identifies medical indications and appropriate methods for supplementation of breastfed infants.
- 5.10 Selects appropriate nursing interventions to address common breastfeeding challenges related to the:
  - 5.10a newborn (e.g., sleepy or fussy, prematurity, tongue tie, candidiasis); and
  - 5.10b breastfeeding person (e.g., sore nipples, engorgement, breast surgery, mastitis, candidiasis, flat or inverted nipples).
- 5.11 Selects appropriate nursing interventions related to milk expression (e.g., techniques, indications, handling and storage).
- 5.12 selects appropriate nursing interventions for the new parent and/or family choosing to use breast milk substitute (e.g., preparation, safe storage, feeding cues and amount, output).
- 5.13 Selects nursing interventions to support the new parent(s) in the transition to parenthood (e.g., accessing community resources, social supports, shaken baby syndrome prevention).
- 5.14 Instructs family on follow-up care (e.g., immunization, infant checkup).

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