



# National Association of Neonatal Nurses

## Position Statement #3009 Minimum RN Staffing in NICUs

### Introduction

External economic forces have led to disruptions in the classic regionalization plan for perinatal neonatal care. Intense competition for lucrative health care contracts has given hospitals a financial incentive to retain clients in their institutions or within their own systems, rather than transfer them to outside institutions (American Academy of Pediatrics, 1997). These economic pressures have prompted hospital administrators to redesign staffing patterns in an effort to cut operating costs.

The National Association of Neonatal Nurses (NANN) remains committed to promoting optimal, high-quality neonatal nursing care and advocating for newborns and their families. As part of this mission, the Association issues this position statement on absolute minimum professional nurse staffing in specialty care or subspecialty NICUs (Levels II, III, or variations of these levels). The delivery of safe and effective neonatal nursing care requires the assurance of a sufficient number of qualified registered nurses to attend to the emergent complex care needs of the patients.

Current nursing workloads in these critical care units are unprecedented as patient acuity, technology, and the scope of practice increases. Professional nursing resources must be sufficient to provide appropriate care based on the physiologic stability of individual patients to ensure delivery of a quality standard of nursing care-including parent education, bereavement care, and emergency response.

### Nurse Availability

In periods of increased census, more registered nurses are required. In periods of diminished census, these qualified registered nurses must remain immediately available to the neonatal specialty area. Additional nursing staff or on-call available staff resources must be appropriate to cover transport services; outreach services; nursing resources shared or committed to other service areas, such as delivery room, admission, and observation areas, surgery, or radiology; and other nursing responsibilities specific to each unit.

During periods of decreased patient census or reduced patient acuity, an absolute minimum of two registered nurses are required to respond adequately to resuscitative emergencies; to assess emergent metabolic states such as hypoglycemia; and to manage cardiorespiratory emergencies such as mechanical ventilation or the decompression of a pneumothorax. Polin, Yoder, and Burg (1993) summarize the unique potential for sudden emergency intervention in the neonatal population, "No age group is more susceptible to asphyxia or is as frequently in need of resuscitation than the neonate".

Resuscitation occurrences are not confined to the delivery process. They can and do occur at any time during hospitalization. These events mandate the immediate availability of qualified personnel and equipment (Bloom & Cropley, 1998).

### Nurse-Patient Ratio

During those periods when fewer than six intermediate patients or four intensive care neonatal patients are in the unit, it is NANN's position that at all times neonatal specialty care requires a minimum of two registered nurses with neonatal expertise and training.

This position statement supplements available staffing ratio recommendations such as those found in the American Academy of Pediatrics Guidelines for Perinatal Care (1997). These guidelines suggest a minimum staffing of one registered nurse for every two to three patients in intermediate care and one nurse for every one to two patients in intensive neonatal care. Administrative pressure may exist to reduce professional staff to one registered nurse or replace them with unlicensed personnel. NANN does not believe such staffing patterns provide for safe or adequate nursing care based on the needs of physiologically at risk or compromised neonatal patients. This position statement also supports the NANN Standards of Care for Neonatal Nursing Practice (NANN, 1998). NANN

recognizes that minimum staffing ratios are sometimes set forth by the state. When there are state guidelines regarding staffing these must be followed.

## References

American Academy of Pediatrics. (1997). Guidelines for perinatal care. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics and American College of Obstetricians and Gynecologists.

Bloom, R. S., & Cropley, C. (1998). American Academy of Pediatrics and American Heart Association. Textbook of neonatal resuscitation. Elk Grove Village, IL: American Academy of Pediatrics and American Heart Association.

National Association of Neonatal Nurses (NANN). (1998). Standards of care for neonatal nursing practice. Petaluma, CA: NANN.

Polin, R., Yoder, M., & Burg, F. (1993). Workbook in practical neonatology. 2nd. Ed. Philadelphia: Saunders.

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