



KENTUCKY BOARD OF NURSING
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ADVISORY OPINION STATEMENT

ROLES OF NURSES IN THE CARE OF PRENATAL AND INTRAPARTUM PATIENTS

The Kentucky Board of Nursing is authorized by Kentucky Revised Statutes (KRS) Chapter 314 to regulate nurses, nursing education and practice, promulgate regulations and to issue advisory opinions on nursing practice, in order to assure that safe and effective nursing care is provided by nurses to the citizens of the Commonwealth.

The Kentucky Board of Nursing issues advisory opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guideline to licensees who wish to engage in safe nursing practice, and to facilitate the delivery of safe, effective nursing care to the public.

Opinion: Roles of Nurses in the Care of Intrapartum Patients

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Accountability and Responsibility of Nurses

In accordance with KRS 314.021(2), nurses are responsible and accountable for making decisions that are based upon the individuals' educational preparation and current clinical competence in nursing, and requires licensees to practice nursing with reasonable skill and safety. Nursing practice should be consistent with the *Kentucky Nursing Laws*, established standards of practice, and be evidence based.

Rationale for Advisory Opinion Statement

The Board receives multiple inquires related to the role of nurses in the care of prenatal and intrapartum patients. After review of the issue, the Board has issued the following advisory opinions:

Ultrasound/Ultrasonography

The performance of ultrasound imaging is not a component of prelicensure registered nursing education curricula. The Kentucky Board of Nursing recognizes, however, that registered nurses may become qualified to perform acts via continuing education or through completion of educational and supervised clinical practice. As stated in Kentucky Revised Statutes (KRS) 314.011(12), "Continuing education means participation in approved offerings beyond the basic nursing program that present specific content planned and evaluated to meet competency based behavioral objectives which develop new skills and upgrade knowledge." When a nurse is educationally prepared and clinically competent to perform an act and performs that act as a nurse, then the nurse [as stated in KRS 314.021(2)] is held accountable and responsible for performing the act in a safe, effective manner.

A nurse who is educationally prepared and clinically competent to perform ultrasound/ultrasonography may perform the act within the legal scope of registered nursing practice. The formulation of a medical diagnosis is not within the scope for registered nursing practice.

Determination of False Labor

It is within the scope of registered nursing practice for an RN to perform a medical screening exam (MSE) as required by the Emergency Medical Treatment and Labor Act (EMTALA). The RN completing the MSE is establishing the presence or absence of an emergency medical condition and is not engaged in making an independent medical diagnosis or developing a medical treatment plan.

An RN performing a medical screening exam should do so under the following conditions:

1. When all of the components of the MSE performed by the RN are within the registered nursing scope of practice;
2. The RN follows documented, facility approved policy, procedures and/or protocols that allow and guide MSE by registered nurses;
3. An authorized provider is available for consultation; and
4. The RN is educationally prepared and clinically competent to perform the MSE.

It is not within the scope of licensed practical nursing practice for an LPN to perform MSE; however, the LPN may contribute to the assessment as defined by the LPN scope of practice.

Intrapartum Patients

Nurses who care for intrapartum patients should provide care according to the STANDARDS FOR PROFESSIONAL NURSING PRACTICE IN THE CARE OF WOMEN AND NEWBORNS, (AWHONN, 2009), and according to appropriately established policies and procedures of the healthcare facility, which are consistent with the definitions of nursing practice. Nurses are responsible for having adequate educational preparation and clinical competence in the care of intrapartum patients. Registered nurses should have documented evidence of educational preparation and clinical competence, which includes supervised clinical practice and demonstration of competency in the performance of the application of fetal scalp leads.

After review of the statutes governing nursing practice, the STANDARDS FOR PROFESSIONAL NURSING PRACTICE IN THE CARE OF WOMEN AND NEWBORNS, (AWHONN, 2009), current evidence based practice literature, and the knowledge and skills required to provide nursing care for intrapartum patients, the Kentucky Board of Nursing issued the following opinion:

- The **initial and ongoing nursing assessment** of intrapartum patients should be performed by a registered nurse who possesses cognitive knowledge, clinical competence, and expertise in obstetric nursing. The performance of a **manual vaginal examination** to assess dilation, effacement of the cervix, and/or station of the fetus is within the scope of registered nursing practice.
- The **application of fetal scalp leads/electrodes** for internal fetal monitoring based upon a documented order of the provider or a written medically approved protocol, is within the scope of registered nursing practice provided that rupture of the membranes is documented and presentation is vertex and engaged.
- The **insertion of intrauterine pressure catheters** is not within the scope of registered nursing practice, but is within the scope of the advanced practice registered nurse (APRN), designated nurse midwife (CNM).
- The **artificial rupture of membranes** is not within the scope of registered nursing practice, but is within the scope of practice of the advanced practice registered nurse (APRN), designated nurse midwife (CNM).
- The **performance of an episiotomy** is not within the scope of registered nursing practice. The performance of an episiotomy, as identified in the document entitled, "Core Competencies for Basic Nurse Midwifery Practice, American College of Nurse Midwives", (2012), is within the scope of advanced registered nursing practice for the advanced practice registered nurse, designated nurse midwife (CNM).

The licensed practical nurse may assist in the care of intrapartum patients under the direct supervision of the registered nurse, APRN, or physician; however, it is not within the scope of licensed practical nursing practice to perform manual vaginal examinations, apply fetal scalp leads, or insert intrauterine pressure catheters. For more information see Kentucky Board of Nursing AOS #27 entitled, "Components of Licensed Practical Nursing Practice."

Administration of Medications Via Spinal Routes

The Board recognizes and supports the position of the Association of Women's Health, Obstetric and Neonatal Nurses that has issued a position statement entitled, "The Role of the RN in the Care of Pregnant Women Receiving Analgesia/Anesthesia by Catheter Techniques (Epidural, Intrathecal, Spinal, PCEA Catheters", (June 2007) [file:///C:/Users/kbn-lahoma/Downloads/Resources-Documents-pdf-5_Epidural%20\(3\).pdf](file:///C:/Users/kbn-lahoma/Downloads/Resources-Documents-pdf-5_Epidural%20(3).pdf) .

To that end, it is the opinion of the Board that the insertion, initial injection, bolus or rebolus injection, initiation of continuous infusion, verification of correct catheter placement, and increasing or decreasing the rate of a continuous infusion, is within the scope of the advanced practice registered nurse, designated nurse anesthetist.

Following stabilization of vital signs after either initial insertion, initial injection, bolus injection, rebolus injection, or initiation of continuous infusion by a licensed, credentialed anesthesia care provider, the educationally prepared, clinically competent non-anesthetist registered nurse, in communication with the obstetric and anesthesia care providers may:

- Monitor the status of the mother and fetus;
- Replace empty infusion syringes or infusion bags with new, pre-prepared solutions containing the same medication and concentration, according to standing orders provided by the anesthesia provider; and
- Stop the continuous infusion if there is a safety concern or the woman has given birth.

Application of Suprapubic Pressure and Fundal Pressure

The registered nurse may NOT apply fundal pressure during the second stage of labor, including but not limited to the following clinical circumstances: a) in the presence of a non-reassuring fetal heart rate pattern, b) maternal exhaustion, or c) in instances of shoulder dystocia.

Under specified conditions, it is within the scope of registered nursing practice for a labor and delivery registered nurse to perform fundal pressure and suprapubic pressure when stipulations for safe practice are present, as listed below. The performance of such pressures is not within the scope of licensed practical nursing practice.

It is the advisory opinion of the Board that a registered nurse may apply suprapubic pressure during the vaginal delivery of a fetus with suspected shoulder dystocia or breech delivery. A registered nurse, under the direction of a physician or CNM, may apply gentle fundal pressure for the purposes of preventing the upward displacement of the presenting part during fetal scalp electrode placement, and during an amniotomy when the vertex presentation is ballotable. A registered nurse, who is scrubbed and is a member of the surgical team, may apply fundal pressure during a cesarean section.

As referenced above, the Board advises that stipulations for safe practice include, but are not limited to the following:

1. The registered nurse is educationally prepared and clinically competent in the performance of the procedures. The educational preparation should include, but not be limited to instruction in the application of and rationale for the procedures and how the procedures differ. The educational preparation for performance of pressures is directed

by a licensed health care professional, such as a licensed physician with substantial specialized knowledge, judgment and skill related to obstetrics, or an APRN designated nurse midwife, or a registered nurse with documented clinical knowledge and competency in the application of pressure.

2. For each registered nurse expected to perform pressures, the facility maintains written documentation of each registered nurse's initial and continued competency to perform pressures.
3. The registered nurse practices according to *Kentucky Nursing Laws*, generally accepted standards of care, and evidence based practice.
4. A licensed physician or an APRN designated nurse midwife is present in the room and directing the performance of pressure.
5. All necessary resources are available.
6. The facility/agency has detailed policies and procedures in place addressing all aspects of this issue to include, but not limited to: specific guidelines/criteria for these procedures and a mechanism of data collection for quality control.
7. The facility's policy and procedures is reviewed and approved by the Departments of Nursing and Medicine, both initially, and at planned periodic intervals.
8. The labor and delivery registered nurse documents the performance of pressure and the results of its application in the maternal medical record.

It is inappropriate for a registered nurse to perform suprapubic pressure or fundal pressure when the application of these technical procedures is beyond the parameters of the registered nurse's educational preparation and clinical competence.

Although the determination of medical procedures and patient's medical status is a medical decision, the registered nurse has the right and the obligation to question orders and decisions which are contrary to acceptable standards and to refuse to participate in procedures which may result in harm to the patient.

Determining Scope of Practice

KRS 314.021(2) holds all nurses individually responsible and accountable for the individual's acts based upon the nurse's education and experience. Each nurse must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the nurse is both licensed and clinically competent to perform. In addition to this advisory opinion statement, the Kentucky Board of Nursing has published "Scope of Practice Determination Guidelines" which contains a decision tree chart providing guidance to nurses in determining whether a selected act is within an individual nurse's scope of practice now or in the future. A copy of the RN and LPN guidelines may be downloaded from the Board's website <http://kbn.ky.gov/NR/rdonlyres/74A5FF75-543D-4E12-8839-720B7623DA87/0/ScopeDeterminGuidelines.pdf> and a copy of the APRN guidelines may be downloaded from the Board's website <http://kbn.ky.gov/practice/Documents/APRN%20Scope%20of%20Practice%20%20Decision%20Making%20Model.pdf>

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Applicable Statutes From the Kentucky Nursing Laws¹

KRS 314.011(6) defines "registered nursing practice" as:

...The performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:

- a) The care, counsel, and health teaching of the ill, injured or infirm;
- b) The maintenance of health or prevention of illness of others;
- c) The administration of medication and treatment as prescribed by physician, physician assistant, dentist, or advanced practice registered nurse and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses. Components of medication administration include, but are not limited to:
 1. Preparing and giving medication in the prescribed dosage, route, and frequency, including dispensing medications only as defined in subsection (17)(b) of this section;
 2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
 3. Intervening when emergency care is required as a result of drug therapy;
 4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
 5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
 6. Instructing an individual regarding medications.
- d) The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care; and
- e) The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

KRS 314.011(10) defines "licensed practical nursing practice" as:

...The performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:

- a) The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, or dentist;
- b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board;
- c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced practice registered nurse and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses;
- d) Teaching, supervising, and delegating except as limited by the board.
- e) The performance of other nursing acts, which are authorized, or limited by the board and which are consistent with the National Federation of Licensed Practical Nurses' Standards of Practice or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.

¹ A copy of the *Kentucky Nursing Laws* may be downloaded from the Kentucky Board of Nursing website at <http://kbn.ky.gov>.

KRS 314.011(8) defines "advanced practice registered nursing practice" as:

"Advanced practice registered nursing" means the performance of additional acts by registered nurses who have gained advanced clinical knowledge and skills through an accredited education program that prepares the registered nurse for one (1) of the four (4) APRN roles; who are certified by the American Nurses' Association or other nationally established organizations or agencies recognized by the board to certify registered nurses for advanced practice registered nursing as a certified nurse practitioner, certified registered nurse anesthetist, certified nurse midwife, or clinical nurse specialist; and who certified in at least one (1) population focus. The additional acts shall, subject to approval of the board, include but not be limited to prescribing treatment, drugs, devices, and ordering diagnostic tests. Advanced practice registered nurses who engage in these additional acts shall be authorized to issue prescriptions for and dispense nonscheduled legend drugs as defined in KRS 217.905 and to issue prescriptions for but not to dispense Schedules II through V controlled substances as classified in KRS 218A.060, 218A.070, 218A.080, 218A.090, 218A.100, 218A.110, 218A.120, and 218A.130, under the conditions set forth in KRS 314.042 and regulations promulgated by the Kentucky Board of Nursing on or before August 15, 2006. ... (c) The performance of these additional acts shall be consistent with the certifying organization or agencies' scopes and standards of practice recognized by the board by administrative regulation