

BEFORE THE OKLAHOMA BOARD OF NURSING

IN THE MATTER OF THE AMENDMENT TO THE DECLARATORY RULING ISSUED JULY 21, 1999, PERTAINING TO THE PERFORMANCE BY A REGISTERED NURSE OF THE DUTIES OF A REGISTERED NURSE FIRST ASSISTANT AND TO THE PERFORMANCE OF DUTIES BY A CERTIFIED NURSE MIDWIFE AS FIRST ASSISTANT.

SECOND AMENDED DECLARATORY RULING

The Petition of L. Louise Drake, M.H.R., R.N., requesting an amendment to the Amended Declaratory Ruling as to the applicability of Oklahoma Nursing Practice Act, 59 O.S. §§567.1 *et. seq.*, specifically §567.3a.3.m., 8. and 9, and OAC §485:10-11-1(b)(8)(D), (E) and (F), [now §485:10-11-1(b)(4)(D), (E) and (F) by amendment at 19 OK Reg. eff July 1, 2002], of the Rules promulgated by this Board to the performance by a Registered Nurse of the duties of the Registered Nurse First Assistant and to the performance by a Certified Nurse Midwife of the duties of a first assistant during obstetrical and/or gynecological procedures, comes on for hearing this 23rd day of May, 2006, all members of the Board being present. Petitioner appears in person, without counsel.

After considering all information relevant to the Petition including testimony of witness, the Board finds:

1. The Petition is properly before this Board pursuant to OAC §485:1-1-5(c) of the Rules of this Board.

2. The role and scope of responsibilities of the Registered Nurse to perform the duties of the Registered Nurse First Assistant shall be in compliance with the *AORN Official Statement on RN First Assistants* as established by the Association of periOperative Registered Nurses ("AORN"), Inc., and shall meet the *AORN Standards for RN First Assistant Education*

Programs, copies of which are attached hereto as Attachments “A” and “B” respectively to this Ruling and made a part hereof.

3. This Ruling should read to incorporate the current *AORN Official Statement on RN First Assistants* and the current *AORN Standards for RN First Assistant Education Programs* as so modified by that association should the official statement and standards be further modified, as applicable and in accordance with the Oklahoma Nursing Practice Act and Rules of the Board.

4. The performance of the duties of a Registered Nurse First Assistant must be under the supervision and in the physical presence of the supervising physician.

5. The Registered Nurse First Assistant’s responsibility is an additional function of the Registered Nurse which requires documented didactic and clinical education and training.

6. Certified Nurse Midwives, who have received certificates of recognition by the Oklahoma Board of Nursing, may complete the American College of Nurse-Midwives (“ACNM”) process for incorporating first assistant responsibilities for obstetrical and/or gynecological procedures into their scope of practice in lieu of completing an AORN course/program accepted by the Competency and Credentialing Institute, which provides certification in perioperative nursing [CNOR] and certification in registered nurse first assistants [CRNFA], and in lieu of meeting the recommended *AORN Standards for RN First Assistant Education Programs*.

7. The certified nurse midwife who first assists is doing so under the provision of advanced practice certification and not as an RN First Assistant, pursuant to individually expanding practice beyond the Core Competencies for basic midwifery practice, and in compliance with the ACNM Position Statement: *The Certified Nurse-Midwife/Certified Midwife*

as First Assistant at Surgery and the Guidelines for the Incorporation of New Procedures into Nurse-Midwifery Practice, [which are incorporated into the *Standards for the Practice of Midwifery*, specifically Standard VIII], copies of which are attached hereto as Attachments “C” and “D” respectively to this Ruling and made a part hereof to include any and all future modifications, as applicable and in accordance with the Oklahoma Nursing Practice Act and Rules of the Board.

8. OAC §485:10-11-1(b) (4) (B), (D), (E) and (F) of the Rules of this Board was adopted to protect the patient from acts and procedures performed or carried out by a licensed nurse who does not have the proper education, training and preparation necessary to perform or carry out safely such acts or procedures.

9. The performance of the duties of a Registered Nurse First Assistant in accordance with the Association of periOperative Registered Nurses’ *AORN Official Statement on RN First Assistants* and *AORN Standards for RN First Assistant Education Programs* is within the definition of the practice of registered nursing as defined in 59 O.S. § 567.3a. 3.m.

10. The performance of duties of a Certified Nurse Midwife as a first assistant in accordance with the ACNM Position Statement: *The Certified Nurse-Midwife/Certified Midwife as First Assistant at Surgery and the Guidelines for the Incorporation of New Procedures into Nurse-Midwifery Practice*, [which are incorporated into the *Standards for the Practice of Midwifery*, specifically Standard VIII], is within the definition of the practice of a certified nurse midwife as defined in 59 O.S. §567.3a. 8. and 9.

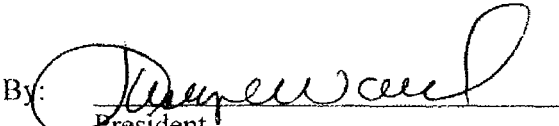
The Oklahoma Board of Nursing therefore concludes and declares that the performance of the duties and responsibilities by a Registered Nurse First Assistant in accordance with the *AORN Official Statement on RN First Assistants*, and the findings of this Board hereinabove set

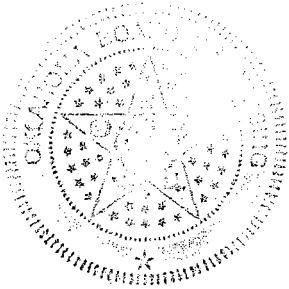
forth, is not in and of itself a violation of 59 O.S. §567.8 and OAC §485:10-11-1(b) (4) (B), (D), (E) or (F).

The Oklahoma Board of Nursing further concludes and declares that the performance of the duties and responsibilities by a Certified Nurse Midwife in accordance with the ACNM Position Statement: *The Certified Nurse-Midwife/Certified Midwife as First Assistant at Surgery*, and the findings of this Board hereinabove set forth, is not in and of itself a violation of 59 O.S. §567.8 and OAC §485:10-11-1(b) (4) (B), (D), (E) or (F).

This Declaratory Ruling issued this 23rd day of May, 2006.

OKLAHOMA BOARD OF NURSING

By: 
President



Updated Attachments*

Attachment A: AORN Position Statement on RN First Assistants [Approved by the AORN Board of Directors, August, 2012]

Attachment B: AORN Standards for RN First Assistant Education Programs [Approved by the AORN Board of Directors, January, 2011]

Attachment C: American College of Nurse-Midwives: The Certified Nurse-Midwife/Certified Midwife as First Assistant during Surgery [Approved by the American College of Nurse-Midwives' Board of Directors, April, 2012]

Attachment D: Standards for the Practice of Midwifery: Standard VIII [Approved by the American College of Nurse-Midwives' Board of Directors, April, 2012]

*The updated attachments are included pursuant to Paragraph 3 of the *Second Amended Declaratory Ruling* issued by the Oklahoma Board of Nursing on May 23, 2006

Posted: September 21, 2012



AORN

POSITION STATEMENT

ATTACHMENT A

AORN Position Statement on RN First Assistants

POSITION STATEMENT

This AORN position statement delineates the definition, scope of practice, and educational requirements for the perioperative registered nurse (RN) who practices as a registered nurse first assistant (RNFA). The qualifications to be met and components of the clinical privileging process are also described.

Definition of RN First Assistant

The RNFA is a perioperative registered nurse who:

- works in collaboration with the surgeon and other health care team members to achieve optimal patient outcomes;
- has acquired the necessary knowledge, judgment, and skills specific to the expanded role of RNFA clinical practice;
- intraoperatively practices at the direction of the surgeon; and
- does not concurrently function as a scrub person.

Scope of Practice

Perioperative nursing is a specialized area of practice. Registered nurses practicing as first assistants in surgery are functioning in an expanded perioperative nursing role. First assisting behaviors are further refinements of perioperative nursing practice and are executed within the context of the nursing process. These behaviors include certain delegated medical functions that can be assumed by the RN who is qualified to practice as an RNFA. Registered nurse first assistant behaviors may vary depending on patient populations, practice environments, service provided, accessibility of human and fiscal resources, institutional policy, and state nursing regulations.

RNFA behaviors in the perioperative arena include but are not limited to:

- preoperative patient management in collaboration with other health care providers, such as
 - performing focused preoperative nursing assessments
 - communicating and collaborating with other health care providers regarding the patient plan of care, and
- intraoperative performance of surgical first-assistant techniques as in
 - using instruments and medical devices
 - providing surgical site exposure,
 - handling and/or cutting tissue,
 - providing hemostasis, and
 - suturing; and
- postoperative patient management in collaboration with other health care providers in the immediate postoperative period and beyond, such as
 - participating in postoperative rounds, and
 - assisting with patient discharge planning and identifying appropriate community resources as needed.



Preparation of the RNFA

The complexity of knowledge and skill required to effectively care for recipients of perioperative nursing services necessitates nurses to be specialized and to continue their education beyond generic nursing programs.

Effective January 1, 2020 the education level for entry into an RNFA program and subsequently RNFA practice will be the baccalaureate degree. AORN recommends RNs who were practicing as RNFAs prior to 2020 and do not have a baccalaureate degree be permitted to continue to practice as RNFAs.

Perioperative nurses who wish to practice as RNFAs should develop a set of cognitive, psychomotor, and affective behaviors that demonstrate accountability and responsibility for identifying and meeting the needs of their perioperative patients. This set of behaviors:

- begins with and builds on the education program leading to licensure as an RN, which teaches basic knowledge, skills, and attitudes essential to the practice of perioperative nursing;
- includes diversified clinical experience in perioperative nursing; and
- includes achievement of certification in perioperative nursing (CNOR).

Further preparation to assume the role of RNFA is then attained by completion of an RNFA program that:

- is equivalent to one academic year of formal, post-basic nursing study,
- meets the "AORN standards for RN first assistant education programs".¹ and
- requires a baccalaureate degree for entry into the program after the year 2020.

Qualifications for RNFA Practice

The minimum qualifications to practice as an RN first assistant include:

- certification in perioperative nursing (CNOR),
- successful completion of an RNFA program that meets the "AORN standards for RN first assistant education programs"¹,
- compliance with all statutes, regulations, and institutional policies relevant to RNFAs, and
- baccalaureate degree with the exception that the RNFA practicing prior to January 1, 2020 may continue to practice at their existing level of education.

Continued Competency

The RNFA:

- demonstrates behaviors that progress on a continuum from basic competency to excellence,
- maintains CNOR status, and
- is encouraged to achieve and maintain CRNFA certification when educational and experiential requirements have been met.



Clinical Privileging for the RNFA

The facility(ies) in which the individual practices, should establish a process to grant clinical privileges to the RNFA. This process should include mechanisms for:

- verifying individual RNFA qualifications with the primary source,
- evaluating current and continued competency in the RNFA role,
- assessing compliance with relevant institutional and departmental policies,
- defining lines of accountability,
- incorporating peer and/or faculty review,
- validating continuing education relevant to RNFA practice, and
- verifying physical ability to perform the role.

RATIONALE

Historically, perioperative nursing practice has included the role of the registered professional nurse as an assistant during surgery. As early as 1977, documents issued by the American College of Surgeons supported the appropriateness of qualified RNs to first assist.² The American College of Surgeons continues to support the role as evidenced in a study on assistants at surgery in 2011.³ AORN officially recognized this role as a component of perioperative nursing in 1983 and adopted the first "Official statement on RN first assistants (RNFA)" in 1984.⁴ All state boards of nursing recognize the role of the RNFA as being within the scope of nursing practice.

The decision by an RN to practice as a first assistant is to be made voluntarily and deliberately with an understanding of the professional accountability that the role entails.

REFERENCES

1. AORN Standards for RN First Assistant Education Programs. In: *Perioperative Standards and Recommended Practices*, Denver, CO: AORN; 2009:692-694.
2. American Colleges of Surgeons: Statement and qualifications for surgical privileges in approved hospitals," *Bulletin of the American College of Surgeons* 62 (April 1977) 12-13.
3. Physicians as Assistants at Surgery: 2011 Study. American College of Surgeons. <http://www.facs.org/ahp/pubs/2011physassturg.pdf>. Accessed June 22, 2012.
4. Task force defines first assisting," *AORN Journal* (February 1984) 403-405.

Original approved by the House of Delegates, Atlanta, March 1984

Revision approved by the House of Delegates, March 1993

Revision approved by the House of Delegates, April 1998

Revision approved by the House of Delegates, March 2004

Revision approved by the House of Delegates, December 2005

Revision approved by the House of Delegates, March 2010

Revision approved by AORN Board of Directors, August 2012

Sunset review: August 2017

AORN Standards for RN First Assistant Education Programs

Registered nurse first assistant (RNFA) education programs are designed to provide RNs with the educational preparation necessary to assume the role of the first assistant during operative and other invasive procedures.

The “AORN Standards for RN first assistant education programs” serve as the foundation upon which RNFA programs are developed and implemented. These standards are intended to guide program administrators and faculty members in designing and evaluating curricula. These standards are broad in scope, definitive, relevant, and attainable, and they provide the framework for RNFA education.

Standard I

Requirements for RNFA education programs shall include the following:

Programs shall

- A. be equivalent to one academic year of formal, post-basic nursing study.
- B. award college credits and degrees or certificates of RNFA status upon satisfactory completion of all requirements.
- C. be associated with schools of nursing at universities or colleges that are accredited for higher education by an accrediting agency that is nationally recognized by the Secretary of the US Department of Education.

The schools of nursing shall be approved by a state licensing jurisdiction for nursing programs at the university, college, or community college level or by another agency that is nationally recognized by the Secretary of the US Department of Education as a specialized accrediting agency for nursing programs.

- D. recognize the “AORN position statement on RN first assistants.”¹
- E. address all of the content in the *Core Curriculum for the RN First Assistant*.²

Standard II

Preadmission requirements for RNFA education programs shall include the following:

- A. General admission requirements as determined by each educational institution.
- B. Proof of licensure to practice as an RN in the state in which the clinical internship will be undertaken.
- C. Verification of certification as one of the following:
 - 1. CNOR® or CNOR eligible. If the student is not certified at time of admission, certification must be submitted before program completion.

2. Board certified or board eligible as an advanced practice registered nurse (APRN). APRNs without experience in intraoperative patient care must undergo an assessment regarding clinical skills and knowledge. Assessment should be completed by the program instructor or perioperative educator at the facility where the clinical experience will be completed. Assessment should include aseptic technique, scrubbing, gowning, gloving, creating and maintaining a sterile field, and positioning the patient. If it is determined that skills or knowledge are deficient, faculty members in the educational institution shall develop a plan to remediate identified deficiencies.
- D. Cardiopulmonary resuscitation (CPR) or basic cardiac life support certification (BCLS) is required; advanced cardiac life support (ACLS) is preferred.
 - E. Letters of recommendation attesting to the years of experience as an RN and knowledge, judgment, and skills specific to surgical patient care.

Standard III

The didactic component of the curriculum for RNFA education programs shall be designed and evaluated based on a course description that identifies course content, course length, faculty composition, instruction and evaluation methodologies, and instructional resources.

- A. Course content shall emphasize the expanded functions unique to the RNFA during operative and other invasive procedures, including, but not limited to,
 1. preoperative patient management in collaboration with other health care providers, such as
 - performing focused preoperative nursing assessments and
 - communicating and collaborating with other health care providers regarding the patient’s plan of care;
 2. intraoperative performance of surgical first-assisting techniques such as
 - using instruments and medical devices,
 - providing surgical site exposure,
 - handling and/or cutting tissue,
 - providing hemostasis, and
 - suturing; and
 3. postoperative patient management in collaboration with other health care providers in the immediate postoperative period and beyond, such as,
 - participating in postoperative rounds, and
 - assisting with discharge planning and identifying appropriate community resources as needed.¹
- B. The following topics provide content for remediation for the APRN, who as an RNFA student candidate, may not have perioperative experience and whose perioperative skills and knowledge are found to be deficient (as described in Standard II.C.2).

1. anesthesia;
2. aseptic technique;
3. documentation;
4. electrosurgery;
5. endoscopic surgery;
6. environmental sanitation and terminal cleaning;
7. hemostasis, sponges, and drains;
8. introduction to perioperative nursing;
9. laser safety;
10. latex allergy;
11. medications and solutions;
12. patient and family member education;
13. perianesthesia nursing;
14. perioperative assessment;
15. positioning the patient;
16. professionalism;
17. safety in the surgical suite;
18. scrubbing, gowning, and gloving;
19. skin preps;
20. specimens;
21. sterilization and disinfection;
22. surgical draping;
23. surgical instruments;
24. the surgical environment; and
25. wound closure and healing.

The APRN also may gain these skills and knowledge by completing a basic perioperative orientation program (eg, Periop 101: A Core Curriculum™).

- C. The course shall be a minimum of one academic semester of study, including student assignments, classroom instruction, and laboratory practicums.
- D. A multidisciplinary faculty shall include a minimum of
 1. a perioperative nurse with a master of science in nursing degree;
 2. an RNFA or, preferably, a certified registered nurse first assistant (CRNFA®); and
 3. a board-certified surgeon.
- E. Instructional methodologies shall include, but not be limited to, lecture, interactive discussion, independent study, instructional media, demonstration/return demonstration, and laboratory practicums.
- F. Evaluation methodologies shall include, but not be limited to, written examinations, laboratory practicums, and independent critical thinking assignments.

- G. Instructional resources shall include
1. the *Core Curriculum for the RN First Assistant*² and
 2. texts or other instructional media that include anatomy and physiology, operative and other invasive procedures, and preoperative and postoperative patient assessment and management.

Standard IV

Successful completion of all requirements of the didactic component shall be required for matriculation into the clinical component.

Standard V

The clinical component of the curriculum for RNFA education programs shall be designed and evaluated based on a course description that identifies course content, course length, faculty composition, instructional and evaluation methodologies, and instructional resources.

- A. Course content shall emphasize the expanded functions unique to the RNFA intern during operative and other invasive procedures, including, but not limited to,
1. preoperative patient management in collaboration with other health care providers, such as
 - performing focused preoperative nursing assessments,
 - communicating and collaborating with other health care providers regarding the patient plan of care;
 2. validated documentation of the intraoperative surgical first-assisting clinical experience, including, but not limited to,
 - using instruments and medical devices,
 - providing surgical site exposure,
 - handling and/or cutting tissue,
 - providing hemostasis, and
 - suturing; and
 3. postoperative patient management in collaboration with other health care providers in the immediate postoperative period and beyond, such as
 - participating in postoperative rounds and
 - assisting with discharge planning and identifying appropriate community resources as needed.¹
- B. The clinical course shall be a minimum of one academic semester and shall include, but not be limited to,
- a minimum of 120 clock hours of intraoperative first assisting hours and
 - additional hours of other patient care management as described in section A.
- C. A multidisciplinary faculty shall include
1. a board-certified surgeon in the RNFA intern's primary area of practice,

2. an RNFA program faculty member, and
 3. an RNFA/CRNFA mentor if available and/or desired by the student.
- D. Instructional methodologies shall include, but not be limited to, physician-supervised clinical activities, assigned independent learning activities, a self-evaluative learning diary, a clinical case study project, and a surgical intervention participation log.
- E. Evaluation methodologies shall include, but not be limited to, completion of assigned independent learning activities, a self-evaluative learning diary, a clinical case study project, preceptor evaluations, a surgical intervention participation log, and mentor evaluations when applicable. Students must satisfactorily complete all requirements. The RNFA program faculty members shall review all documentation. The surgeon preceptor shall provide a summative evaluation of achievement of competence and a letter of recommendation based on all required learning activities, as shall the RNFA/CRNFA mentor when applicable.
- F. Instructional resources shall include
1. *Core Curriculum for the RN First Assistant*,²
 2. texts or other instructional media, and
 3. consultation and collaboration with other health care providers.

Editor's note: *CNOR and CRNFA are registered trademarks of the Competency and Credentialing Institute, Denver, CO. Periop 101: A Core Curriculum is a trademark of AORN, Inc, Denver, CO.*

Glossary

CNOR: The documented validation of the professional achievement of identified standards of practice by an individual registered nurse providing care for patients before, during, and after surgery.

CRNFA: The documented validation of the professional achievement of identified standards of practice by an individual registered nurse first assistant providing care for patients before, during, and after surgery.

Faculty: A person who is appointed by the educational institution to design, teach, or evaluate a course of instruction.

Intraoperative first assisting hours: Calculated from the time of the incision until the dressing has been applied.

Mentor: One who provides encouragement and acts as a guide and facilitator while modeling professional nursing behaviors.

Preceptor: One who teaches, counsels, inspires, serves as a role model, and supports the growth and development of the novice for a fixed and limited period.

REFERENCES

1. AORN position statement on RN first assistants. AORN, Inc. http://www.aorn.org/PracticeResources/AORNPositionStatements/Position_RNFA. Accessed March 3, 2011.
2. Vaiden RE. *Core Curriculum for the RN First Assistant*. 4th ed. Denver, CO: AORN, Inc; 2005.

Publication History

Originally published March 1995, *AORN Journal*, as "AORN recommended education standards for RN first assistant programs."

Revised December 2004; approved by the AORN Board of Directors in February 2005.

Revised June 2007; approved by the AORN Board of Directors July 2007. Published in: Burlingame BL. *RN First Assistant Guide to Practice*. 3rd ed. Denver, CO: AORN, Inc; 2007.

Revised January, 2011; approved by the AORN Board of Directors in February 2011 for publication online at aorn.org and subsequent publication in the *AORN Journal* and online in the *Perioperative Standards and Recommended Practices*.



POSITION STATEMENT

The Certified Nurse-Midwife/Certified Midwife as First Assistant during Surgery

The American College of Nurse-Midwives (ACNM) affirms the following:

- Acting as the first assistant during obstetric and gynecologic (OB/GYN) surgery is within the scope of expanded practice of a certified nurse midwife/certified midwife (CNM/CM).
- The ACNM Standards for the Practice of Midwifery,¹ specifically Standard VIII, outline the steps for CNMs and CMs to follow to prepare for the role of first assistant.
- A specific credential external to the midwifery* profession is not necessary for the CNM/CM to function as first assist during OB/GYN surgery, as ACNM Standard VIII provides for a competency-based approach to expanding skills and practice as a midwife.
- A number of different education and training mechanisms are appropriate for midwives who choose to develop the expanded practice skill set necessary to practice in the first assistant role during OB/GYN surgical procedures.

Background

Serving as first assistant at cesarean birth is a frequently performed, expanded, midwifery practice skill. Expanding midwifery practice to include the ability to serve as first assistant during OB/GYN surgery can promote woman-centered care, enhance continuity of care, improve access and timeliness of emergency care, and increase the value of the CNM/CM as a member of the healthcare team. The role of the midwife as first assistant is one of active participation and requires the midwife to function independently in a coordinated and collaborative manner with the surgeon in order to facilitate a safe surgical procedure.

Individuals who seek certification from the American Midwifery Certification Board (AMCB) must graduate from an education program accredited by the Accreditation Commission for Midwifery Education (ACME) (formerly the American College of Nurse-Midwives Division of Accreditation [ACNM DOA]) and must demonstrate clinical skills and scientific knowledge as outlined in the ACNM Core Competencies for Basic Midwifery Practice.² Midwifery education includes knowledge and competencies required for first assistants, including patient assessment, anatomy and physiology, and principles of wound repair. Midwifery education also includes the development of basic surgical skills such as aseptic technique and suturing.

Consistent with the ACNM Standards for the Practice of Midwifery,¹ the organization provides ACNM and AMCB CNMs and CMs a mechanism with which to expand their scopes of practice and gain new technical skills while following the steps outlined in Standard VIII of the Standards for the Practice of Midwifery:

STANDARD VIII

MIDWIFERY PRACTICE MAY BE EXPANDED BEYOND THE ACNM CORE COMPETENCIES TO INCORPORATE NEW PROCEDURES THAT IMPROVE CARE FOR WOMEN AND THEIR FAMILIES. The midwife:

1. Identifies the need for a new procedure taking into consideration consumer demand, standards for safe practice, and availability of other qualified personnel.
2. Ensures that there are no institutional, state, or federal statutes, regulations, or bylaws that would constrain the midwife from incorporation of the procedure into practice.
3. Demonstrates knowledge and competency, including:
 - a) Knowledge of risks, benefits, and client selection criteria.
 - b) Process for acquisition of required skills.
 - c) Identification and management of complications.
 - d) Process to evaluate outcomes and maintain competency.
4. Identifies a mechanism for obtaining medical consultation, collaboration, and referral related to this procedure.
5. Maintains documentation of the process used to achieve the necessary knowledge, skills and ongoing competency of the expanded or new procedures.¹

As with any expanded midwifery practice skill, the choice to act as first assistant is based on the individual midwife's education, employment, and professional interests. The ability to act as surgical first assistant is governed by hospital credentialing processes, medical staff regulations, and, in some states, licensure. Following appropriate education and training and demonstrated competency, midwives can seek privileges to function in the perioperative setting and assist with cesarean birth, tubal ligation, and other OB/GYN surgery.

Educational Preparation

To assure that midwives who serve as first assistants do so safely within the scope of midwifery practice, ACNM requires that midwives who have not been educated and trained as a first assistants prior to or during their midwifery education

- Follow Standard VIII to gain the knowledge and learn the procedures necessary to demonstrate competency as first assistant at obstetric or gynecologic surgery and
- Document the education, training, and evaluation process.

In utilizing the steps outlined in this standard, CNMs/CMs are responsible for obtaining and documenting their educational process, which may include, but is not limited to formal study, supervised practice, and comprehensive evaluation.

Scope of Practice

The activities midwives perform as first assistants are further refinements of midwifery practice that are executed within the context of an active collaborative relationship with the surgeon in a manner supportive of the woman and her family. The perioperative scope of practice for the midwife first assistant includes pre, intra, and postoperative care. Components of care will vary with the individual's education, clinical experience, clinical practice site, state licensing statute or rule, and surgeon preference.

The preoperative skill set demonstrated by the midwife first assistant may include, but is not limited to

- Determining the need for cesarean and obtaining surgical consultation
- Performing the preoperative history and physical examination
- Writing preoperative orders
- Obtaining informed consent
- Providing support and information

The intraoperative skill set demonstrated by the midwife first assistant may include, but is not limited to:

- Patient positioning, preparation, and draping
- Application of surgical aseptic technique
- Using surgical instruments and devices
- Providing exposure
- Handling and dissection of tissue
- Wound closure and suturing
- Providing hemostasis
- Initiating emergency actions as indicated

The postoperative skill set demonstrated by the midwife first assistant may include, but is not limited to:

- Immediate postoperative orders
- Postoperative rounds
- Identification and triage of postoperative complications
- Postoperative follow-up after discharge

ACNM Standard VIII provides a competency-based approach to expanding skills and practice for midwives. A specific credential external to the midwifery profession for surgical first assistant is indicated only when the midwife chooses to assist with surgery beyond the midwife's scope of practice as defined by ACNM.³

REFERENCES

1. American College of Nurse-Midwives. Standards for the practice of midwifery. http://www.midwife.org/siteFiles/descriptive/Standards_for_Practice_of_Midwifery_12_09_001.pdf. Published December 4, 2009. Accessed May 2, 2012.
2. American College of Nurse Midwives. Core competencies for basic midwifery practice. http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000050/Core_Competencies_6_07.pdf. Published January 15, 2008. Accessed May 2, 2012.
3. American College of Nurse-Midwives. *Midwife as Surgical First Assistant Handbook*. Silver Spring, MD: American College of Nurse Midwives; 2006.

RESOURCES

American College of Surgeons. Statements on principles. Principle 1G surgical assistants. http://www.facs.org/fellows_info/statements/stonprin.html#anchor129977. Accessed May 2, 2012.

APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee. Consensus model for APRN regulation: licensure, accreditation, certification & education. <http://nursingworld.org/DocumentVault/APRN-Resource-Section/ConsensusModelforAPRNRegulation.pdf>. Published July 7, 2008. Accessed May 2, 2012.

Association of Perioperative Registered Nurses. AORN Standards for RN First Assistant Education Programs. In: *Perioperative Standards and Recommended Practices*. Denver, CO: Association of Perioperative Registered Nurses; 2012:749-751.

Tharpe N. First assisting in obstetrics: a Primer for women's healthcare professionals. *Journal of Perinatal & Neonatal Nursing*. 2007;21(1):30-38.

* Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board (AMCB), formerly the ACNM Certification Council, Inc. (ACC).

Source: Division of Standards & Practice
Approved by ACNM Board of Directors: May 1998
Revised: October 2008
Revised and Approved BOD: April 2012