Entry-to-Practice Competencies for Nursing Care of the Childbearing Family for Baccalaureate Programs in Nursing

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Purpose

The *Entry-to-Practice Competencies for Nursing Care of the Childbearing Family for Baccalaureate Programs in Nursing* represents the core competencies related to the nursing care of childbearing families that all baccalaureate nursing students in Canada should acquire over the course of their undergraduate education. The purpose of the competencies is to provide direction for nurse educators teaching in nursing education programs and for curriculum development. The competencies with their accompanying indicators delineate the set of knowledge, skills, and attitudes that all new nursing graduates should possess related to care of this population, regardless of the specialty area of nursing in which they may elect to practice, while also ensuring that they have the foundation needed to work in perinatal or related areas of nursing. The competencies are not intended to replace jurisdictional entry-to-practice guidelines, but rather to offer national, consensus-based guidelines regarding the depth and breadth of the coverage for all entry-level registered nurses related to nursing with childbearing families in Canada.

CASN is committed to developing inclusive policies and statements that challenge discrimination and cisnormative behaviour. A guiding objective, therefore, in developing this competency framework was to ensure that it promotes sensitivity, inclusion, and respect for all people including but not limited to transgender, non-binary, intersex, and for all marginalised communities.

Background

Research evidence demonstrates that registered nurses are integral to ensuring the continuous delivery of safe care to the childbearing person and family (Association of Women's Health, Obstetric and Neonatal Nurses, 2012). The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) specify that the role of the registered nurse in providing such care includes the assessment, development, implementation, and evaluation of an individualized plan of care for each childbearing person and family based on unique needs and desires while also integrating best practices in promoting the health and safety of the childbearing person and the baby (AWHONN, 2011).

According to the Canadian Institute of Health Information (2012), as of 2010, there were 15,010 registered nurses in Canada employed directly in maternal-newborn care, providing care during the reproductive period and in all stages of pregnancy, labour, birth, and postpartum. Registered nurses are delivering this care in a variety of settings including primary care, community agencies, home care, and the hospital (Buchan, 2013). In addition, registered nurses encounter childbearing families in many contexts that are not specific to maternal-newborn care, and require foundational competencies related to care of the childbearing family to respond to their needs.

Graduates of baccalaureate programs in nursing need to possess entry-level competencies to provide nursing care throughout the childbearing year. This encompasses health promoting care from preconception and pregnancy, during childbirth and recovery, and includes supporting family health and integration during the postpartum period. By working collaboratively with childbearing families, registered nurses have the potential to improve the health of the childbearing person, the baby, and the family.

During the prenatal period, registered nurses are called upon to inform, educate, and support expectant families in making key decisions that will impact the intrapartum and postpartum stages (Jack et al., 2012). Prenatal care, community care, and health promotion initiatives are impactful nursing contributions that ensure the overall health of the childbearing family (Felton, 2013).

Nurses care for the childbearing person and family during labour and childbirth, provide a safe and supportive environment for giving birth, identify early signs of intrapartum complications, and respond to the psychological needs of the family that may arise during childbirth (MacKinnon, 2011).

The postpartum stage of childbearing family care occurs after birth and includes the care of the childbearing person, the newborn, and the family for the first three months after childbirth (World Health Organization, 2013). Roles of registered nurses during this period may include assistance with infant care and feeding, care of newborns requiring neonatal intensive care, home visits, follow-up care in clinic settings, and support to the family related to psychological, physiological, and family adjustments that occur during the postpartum phase.

Most nursing encounters with childbearing persons and families are within the context of

reproductive care. However, care related to pregnancy, birthing, or other childbearing circumstances may occur in environments outside those typically identified as perinatal. In addition, registered nurses may provide care to persons who are pregnant, birthing, or postpartum whose primary need for nursing care is for some other health concerns including emergency, surgical, postsurgical, or mental health care. In such situations, registered nurses are also expected to understand, anticipate, and respond to care needs uniquely associated with pregnancy, childbirth, and postpartum.

Factors influencing the health care needs of the childbearing person and family are complex. A collaborative and interprofessional approach that takes the characteristics of the particular societal context into account is needed. In Canada, this context has shifted considerably. Although overall birth rates have steadily declined, the Canadian population itself is growing, and childbirth remains the most common reason for hospitalization in this country (Vanier Institute of the Family, 2017). Moreover, for most young families, childbirth is their first experience with nurses and the health care system (MacKinnon & MacNeil, 2013).

Many Canadians are choosing to wait to have children later in life. The fertility rate of childbearing persons aged 35 to 39 increased every year between 2000 and 2013, and the number of childbearing persons aged 40 and older experiencing their first live birth is growing (Vanier Institute of the Family, 2017). Conceiving at older ages poses greater health risks to the childbearing person and baby, which nurses must be aware of and take into account. However, those who choose to have children later in life tend to be better educated, have a higher income level, and seek early prenatal care, all of which are associated with optimum health outcomes (MacKinnon, 2013).

Nurses caring for childbearing persons and families in the Canadian context also respond to some relatively unique sociocultural considerations. Childbearing families in Canada are incredibly diverse in terms of culture and ethnicity, resulting in expectations related to childbearing that may not be readily understood by the nurse. These include beliefs and values related to dietary needs, the role of extended family members, concepts of wellness, illness, and health practices, and childbearing itself (World Health Organization, 2013). Nurses must be able to provide care that is patient-centred, culturally sensitive, and culturally responsive to all childbearing persons and families.

Many members of Canada's Indigenous population are reclaiming childbearing as an important cultural health practice for families and communities; however, many Indigenous communities also face significant social barriers to health and health care (Denison, Varcoe, & Browne, 2014). Research reports indicate that an increased number of Indigenous women live in poverty, conceive at a young age, and have less access to perinatal care, each of which is linked to higher

infant mortality rates and poorer perinatal outcomes (Buchan & Perry, 2016). The Truth and Reconciliation Commission of Canada (2015) has specifically called upon Canadian schools of nursing to prepare students with "skills-based training in intercultural competency, conflict resolution, human rights, [and] anti-racism" (p. 3). New graduates of baccalaureate programs of nursing must enter practice able to understand and respond to the needs of the Indigenous childbearing person and family.

In summary, graduates of baccalaureate programs in nursing in the Canadian context need to possess the knowledge, attitudes, and skills to collaborate interprofessionally in providing entry level, culturally responsive care, to the childbearing person and family throughout the childbearing year.

Competency Development Methods

The competency development method represents a modified Delphi approach that incorporates a multi-step iterative process that includes stakeholder input into the consensus-building among a panel of experts. An environmental scan of existing resources, standards, and competencies related to childbearing family care served as a starting point to develop an initial draft of the *Entry-to-Practice Competencies for Nursing Care of the Childbearing Family for Baccalaureate Programs in Nursing.* A Task Force of experts in childbearing family health with representation from all parts of Canada was then struck to guide the development of the competencies. The draft competencies underwent a number of rounds of revisions by the Task Force until an initial consensus was reached.

An in-person stakeholder forum was held in October 2016 to review this initial consensus-based draft, attended by 30 stakeholders in nursing education, practice, and policy from all parts of Canada. A world café format was used at the forum, which allowed for different perspectives in the room to engage in an in-depth review of each competency and indicator statement. This feedback was collected, analysed, and used to revise the competencies by the Task Force via a teleconference meeting until a second consensus was reached by this panel of experts.

The final step of the competency development process was to send out a national online validation survey to obtain final stakeholder feedback. A total of 78 respondents answered the survey, which asked respondents to rate their level of agreement for the competency statement and each indicator as one of the following: "essential", "important", "somewhat important", "not important", or to indicate if they did not know. Respondents were also given the opportunity to provide comments related to each competency statement and every indicator. The analysis of this data showed a high level of agreement with the framework. Only one indicator fell below the total weight of 75% for essentialism and importance and it was removed. All other competency and indicator statements achieved over 85% on the "essential" and "important" ranking. The Task Force reviewed the comments that were provided by respondents, minor revisions were made based on these comments, and a final consensus was reached by the Task Force.

Competency Framework

Competencies are defined as complex know-acts based on combining and mobilizing internal resources (knowledge, skills, attitudes) and external resources, and applying them appropriately to specific types of situations (Tardif, 2006). Four core entry-to-practice competencies for nursing care of the childbearing family were identified.

The indicators under each competency statement are the assessable and observable manifestations of the critical learnings needed to develop the competency (Tardif, 2006).

The competencies are organized chronologically to cover the full continuum of childbearing family health, defined in this document as beginning with preconception and continuing through to approximately three months post childbirth. The competencies within each phase are intended to be "umbrella" statements; the indicators accompanying each competency specify the observable knowledge, skills, and attitudes the student must learn in order to develop it.

The glossary provides definitions for a number of terms used in the competency and indicators statements.

Entry-to-Practice Competencies for Nursing Care of the Childbearing Family for Baccalaureate Programs in Nursing

Promotes and enhances the health of the childbearing person, baby, and family during the childbearing years.

Indicators

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 responds 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 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 health care 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 Collaborates with and advocates for the childbearing person and family to promote sexual health, and enhances 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-centred 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.

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

Indicators

2.1 Demonstrates awareness and understanding of the social construction and impact of fertility/infertility on the childbearing person and 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. |

Indicators

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 health care team to provide care for the childbearing person and family during childbirth.

3.4 Collaborates with the health care 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 .

Cares for the childbearing family during the postpartum period.

Indicators

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.

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

Glossary of Terms

Term	Definition
Cisnormativity	The term refers to the assumption that all people are in line with their gender identity or matches the sex they were assigned at birth, and that this is "the norm". The term is used to describe stereotypes, negative attitudes, and prejudice towards transgender people that are more widespread or systemic in society and its institutions (Ontario Human Rights Commission 2014)
Childbearing family	A unit of interacting individuals whom the childbearing person recognizes as significant and perceives as important.
Childbearing person	A person who is in the process of conceiving, being pregnant with, and/or giving birth to children.
LGBTQ2S	The acronyms refer to Lesbian, Gay, Bisexual, Transgender, Queer, and Two-Spirit. Although all of the different identities within "LGBT" are often grouped together (and share sexism as a common root of oppression), there are specific needs and concerns related to each individual identity (National Learning Community on Youth Homelessness).
Relational practices	An inquiry that is guided by conscious participation with clients using a number of relational skill including listening, questioning, empathy, mutuality, reciprocity, self-observation, reflection, and sensitivity to emotional contexts. Relational practice encompasses therapeutic nurse-client relationships and relationships among health care providers (Doane & Varcoe, 2007).
Trauma-informed care	Care that involves a broad understanding of traumatic stress reactions and common responses to trauma. Providers need to understand how trauma can affect treatment presentation, engagement, and the outcome of behavioural health services (Center for Substance Abuse Treatment, 2014).

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