

Requirements for Advanced Neonatal Nursing Practice in Neonatal Intensive Care Units

**National Association of
Neonatal Nurse Practitioners**



A division of NANN

Position Statement
#3042

NANNP Council
February 2009

NANN Board of Directors
March 2009

The neonatal intensive care unit (NICU) population includes infants with complex acute, critical, and chronic conditions that may include emergent and life-threatening conditions. The neonatal nurse practitioner (NNP) is an acute care practitioner whose formal education and competencies include the foci of this specific population. As the voice of NNPs, the National Association of Neonatal Nurse Practitioners (NANNP) issues this position statement to enhance professional nursing practice and to encourage optimal care delivery to neonates.



**National
Association of
Neonatal
Nurses**

Association Position

Graduation from an approved NNP program and national certification as an NNP are the standards of practice for advanced practice nursing in NICUs. Nurse practitioners who are not educated as NNPs and are working as nurse practitioners in NICUs are functioning beyond their scope of practice.

Background and Significance

The NNP role was developed during the 1970s to meet the needs of a rapidly growing group of high-risk infants: those born prematurely, those suffering from life-threatening illnesses, and those infants recovering from these health challenges, along with their families. Recently, it has become increasingly common for advanced practice nurses (APNs) who are not NNPs to function in the NNP role to fill vacant positions in NICUs (Cavaliere and Sansoucie, 2001). These APNs are educated in primary care nurse practitioner (NP) programs and may be experienced NICU nurses or, in many cases, nurses with no neonatal experience. The belief that these APNs “are adequate substitutes for NNPs in the acute care neonatal setting is fraught with misconception” (Cavaliere and Sansoucie, p. 142). Their formal education emphasizes comprehensive primary care and does not provide the specialist neonatal nursing education necessary to care for critically ill and convalescing infants.

The NNP is an acute care nurse practitioner (ACNP); this role must be distinguished from that of the primary care nurse practitioner. According to the National Organization of Nurse Practitioner Faculties (NONPF), “The role of the ACNP is to provide advanced nursing care across the continuum of health services to meet the specialized physiologic and psychological needs of the patient with complex acute, critical, and chronic health conditions. . . . The population in acute care practice includes acutely and critically ill patients experiencing episodic illness, exacerbation of chronic illness, or terminal illness. Based on educational preparation, ACNPs practice with a focus on a variety of specialty based populations including neonatal, pediatric, and adult” (NONPF, 2004, p. 13). NONPF clearly defines the acute care area of neonatology as a separate and specific specialty. The ACNP entry-level competencies (NONPF, 2004) include these:

- Assesses the complex, critical, and chronically ill patient for urgent and emergent conditions, using both physiologically and technologically derived data, to evaluate for physiologic instability and potential life-threatening conditions
- Diagnoses acute and chronic conditions that may result in rapid physiologic deterioration or life-threatening instability
- Integrates knowledge of rapidly changing pathophysiology of acute and critical illness in the planning or care and implementation of treatment.

The skills identified in these ACNP competencies required for the acute care role are quite different from those required of the primary care APN. NONPF and the American Association of Colleges of Nursing (AACN) have defined primary care competencies for the pediatric nurse practitioner (PNP) and family nurse practitioner (FNP) specialty areas (NONPF and AACN, 2002). Although newborns are part of the described primary care population for both PNPs and FNPs, their competencies and formal education do not include care of patients with *complex* acute, critical, and chronic conditions or *urgent, emergent, and life-threatening* conditions.

The education provided in APN programs focused on primary care is not the equivalent of the specialist education in an acute care NNP program as defined by the National Association of Neonatal Nurses (NANN), and the prerequisite neonatal experience is overlooked. Primary care APN education is neither formal nor specific in the area of high-risk neonatology, and the educational and clinical content is insufficient to meet requirements for national certification as an NNP (Cavaliere and Sansoucie, 2001).

Recommendations

1. NONPF states that the nurse practitioner curriculum must reflect the nurse practitioner role and specific population focus of future practice (NONPF, 2008). NANN has defined the NNP role and established guidelines for NNP education, including a requirement of at least 2 years of NICU RN practice for enrollment in an NNP program. These guidelines are specifically designed to educate graduate-level APNs to manage critically ill and convalescing infants. Building on the experience requirement, the NNP curriculum must have at least 200 neonatal-specific didactic hours plus a minimum of 600 precepted clock hours with critically ill newborns or infants in level II or level III NICUs. These practice and educational requirements have been developed and refined over the past 25 years in an effort to develop clinical experts and effective leaders who have developed mastery of the neonatal clinical skills and knowledge they are expected to direct (NANN, 2002, 2004).
2. The American Academy of Pediatrics (AAP) recognizes and supports the clinical expertise of NNPs and neonatal clinical nurse specialists (NCNSs). The AAP policy statement acknowledges the independent judgment of NNPs in the assessment and diagnosis of infants and their participation in the management of newborns and their families. The AAP statement also defines the role and educational preparation of NNPs (AAP, in press). Both the NANN and AAP position statements maintain that APNs who are managing patients in NICUs must have clinical expertise in neonatal nursing and the appropriate formal education to engage in collaborative practice in the NICU. In most states, the legal authority to practice, prescribe, and seek third-party reimbursement is based on formal education and certification in a specialty area.

3. The National Council of State Boards of Nursing (NCSBN) *Criteria for Evaluating Certification Programs* for regulatory purposes stipulates that educational programs must be under the auspices of an accredited college or university that ensures that the educational requirements are consistent with the requirements of the advanced practice role for the focus populations that the individual is seeking to serve. NCSBN further states that certified nurse practitioners are prepared to practice in primary care or acute care settings that have separate national consensus-based competencies and separate certification processes. NCSBN cautions that advanced practice registered nurses (APRNs) practicing in an expanded scope of nursing must be accountable to patients, the nursing profession, and their respective board of nursing in recognizing limits of knowledge and experience beyond the APRN's expertise. In states that require certification for recognition as an APN, an NP who practices as an NNP and who has not had formal NNP education would not meet this criterion (NCSBN, 2008a, 2008b).

Conclusions

APNs who have not sought graduate-level neonatal education or cannot provide evidence of required neonatal content and supervised clinical experience in their formal education programs and who are working as APNs in NICUs are functioning beyond their scope of practice. They do not have formal education with supervised clinical practice or national certification in the area of high-risk neonatology. NANNP encourages APNs interested in working in NICUs to seek the appropriate level of NICU experience and formal NNP education. In addition, NANNP encourages hospital administrative staff, collaborating physicians, and nursing colleagues to look beyond the staffing needs of the NICU to the legal and appropriate mechanism for providing advanced practice nursing care to NICU patients. The following statement summarizes the position of NANNP: "We must uphold strict standards for advanced practice. Allowing nurse practitioners to function outside their scope of practice, in a role for which they are not adequately prepared, presents a risk to the practice of all NPs and their patients. The solution to the problem of the shortage of NNPs is the preparation and education of more NNPs, not the substitution of practitioners whose expertise lies in other specialty areas" (Cavaliere and Sansoucie, 2001, p. 147).

References

- American Academy of Pediatrics, Committee on Fetus and Newborn. (in press). Policy statement: Advanced practice in neonatal nursing. *Pediatrics*.
- Cavaliere, T. A., and Sansoucie, D. A. (2001). The use of family nurse practitioners and pediatric nurse practitioners as providers of neonatal intensive care: Safe practice or risky business? *Newborn and Infant Nursing Review*, 1(3), 142–147.
- National Association of Neonatal Nurses. (2002). *Education standards for neonatal nurse practitioner programs*. Glenview, IL: Author. Retrieved February 18, 2009, from www.nann.org/edu_jobs/edu_nnp.html.

- National Association of Neonatal Nurses. (2004). *RN practice experience and neonatal advanced nursing practice*. Position Statement #3011. Glenview, IL: Author. Retrieved February 18, 2009, from www.nann.org/pdf/3011-04.doc.
- National Council of State Boards of Nursing. (2008a). *APRN Joint Dialogue Group report. Consensus model for APRN regulation: Licensure, accreditation, certification, and education*. Retrieved February 18, 2009, from https://www.ncsbn.org/7_23_08_Consensue_APRN_Final.pdf.
- National Council of State Boards of Nursing. (2008b). *APRN model act/rules and regulations*. Retrieved February 18, 2009, from https://www.ncsbn.org/APRN_leg_language_approved_8_08.pdf.
- National Organization of Nurse Practitioner Faculties, National Panel for Acute Care Nurse Practitioner Competencies. (2004). *Acute care nurse practitioner competencies*. Washington, DC: Author. Retrieved February 18, 2009, from www.nonpf.org/ACNPcompsfinal20041.pdf.
- National Organization of Nurse Practitioner Faculties, National Task Force on Quality Nurse Practitioner Education. (2008). *Criteria for evaluation of nurse practitioner programs* (3rd ed.). Washington, DC: Author. Retrieved February 18, 2009, from <http://nonpf.com/NONPF2005/NTFCriteriaWebVersion0208.pdf>.
- National Organization of Nurse Practitioner Faculties and American Association of Colleges of Nursing. (2002). *Nurse practitioner primary care competencies in specialty areas: Adult, family, gerontological, pediatric, and women's health*. Prepared for U.S. Department of Health and Human Services Contract Number HRSA 00-0532(P). Retrieved February 18, 2009, from www.nonpf.org/finalaug2002.pdf.
-

Copyright © 2005, revised February 2009, by the National Association of Neonatal Nurses. No part of this statement may be reproduced without the written consent of the National Association of Neonatal Nurses.



**National
Association of
Neonatal
Nurses**

4700 W. Lake Avenue, Glenview, IL 60025-1485
800/451-3795 • 847/375-3660 • Fax 866/927-5321
www.nann.org