



Nurse staffing in neonatal intensive care

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Statement of the standard

Nurse staffing levels reflect the needs of the infants they are caring for, which include one to one nursing during intensive care and one to two nursing during intermediate care.



For parents and family

Parents are supported to be the primary caregiver.



For neonatal unit

- A unit guideline on nurse staffing requirements is available and regularly updated.
- Sufficient nurse staffing numbers to provide appropriate levels of neonatal care is ensured:
 - One nurse to one patient for intensive care
 - One nurse to two patients for intermediate care
 - One nurse to four patients during special care
 - In addition, one nurse to provide shift coordination



For hospital

Sufficient nurse staffing numbers for care and continuing professional development and education of staff is ensured.

Benefits

Short-term benefits:

- Timely delivery of neonatal care
- Reduced risk of nosocomial infections
- Improved compliance with set oxygen saturation targets in infants
- Improved hand hygiene compliance
- Reduced neonatal mortality

Long-term benefits:

- Improved long-term outcomes
- Improved job satisfaction of nursing staff



For healthcare professionals

Patient's care has priority over administrative and housekeeping tasks for nurses in clinical care.



For health service

- A national guideline on nurse staffing requirements is available and regularly updated.
- The staffing required by a unit is defined according to the number of beds and the care level of the beds.
- Adequate national or regional training places on accredited educational courses are ensured



european standards of
care for newborn health

Here you can access the full standard:
<https://newborn-health-standards.org/standards/standards-english/patient-safety-hygiene-practice/nurse-staffing-in-neonatal-intensive-care/>



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