

Information on the Amniotomy Practice Decision

On January 9, 2013, the Nevada State Board of Nursing rescinded their Amniotomy Practice Decision which means that the Board is no longer taking a stance on whether or not amniotomy is within the scope of practice for an RN. The Board does not have a new Practice Decision that finds that amniotomy IS NOT within the RN scope of practice. Please refer to and utilize the Scope of Practice Decision Tree which is on our website to decide whether or not amniotomy is within your scope of practice. Of utmost importance is that the Board did not say that it IS NOT within the scope of practice for an RN to perform amniotomy; each nurse must follow the decision making process outlined in the Decision Making Tree.

The Board did not change regulation (or law); it rescinded a Practice Decision. Practice Decisions are used to give nurses guidance. In addition, as stated in NAC 632.935, a violation of a (practice decision) is cause for an informal hearing by the board to determine the **applicability of the statutes to the conduct at issue** ... and (**may be**) cause for a formal disciplinary hearing.

Rationale for the change: The NSBN's Nurse Practice Advisory Committee (NPAC) discussed the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Position Statement regarding Amniotomy and Placement of Internal Fetal Spiral Electrode through Intact Membranes. Based on the discussion, the committee unanimously decided to recommend the Board withdraw the 1984 practice decision which added amniotomy to the RN scope of practice. The committee members stated their rationale for rescinding the current practice decision is based on the AWHONN official position which is *that, in most clinical situations, artificial rupture of membranes (amniotomy) should be primarily performed by qualified physicians, certified nurse-midwives, nurse practitioners, extended class registered nurses (Canada) or other health care providers qualified/licensed by state or provincial law or regulations. Perinatal nurses should not routinely, independently perform amniotomy, since complications such as prolapse of the umbilical cord that may necessitate emergency medical intervention may occur.* (JOGNN, 38, 740; 2009. DOI: 10.1111/j.1552-6909.2009.01076.x) The NPAC believes that it is prudent to support the official position statement of professional nursing associations based on the level of in-depth research that is provided as documentation of whom and in what setting amniotomy should be performed to ensure safe care for pregnant women and their babies.