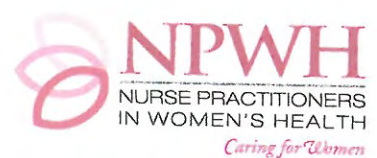


WOMEN'S HEALTH NURSE PRACTITIONER: Guidelines For Practice And Education

7TH EDITION



PRACTICE GUIDELINES

ROLE DEFINITION

The WHNP is an APRN prepared through academic and clinical study for practice as a primary care nurse practitioner that includes a focus on providing care for conditions unique to women from menarche through the remainder of their lives, and reproductive health care for men. The role of the WHNP is to provide evidence-based assessment, diagnosis, treatment and management in wellness promotion, care of women's common primary care nongynecologic problems, gynecologic care, male sexual and reproductive health care, and normal and high risk prenatal and postpartum care. The WHNP uses leadership and collaboration to provide comprehensive care in a variety of settings to improve health outcomes and to meet the specific needs of each patient. As a licensed healthcare provider, the WHNP is subject to the scope of practice rules and regulations established by and pursuant to the nurse practice act in the state in which she/he works.

CERTIFICATION

National certification provides evidence to the patient, the community and other healthcare providers that the WHNP has mastered the population-focused knowledge required to perform the duties of the role competently. It is designed to assess the APRN core and role competencies across at least one population focus of practice. The National Certification Corporation is the recognized certifying body for WHNPs. The NCC WHNP certification examination is an evaluative process designed to confirm knowledge of the APRN core and role competencies, and validate knowledge of the clinical competencies in the women's health/gender-related population focus.

The NCC certification carries no licensing authority. The ability to practice is regulated by the state boards of nursing, and while certification is required by most states for advance practice nursing roles, NCC has no regulatory power to require states to recognize certification for this purpose. Some agencies require national certification as a prerequisite for employment, and some insurance programs require national certification for a nurse practitioner to qualify for reimbursement.

Practice and educational standards are reflected in the credentialing process, but the responsibility for development of such standards rests with the professional nursing specialty organizations and the nursing education community.

AWHONN and NPWH strongly recommend that all graduates of WHNP programs attain and maintain national certification as a WHNP.

NON-GYNECOLOGICAL PRIMARY CARE

The WHNP provides primary health screening, health promotion and care for women from menarche through senescence that includes basic management and/or referral for common nongynecologic health problems. The WHNP approaches evaluation and management of primary health concerns of women with attention to the impact of gender on health.

ASSESSMENT

1. Obtain a problem-focused health history based on presenting complaint/s.
2. Perform a problem-focused physical examination.
3. Identify deviations from normal findings in history and physical examination.
4. Order or perform diagnostic tests based on findings from history and physical examination.
5. Screen for psycho/social/cultural factors that may impact overall health.
6. Screen for health risks and health promotion needs
7. Screen for intimate partner violence.
8. Order or perform health screening tests based on age and risk factors.

DIAGNOSIS

1. Interpret screening and diagnostic tests.
2. Develop and analyze differential diagnoses on the basis of clinical and laboratory data.
3. Diagnose common nongynecologic primary health conditions.
4. Identify and/or diagnose psychological factors and conditions that may impact health.
5. Identify women at risk for or currently in violent or abusive relationships.

MANAGEMENT

1. Develop plan of care based on assessment findings and diagnoses.
2. Provide health promotion/disease prevention education and counseling.
3. Provide recommended vaccinations.
4. Prescribe pharmacologic therapies and initiate nonpharmacologic therapies for common, uncomplicated nongynecologic primary health conditions.
5. Guide women at risk for or in violent or abusive relationships in developing a safety plan to identify community resources.
6. Provide consultation for other healthcare providers concerning impact of nongynecologic primary health conditions on reproductive and sexual health.
7. Collaborate with healthcare team in management of reproductive and sexual healthcare needs for individuals with complex nongynecologic primary health conditions.
8. Refer for further diagnostic workup and ongoing management for nongynecologic primary care conditions as needed.