

Privileges for: Certified Nurse Midwife

Request

- ST. ELIZABETH - EDGEWOOD
- ST. ELIZABETH - FLORENCE
- ST. ELIZABETH - FT. THOMAS
- ST. ELIZABETH - GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered)

Labor and delivery services are provided at the EDGEWOOD site, only.

MEC Approval: August 27, 2009

Board Approval: September 14, 2009, Revised September 13, 2010

DEPARTMENT APPROVAL

_____ Approved _____ Disapproved

Department/Section Chair Signature

Date

Nursing Administration Approval:

Sr. VP of Nursing or Designee Signature

Date

Must be sponsored by a physician who is a member of the Medical Staff of St. Elizabeth Healthcare

Sponsoring Physician Signature

Date

MINIMUM REQUIREMENTS

Degree required: Graduation from a school and with a degree approved by the American College of Nurse Midwives

Certification by ACNM

Certification in Kentucky as a Nurse Midwife

Collaborative Management Agreement with a Member with OB/GYN privileges

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

I. Core Privileges: Core privileges as a nurse midwife include the care, treatment or services listed immediately below. ALL PRIVILEGES BELOW REQUIRE THE PHYSICAL PRESENCE OF THE MIDWIFE AT THE HOSPITAL AS SOON AS ACTIVE LABOR BEGINS OR IF REQUESTED BY THE NURSING STAFF. IN ADDITION, ALL PRIVILEGES BELOW ARE SUBJECT TO THE QUALIFICATION THAT THE PATIENT, THE NURSE MIDWIFE OR THE COLLABORATING PHYSICIAN MAY REQUEST CO-MANAGEMENT WITH, OR TRANSFER OF CARE TO, THE PHYSICIAN AT ANY TIME. I specifically acknowledge that certification as a nurse midwife does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

DESCRIPTION OF CORE PRIVILEGES

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_____ The practice of nurse midwifery, in accordance with the specific care and limitation guidelines below and with all applicable board and medical staff policies (-0- or - A-)

Routine Obstetrical Care: Subject to the "Consultation Requirements" below, management of the obstetrical care of patients whose medical, surgical or past obstetric history and present health status is essentially uncomplicated and healthy. The collaborating physician will provide general supervision as necessary and will be readily available to provide direct care and otherwise available to provide consultations and coverage as necessary.

Specific Routine Obstetrical Care privileges:

- Antepartum history and physical exam
- Complete antepartal care of the normal obstetric patient
- Consultation with other specialists, or health resources as indicated
- Evaluation of fetal well-being by monitoring and NST/CST
- Evaluation of labor
- Perform admission history and physical exam
- Management of uncomplicated labor
- Pelvic examination
- Evaluation for rupture of membranes, i.e., nitrazine and ferning
- Manual removal of placenta
- Routine admission orders
- Amniotomy
- External and internal fetal monitoring
- Analgesia per routine orders
- Perform spontaneous vaginal delivery in the uncomplicated patient
- Administer local anesthesia
- Perform midline or mediolateral episiotomy as indicated
- Repair of episiotomy and first and second degree lacerations.
- Completion of delivery records including signing of birth certificate
- Assessment and management of normal post partum patients
- Routine post partum orders
- Preparation for discharge of the patient
- Initial routine care of newborn, including assignment of APGAR score, and initial newborn examination in the delivery room
- Augmentation, inductions, or ripening of the cervix with pitocin or prostaglandin
- Intrauterine pressure catheter placement

_____ Acknowledgment of Consultation Requirements: By initialing the line below, I specifically acknowledge that I must seek and document consultation with my collaborating physician during intrapartum care under the following conditions: (-0- or - A-)

- Anemia with a HGB < 9mg/dl if the patient is symptomatic
- Gestational diabetes controlled by diet
- Minor medical complications requiring intervention
- Rupture of membranes >18 hrs
- Bleeding greater than bloody show
- Fever >100.4 on two occasions 2 hrs apart, after hydration
- Estimated blood loss >500 cc
- Antepartum maternal group B strep with other risk factors for neonatal GBS infection with persistent fever despite antibiotics, or associated with persistent FHR changes
- Prolonged 2nd stage (pushing 2 hours in a multiple, >2 hours in a primip, or pushing > 2 hours with no descent

(You MUST initial this line _____)

Obstetrical Care Requiring Co-Management: Subject to the "Co-Management Requirements" below, these are privileges that entail collaborative management of the patient, including in-hospital, direct assessment of the patient by the collaborating physician, and shared responsibility for the care of the patient.

_____ Acknowledgment of Co-Management Requirements: By initialing the line below, I specifically acknowledge that I must discuss and document co-management with my collaborating physician during intrapartum care under the following conditions: (-0-)

- Persistent non-reassuring fetal heart tracing not responsive to position change or oxygen.
- Intrapartum assessment with estimated fetal weight of >4000 gm.
- Preterm labor or premature rupture of membranes <34 weeks.
- Stillborn or fetal demise.
- *Diabetes requiring insulin during pregnancy or other medical treatment, or A2 gestational diabetes
- *Management of trial of labor after previous Cesarean section
- *Pregnancy induced hypertension in labor requiring magnesium sulfate
- *severe pregnancy-induced hypertension

*Collaborating physician manages the medical condition but the C.N.M. may manage the labor and delivery.

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(You MUST initial this line _____)

Obstetrical Care Requiring Physician Management: Subject to the "Notification and Transfer Requirements" below, when a patient under nurse midwifery care develops a condition that requires complete and/or obstetrical management, she must be transferred to the collaborating physician's care. The CNM may continue to provide support, information, interpretation and presence to the patient. The CNM shall implement accepted emergency procedures for a patient requiring immediate care. Emergency management is implemented until such time as the collaborating physician arrives to assume management of care. The CNM may continue to provide appropriate nursing care and offer support to the patient.

Acknowledgment of Notification and Transfer Requirements: By checking this line, I specifically acknowledge that I must notify my collaborating physician, transfer care of the patient to him or her and document the notice and transfer during intrapartum care under the following conditions: (-O- or -D-)

- Multiple gestations
- Active herpes lesions at term
- Mal-presentation at term
- Placenta previa
- Previous estimated fetal weight >4000 grams and diabetic; >4500 grams and non diabetic
- Fetal demise with mal-presentation, or coagulopathy, or other complications
- Repair of cervical, third degree, or fourth degree perineal lacerations
- Signs of placental abruption
- Prolapsed cord
- Active bleeding with change in maternal vital signs or fetal heart rate
- Sudden intense abdominal pain with loss of contraction pattern
- A persistent non-reassuring FHR pattern
- Shoulder dystocia
- Incomplete/delayed separation of the placenta >30 minutes or associated active bleeding (with unsuccessful manual removal)
- Postpartum hemorrhage

Prescribe non-scheduled pharmacologic agents within the scope of the supervising physician and APRN's area of expertise and training (Kentucky Board of Nursing eligibility plus CAPA-NS for require) (-A- or -O-)

(You MUST initial this line _____)

II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must meet any "Additional Requirements" set forth below. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

Limited ultrasonography for fetal position, placental location and amniotic fluid status (- A -)

(ADDITIONAL REQUIREMENT: Co-management with collaborating physician and proof of training)

Surgical assistance to any obstetrician during Cesarean section (- D -)

Administration of Pudendal nerve block (- A -)

Newborn circumcision (- A -)

Prescription of controlled substances within the scope of authority and within the scope of the supervising physician's area of expertise and training (Kentucky Board of Nursing eligibility plus CAPA-CS, DEA) (- A -)

Applicants Signature: _____

Date: _____