



Printed Name

**Clinical Privileges Profile
Certified Nurse Midwife**

Kettering Medical Center System

Kettering Medical Center **Sycamore Medical Center**

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

Clinical Service Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other requirements

- Collaborating physician must be a member of the Active medical staff of the Ob/Gyn Clinical Service.
- Note that privileges granted may be exercised only at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.
- This document is focused on defining the qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR CERTIFIED NURSE MIDWIFE (CNM)

To be eligible to apply for initial clinical privileges as a certified nurse midwife (CNM), the applicant must meet the following criteria:

Successful completion of an American College of Nurse Midwives (ACNM)-accredited nurse midwifery program,

AND

Current active certification by the American Midwifery Certification Board (or its predecessor, the American College of Nurse Midwives (ACNM) Certification Council),

AND

Current active licensure/certificate of authority to practice as an advanced practice nurse in the nurse midwife category in the State of Ohio,

AND

Professional liability insurance coverage issued by a recognized company and in an amount equal to or greater than the limits established by the governing body.

Required previous experience: Applicants for initial appointment must be able to demonstrate current competence and evidence of the performance of at least 15 deliveries reflective of the scope of privileges

requested in the past 12 months, or completion of an accredited nurse midwifery program in the past 12 months, or will be required to submit evidence of performance of at least 10 deliveries under the supervision of collaborating/sponsoring physician(s).

Reappointment requirements: To be eligible to renew core privileges as a certified nurse midwife, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Medical record charting responsibilities

Clearly, legibly, completely, and in a timely fashion, the CNM must describe each service provided to a patient in the hospital and describe relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

Coverage of obstetrical cases

When an obstetrical patient is referred to or presents in the emergency room or in labor for delivery, the attending physician (or the physician designated as covering for the attending physician) will be contacted according to the usual procedures and informed of the patient's condition by the CNM.

A CNM may manage and deliver an obstetrical patient who has had no major complications during her pregnancy and who is expected to have an essentially uncomplicated labor and delivery.

When collaborative management is deemed appropriate, the physician will be readily available for the duration of the intrapartal period. When exclusive medical management is appropriate, the patient may be supported in labor by the CNM, and the CNM may assist the physician with intrapartal cases, if he or she so directs. After consultation, the patient may:

- a. Remain under CNM management, or
- b. Be collaboratively managed for the remainder of the intrapartal period, or
- c. Become medically managed by the physician

A CNM may manage the care of women without medical or obstetrical complications with the following conditions:

- Evaluation of a report of labor at term with an uncomplicated pregnancy
- Evaluation of complaint of rupture of membranes at term with an uncomplicated pregnancy**
- Uncomplicated urinary tract infection
- Uncomplicated vaginitis, positive Chlamydia, or gonorrhea culture
- Evaluation of complaint of premature onset of contractions (Note: The diagnosis of preterm labor warrants transfer of care to the physician service.)**
- Evaluation of complaint of spontaneous rupture of membranes at term (Note: Confirmation of preterm rupture of membranes warrants transfer of care to the physician service.)**
- Common mild infection-related diseases
- Status/post motor vehicle accident or other abdominal trauma without evidence of vaginal bleeding, placental abruption, or preterm labor
- Gastrointestinal distress
- Women with documented lower uterine segment transverse incision who have received appropriate counseling regarding a trial of labor and who have agreed to such a trial. Physician must be in-house for trial of labor as per OB guidelines.

It is recommended that the CNM seek consultation with the collaborating physician regarding the disposition of women who present with the following conditions. These lists are adjunct to good clinical judgment and are not inclusive of all possible complications:

Pre-existing medical conditions, including:

- Active or significant liver disease (e.g., active Hepatitis B, cirrhosis, etc.)
- Any other serious medical condition, including those requiring daily medication
- Chronic hypertension
- Chronic renal disease
- Collagen vascular disease
- Diabetes mellitus
- Hemoglobinopathies or other blood dyscrasia
- HIV-positive status
- Neurologic disorders
- Severe asthma, active tuberculosis, or other significant lung disease
- Thromboembolic disease\cardiac disease

Obstetrical complications, including:

- Active chemical drug dependency involving opiates, cocaine, sedative-hypnotics, or other drugs from which withdrawal can be life-threatening
- Active herpes-simplex-virus lesions in the presence of ruptured membranes or labor
- Cervical cerclage present
- Conditions that require ultrasound evaluation, excluding limited third-trimester ultrasounding
- Evidence of intrauterine growth restriction (IUGR)
- Evidence of oligohydramnios
- Insulin-requiring gestational diabetes
- Intrauterine fetal demise
- Isoimmunization
- Known significant fetal anomalies
- Malpresentation
- Multiple gestation
- No prenatal care
- Placenta previa (if in late second or third trimester)
- Pre-eclampsia or eclampsia
- Pregnancies at or beyond 42 weeks
- Pregnancy-induced hypertension without evidence of pre-eclampsia
- Preterm labor <36 weeks gestation
- Previous Cesarean delivery with classical scar or unknown scar
- Previous Cesarean section (lower transverse uterine segment) who have not received counseling regarding a trial of labor
- Suspected placental abruption or chronic abruption
- Uterine infection

CERTIFIED NURSE MIDWIFE (CNM) CORE PRIVILEGES *

- Requested** Manage and provide care to adolescent and adult females focusing on pregnancy, childbirth, the postpartum period, gynecological needs, and the care of the newborn. CNMs may not admit patients to the hospital. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

*Gynecological care only at Sycamore Medical Center

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

FIRST ASSISTANT AT SURGERY

Criteria: Successful completion of an educational program accredited by the ACNM that included training as a first assistant at surgery. **Required previous experience:** Demonstrated current competence and evidence of the performance as a first assistant at surgery for at least 5 cases in the past 12 months or direct supervision is required for the first 5 procedures. **Maintenance of privilege:** Demonstrated current competence and evidence of the performance as a first assistant at surgery for at least 5 cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

PRESCRIPTIVE AUTHORITY AS DELEGATED BY A PHYSICIAN IN A COLLABORATIVE PRACTICE AGREEMENT IN ACCORDANCE WITH STATE AND FEDERAL LAW

Requested The delegation to the CNM to administer or dispense drugs shall include the prescribing of controlled substances in accordance with the Ohio State Nurse Practice Act and its established formulary.

CORE PROCEDURE LIST

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures you do not wish to request, then initial and date.

- Write admission orders after notification of collaborating physician
- Manage midwifery elements of selected moderate- and high-risk conditions after consultation with physician
- Order routine laboratory, radiological, sonographical, and other diagnostic examinations
- Perform history and physical examinations
- Collect specimens for pathological examination

Labor management*

- Perform amniotomies
- Conduct fetal surveillance
- Comanage (limited to midwifery aspects of care) with physician selected moderate- and high-risk conditions including but not limited to pre-eclampsia, gestational diabetes, preterm labor, chorioamnionitis, and other conditions that may be assessed on a case-by-case basis with the consulting physician
- Perform induction of labor after consultation with physician
- Initiate amnio-infusion after consultation with physician
- Interpret fetal monitor tracing
- Manage normal labor at no less than 36 weeks gestational age and not more than 42 weeks completed gestation. Includes management of women with a previous Cesarean section with a documented low-transverse uterine scar. Physician in-house during the labor & delivery.
- Manage post-dates pregnancy in consultation with a physician as appropriate

- Administer local anesthesia and order epidural anesthesia when indicated

Management of normal spontaneous birth with the collaborating physician or designee readily available to respond to any call for assistance*

- Perform cord blood sampling
- Explore the uterus and manually remove placenta fragments
- Perform midline episiotomies and repair
- Manage normal spontaneous birth
- Repair first- and second-degree perineal lacerations and other associated lacerations
- Collect cord blood for cord blood banking
- Vacuum extraction may be performed in the event of an emergency only. All cases will be forwarded to the collaborating physician for review and evaluation.

Postpartum management*

- Perform hemorrhage stabilization with physician consultation if needed
- Manage midwifery elements of selected high-risk conditions after consultation with physician
- Monitor vital signs, lochia, fundus, and bladder functions in the immediate postpartum period
- Conduct postpartum rounds and examination
- Infant care limited to initial stabilization at delivery, breastfeeding assistance

*Not applicable to Sycamore Medical Center

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those clinical services/functions for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Kettering Medical Center, and I understand that:

- a. In exercising any clinical services/functions granted and in carrying out the responsibilities assigned to me, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the policies governing privileged allied health professionals.

Signed _____ **Date** _____

ENDORSEMENT OF COLLABORATING PHYSICIAN / PHYSICIAN EMPLOYER(S)

Signed _____ **Date** _____

Signed _____ **Date** _____

CLINICAL SERVICE /CHIEF'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend requested clinical privileges
- Recommend clinical privileges with the following conditions/modifications:
- Do not recommend the following requested clinical privileges:

Privilege

Condition/modification/explanation

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

Notes

Clinical Service Chief signature _____ **Date** _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee Action _____ **Date** _____

Medical Executive Committee Action _____ **Date** _____

Board of Directors Action _____ **Date** _____

Adopted: November 11, 2010