Renown Regional Medical Center  
Department Of Obstetrics and Gynecology  

Policies and Procedures  
Certified Nurse Midwives (CNM’S)  

1. Overview:

Renown Regional Medical Center supports the practice of Nurse Midwifery and will participate with Certified Nurse Midwives in the utilization of the hospital for the provision of Obstetrical and peri-partum care. The practice of Certified Nurse Midwives shall be under the supervision of the Medical Staff and thus subject to the Bylaws and Policies and Procedures of the Medical Staff.

Certified Nurse Midwives are not eligible for Medical Staff membership, but are eligible for practice privileges as delineated by the Department of OB/GYN, Nurse Midwife Privileging Sheet, which contains accepted specific qualifications and encompasses the Nurse Midwife Scope of Practice.

II. Basic Qualifications.

In order to qualify for Specific Professional Personnel as defined by the Board of Directors, in the category of Certified Nurse Midwife (CNM), the American Midwifery Certification Board must certify the CNM. Additionally:

a.) Provide adequate professional liability insurance coverage as required by RRMC at the same limits as required of physicians.

b.) Complete and have approved, by the Department of OB/GYN, the current CNM practice Privileging sheet.

c.) Provides documentation of successful completion of an approved Neonatal Resuscitation Course, with re-certification every 2- years, or as required at time of re-credentialing.

d.) The CNM must arrange for a collaborating Obstetrician who shall be responsible for and provide consultation and back up to the CNM. The qualified collaborating Obstetrician must be an active member of the Department of OB/GYN (or Associate Staff physician who has been released from proctoring).

Exceptions to Basic Qualifications

a. Nurse Midwives who meet the above stated qualifications, and have taken the certifying examination of the American Midwifery Certification Board but have not yet received notification of the results will be granted limited privileges for a period not to exceed six (6) months. If results are not received or the candidate did not pass, the privileges will be immediately rescinded.
III. Determination of Practice Privileges

Each Certified Nurse Midwife shall be entitled to exercise only those privileges specifically granted on the Nurse Midwife Privileging Form. All privileges are agreed to be within the Scope of Practice for Nurse Midwives, as well as within the scope of License as defined by the State of Nevada Board of Nursing.

IV. Proctoring Requirements for Certified Nurse Midwives:

Except as otherwise determined by the Board of Directors, each Midwife initially granted privileges, will be subject to proctoring as defined by the Certified Nurse Midwife Privileging sheet for each level of privilege granted.

Responsibility for overseeing the proctoring process shall lie with the Chief of the Department of OB/GYN.

The assigned proctor must be present for and review the charts of a minimum of the first 10 consecutive vaginal deliveries. The proctor must also be available for 24-hour consultation, with in-house OB coverage after hours and a 10-minute response time during office hours.

After all cases as required for each level of privilege have been proctored and the assigned physician has completed and submitted to the Department of OB/GYN, the necessary proctoring reports, the CNM will be released from proctoring.

The initial approval of practice privileges for Certified Nurse Midwives shall be for a maximum period of twenty-four (24) months. All renewals shall as well be for a period not to exceed twenty-four (24) months. Certified Nurse Midwives shall be assigned to the supervision of the Department of OB/GYN and under the direct supervision of the assigned collaborating Physician.

V. Scope of Practice

a. Certified Nurse Midwives after satisfying the basic qualifications and completing the CNM privileging Form; will within the guidelines set forth in the privileging form and standards of the Department of OB/GYN, be authorized under the supervision of their collaborating physician, to attend cases of normal childbirth and to provide prenatal, intrapartum and postpartum care. All Obstetrical and/or Medical complications must be referred to their supervising physician or his/her designee.

b. The practice of Midwifery does not include the assisting of childbirth by any artificial forcible or mechanical means, nor the performance of antepartum version. Certified Nurse Midwives are prepared to make Obstetrical value judgments within their role and to accept responsibility for managing normal obstetrical care, throughout the peri-partum period in association with the collaborating physician.
c. Supervision and/or collaboration shall not be construed to require the physical presence of a supervising physician, but a supervising physician must be readily available.

d. The department of OB/GYN shall be responsible for credentials verification and review, quality improvement and peer review activities of/for CNM’s.

e. Certified Nurse Midwives may prescribe all medications consistent with D.E.A. privileges and according to the Nevada Boards of Pharmacy and State Board of Medical Examiners.

VI. Charting:
Certified Nurse Midwives as Specified Professional Personnel may interview and examine patients and review medical information as well as enter information in the medical record. The supervising physician shall be required to countersign on the following medical record documentation

a. Admission History and Physicals within 24 hours
b. Admission and/or inpatient orders within 24 hours
c. Discharge Summary within the time frame specified by the Medical Staff Rules and Regulations

Renown Regional Medical Center

Department of Obstetrics and Gynecology,
Certified Nurse-Midwife Practice Privilege Request Form
Name: ________________________________

To be eligible for core practice privileges as a Certified Nurse-Midwife, the applicant must meet the following minimum qualifications

Education: RN and MSN (or its equivalency)
Training: Applicant must have completed a nurse-midwife educational training program accredited by the American College of Nurse Midwives.
Documentation: Documentation must be submitted that supports the number listed in the column titled “number required to qualify for Privilege: For applicants out of training less than two years a case log for the training period will be accepted. Greater than two years, and activity report will need to be submitted from the hospital currently most active at.
Certification: Current Certification by the American Midwifery Certification Board (If test results are not yet available, exam must be taken before submitting application and results within 6 months).
Licensure: Nevada State Licensure to practice as a nurse midwife. D.E.A. number as well as Nevada Board of Pharmacy number

☐:Requested ☐:Granted

| 20... Number to be proctored: initial |
| 25.... Number required to qualify |
| ____- Number performed last 2-years |

Core Practice Privileges/Minor Procedures
Participation in the management of normal labor by:

1. Evaluation of patients in Triage Area
2. Interview patient for medical/Obstetrical history
3. Review patient records to determine healthy status, evaluate patient presentations and suggest diagnosis
4. Complete all necessary forms and charts in the medical record and record pertinent patient data
5. Perform Physical Examination
6. Diagnosis of Labor
7. Assess progress of labor and patient’s condition
8. Assume total management of patients designated as appropriate for Midwifery management
9. Order administration of intravenous fluids, analgesics and oxytocics and other medications deemed appropriate for peripartum management.
10. Ordering and interpreting laboratory/diagnostic tests
11. Ripening of cervix by use of prostaglandin or other department approved induction agents.
12. evaluation of rupture of membranes and documentation of status
13. Amniotomy
14. Application of external or internal fetal monitoring and uterine contraction devices
15. Provide for pain relief
16. Conduct single spontaneous vaginal deliveries of Vertex presentation of OA or OP position
17. Initiate neonatal resuscitation of infant in distress while awaiting ICN assistance
18. Perform immediate appraisal of newborn to include Apgar score
19. Manage third stage including manual exploration
20. Obtain cultures of infant, placenta, cervix and uterus when indicated
21. Perform cervical, vaginal and rectal examinations and inspections as indicated.
22. perform local infiltration anesthesia
23. perform and repair median episiotomies and vaginal or perineal lacerations
24. Labor and delivery postpartum orders
25. take responsibility for patient in recovery room
26. Provide patient/ family instruction, counseling and discharge planning assistance.

Antepartum Care:

1. Evaluation of Bleeding in the third trimester
2. evaluation of gestational hypertension and diabetes
3. initiation and evaluation of non-stress tests
4. Evaluation of trauma in the obstetrical patient
5. Evaluation of UTI, Vaginitis, STD’s
6. Initiate Oxytocin Challenge Tests, Order and interpret results of Bio-Physical Profile (BPP)
7. Perform limited third trimester ultrasound

Department of Obstetrics and Gynecology,
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To be eligible for Special Privileges/ Major Procedures, the applicant must meet the minimum qualifications for core privileges as described above, and, the following minimum qualifications as outlined.

Act as First assistant for C-Sections: Documentation of completion of First Assist Course
Assisting in emergent Gynecological surgery
As indicated

Renown Regional Medical Center
Standardized Procedures                      Minimum Qualifications

Repair of 1st and 2nd Degree Perineal Lacerations'  3  Proctored Cases

Episiotomy and Repair                          3  Proctored Cases

Shouldered Dystocia                           RRMC sponsored Class

☐ Requested                                        ☐ Granted

Prescribing Authority

Prescribe Medications     DEA #              sssssssssssssss      Circle schedules authorized

Renown Regional Medical Center
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Department of Obstetrics and Gynecology,
Certified Nurse-Midwife Practice Privilege Request Form

Acknowledgement of Practitioner

I have requested only those practice privileges for which by education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at Renown Regional Medical Center, and, I understand that:

a. In exercising any practice privilege granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation, and

b. Any restriction on the practice privilege to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws, rules, or related documents.

I also agree to abide by the policies and procedures for Certified Nurse Midwives, approved by the Department of OB/GYN
Department Chief Recommendation
I have reviewed the requested practice privileges and supporting documentation for the above named applicant and recommend action on the privileges as noted above.

________________________________________________        ____________
Signature of Supervising Physician                    Date
________________________________________________        ____________
Signature of Department Chief                                    Date
________________________________________________        ____________
Signature of Chief of Staff/ MEC              Date
________________________________________________        ____________
Board of Directors               Date