

CORE I — General Privileges (check box if requesting)

Privileges

Privileges include:

- Admit and discharge patients
- Chart admission histories and physicals, progress notes, and discharge summaries
- Order appropriate ancillary or support services,
- Instruct and educate patients,
- Conduct patient rounds,
- Procedures,
- Consultation and referrals.

CNM will seek consultation, collaboration, and /or transfer of the patient in keeping with the guidelines established in the OB Communication and Consultation Policy. The CNM is expected to institute appropriate initial or emergency care while awaiting consultation.

Basic education and minimal formal training

1. Completion of ACNM accredited nurse midwifery program.
2. Current RN and AP registration to practice nursing in Minnesota.
3. Current certification as a Certified Nurse Midwife by the American Midwifery Certification Board (AMCB).
4. Current DEA registration.
5. Completion of a fetal heart rate refresher course and participation in at least 2 Birth Center interdisciplinary team training initiatives in a 2 year time period.

Required documentation and experience

NEW APPLICANTS

1. Complete online electronic fetal heart monitoring education course within 3 months of initial credentialing.
2. Provide contact information for two practitioners, one of whom is a CNM, whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name: _____

Name: _____

Name of Facility: _____

Name of Facility: _____

Address: _____

Address: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Email: _____

Email: _____

REAPPOINTMENT APPLICANTS

1. Provide written agreement between applicant and a physician (or group) with obstetrics privileges, demonstrating methodology for consultation and referral.
2. Provide documentation of 20 procedures, including deliveries, performed during past 24 months.
3. Provide documentation of completion of fetal heart rate refresher course every 2 years.
4. Provide evidence of participation in at least 2 Birth Center interdisciplinary training initiatives in the last 2 years (examples include but not limited to Simulation exercises performed at Regions or other hospital, fetal heart rate strip review, course attendance for which CME is awarded). Activities performed outside of Regions requires explanation and approval by Section Head.
5. Provide contact information for a CNM whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name: _____

Name of Facility: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Special privileges (check box if requesting)

Privilege
<input type="checkbox"/> Nexplanon insertion / removal
<input type="checkbox"/> Limited 3 rd trimester ultrasound: BPP/AFI/fetal position
<input type="checkbox"/> Repair of 3 rd and 4 th degree lacerations
Basic education and minimal formal training
1. Same as core 1
Required documentation and experience
NEW APPLICANTS: 1. Documentation of approved training.
REAPPOINTMENT APPLICANTS: 1. Documentation of approved training

Special privilege – Water-birth (check box if requesting)

Privilege
<input type="checkbox"/> Water-birth
Basic education and minimal formal training
1. Submit completed water-birth validation tool
Required documentation and experience
NEW APPLICANTS: 1. Submit completed water-birth validation tool
REAPPOINTMENT APPLICANTS: 1. Submit completed water-birth validation tool (Include only if not previously privileged in waterbirth.)

Core Procedure List — Certified Nurse Midwife

To the applicant: Strike through those procedures you do not wish to request. All procedures must be completed in accordance with the OB Communication and Consultation Policy.

1. Admission orders
2. Perform history and physical examination
3. CNM may provide nursing care as needed in keeping with the Regions Hospital standards of nursing care.

Intrapartum Management

1. Assess & evaluate patients presenting to triage on labor and delivery.
2. Assess and manage patients in labor
3. Assessment of maternal and fetal status during labor, including fetal surveillance and interpretation via NST, OCT and continuous fetal monitoring.
4. Order routine laboratory, radiological, sonographical and other diagnostic examinations
5. Collect specimens for pathological examination
6. Order and/or administer local or pudendal anesthesia and consult with anesthesia for ITN or epidural anesthesia as indicated.
7. Perform amniotomy
8. Co-manage moderate and high-risk conditions in consultation with obstetrical team
9. Augmentation or induction of labor using Pitocin or prostaglandin medications
10. Initiate and manage amnioinfusion
11. Place cervical foley bulb catheter
12. Manage spontaneous vaginal delivery
13. Manage labor and delivery of patients attempting VBAC
14. Perform cord blood sampling
15. Explore the uterus and manually remove placental fragments
16. Perform and repair midline/mediolateral episiotomies
17. Repair first and second-degree perineal lacerations and other associated lacerations
18. Apply techniques for management of emergency complications and abnormal intrapartum events

Postpartum management

1. Provide care to mothers and infants in the postpartum period
2. Manage 3rd stage of labor with OB consultation as indicated
3. Monitor vital signs, lochia, fundus, and bladder functions in the postpartum period
4. Conduct postpartum rounds and examinations
5. Facilitation of the initiation, establishment and continuation of lactation

Managing care of the well newborn

1. Evaluate the newborn, including gestational age assessment and initial and ongoing physical and behavioral assessment
2. Facilitate transition to extra-uterine life: stabilization at birth, resuscitation and emergency management
3. Performs initial newborn exam.
4. Refer newborn to pediatrician for further evaluation and care as indicated

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which – by education training, current experience and demonstrated performance – I am qualified to perform and that I wish to exercise at Regions Hospital. I understand that:

1. In exercising any clinical privilege granted, I am governed by Regions Hospital and Regions Medical Staff policies and rules applicable generally and any applicable to the particular situation.
2. In an emergent situation I may perform a procedure for which I am not privileged when no practitioner holding the applicable procedure is available to respond to the emergency.

I agree to supply Regions Hospital Medical Staff Services (or designee) with all the information that has been requested of me for the privileges that I have applied for. I also understand that my application for privileges will not proceed until the information is received.

Signature

Date