

DEPARTMENT OF OB/GYN AND PEDIATRICS DELINEATION OF PRIVILEGES FOR LICENSED OR NURSE MIDWIFE

To be eligible to apply for privileges in Midwifery, the applicant must meet the following criteria:

Must be a graduate of midwifery educational programs that are registered by State Education Department (SED) or programs determined by SED to be equivalent, and have passed a licensing examination approved by the State Education Department.

The following are mandatory for privileges (please attach documentation):

- 1. Neo-Natal Resuscitation
- 2. BLS
- 3. Lactation Training 4 Hrs. Req.
- 4. Competency on safe sleep, nitrous, microscopy

CORE PRIVILEGES

Admission, basic diagnosis, and management of the obstetric patient and management of normal pregnancy, childbirth and postpartum care, as well as care of the newborn following birth.

Applicant: Please draw a line through any privilege you are NOT requesting and initial.

- History and physical examination
- Order and interpret laboratory tests and diagnostic studies and devices and interpret results
- Newborn circumcision
- First assisting at C-Sections(certification required)
- Obstetric and gynecologic screening procedures
- Education/Teaching for the patient, including Breast Feeding.
- Management of Low-Risk Pregnancy
 - a) Vaginal Exam
 - b) Management of Labor
 - c) Interpretation of Fetal Monitoring
 - d) Normal Vaginal Delivery
 - e) Immediate after-birth care for mother & child
 - f) Daily Evaluation
 - h) Other Procedures

Cervical Inspection

Manual Exploration of Uterus

Amniotomy (when indicated)

Pudendal Block

Local Anesthesia

Episiotomy & Repair

Repair of 1st or 2nd laceration Without episiotomy

- Amnioinfusion
- IUPC and FSE
- Mechanical induction (e.g., foley bulb)
- Cord blood/blood gasses
- Delivery of fetal demise
- PPROM
- Care of the healthy newborn following birth defined as follows:
 - Infant \geq 37 weeks gestation
 - Infant Average for Gestational Age (AGA)
 - Apgar scores ≥ 7 at one minute
 - Vital signs normal and stable
 - All lab results within normal limits
 - Physical examination revealing no abnormalities that require continued hospitalization or interventions
 - Urinated within 24 hours
 - Stooled within 48 hours
 - Breast or formula feeding successfully
 - Weight loss <10% of birth weight
 - Transcutaneous bilirubin or serum bilirubin result in low risk zone
 - Passed Cyanotic Congenital Heart Disease Screening (CCHD)

Collaborative Management (IN CONSULTATION WITH OBSTETRICIAN)

- a) Premature labor, less than 37 weeks
- b) Dysfunctional labor patterns
- c) Mild pre-eclampsia
- d) Abnormal fetal heart rate patterns
- e) Meconium
- f) Prolonged rupture of membranes
- g) Abnormal lab Values
- h) Temperature elevation
- i) Pitocin augmentation/induction
- j) Retained placenta
- k) Post-dates (more than 42 weeks)
- 1) VBAC
- m) Multigestation
- n) Fetal presentation other than vertex
- o) Oligohydramnios
- p) Polyhydramnios
- q) Post-dates (greater than 42 weeks)
- r) No prenatal care

Other

Emergency Privileges (WHILE AWAITING THE ARRIVAL OF THE OBSTETRICIAN IF INDICATED):

Bimanual compression of uterus a) Uterine exploration for immediate post-partum hemorrhage b) Manual elevation of fetal head for prolapsed cord c) Acceptable procedure for reduction of impacted shoulders d) e) Other: _____ 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 Broadway Campus of HealthAlliance Hospital. Signature: ______Date____ I have reviewed the requested OB clinical privileges and supporting documentation for the above named applicant and recommend approval. Department Chair's Signature: ______Date: ______Date: ______

Pediatrics Chair, Broadway Campus

Date:

Department Chair's Signature: