



**DETROIT MEDICAL CENTER
Detroit, MI**

**DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
CERTIFIED NURSE MIDWIFE
REQUEST FOR PRIVILEGES**

CERTIFIED NURSE MIDWIFE _____

SPONSORING PHYSICIAN _____

CRITERIA:

1. TO BE ELIGIBLE FOR PRIVILEGES, THE CERTIFIED NURSE MIDWIFE MUST EITHER BE EMPLOYED BY THE DETROIT MEDICAL CENTER OR EMPLOYED BY A PHYSICIAN WHO IS CURRENTLY ON THE MEDICAL STAFF OF THE DETROIT MEDICAL CENTER.
2. Documentation of completion of Detroit Medical Center-designated fetal monitoring course at a minimum of every two years.

The functions identified below do not include all areas of responsibility. Identified are those activities which are done, utilizing applicable guidelines, in collaboration with a physician.

Approval to perform the following functions is requested:

- _____ Perform history and physical exams
- _____ Order and monitor diets and diagnostic tests, i.e. lab tests, x-rays, etc.
- _____ Order non-controlled medications and non-pharmacologic therapies
- _____ Local anesthesia
- _____ Order IV fluids, blood and blood products
- _____ Order interdisciplinary consults
- _____ Documentation of treatment plan, i.e. progress notes, discharge summary, clinic record, etc.
- _____ Provide phone consultation
- _____ Order controlled substances during labor
- _____ Manage, with consultation, induction and/or augmentation
- _____ Complete management of the normally progressing labor and delivery

- _____ Perform episiotomy and suturing
- _____ Perform fetal monitoring including internal and external methods, application of fetal scalp lead and intrauterine pressure catheter
- _____ Perform other medical procedures for which applicant has demonstrated competence, according to policy:
 - _____ Perform amnioinfusion
 - _____ Repair of 3rd degree lacerations
 - _____ Basic ultrasound
 - _____ Newborn circumcision
 - _____ Performance of biophysical profile
- _____ Additional functions specify:

MEDICAL CONSULTATION AND/OR TRANSFER OF CARE

Certified Nurse Midwife with approved obstetric privileges is required to obtain consultations from or transfer care to an OB/GYN attending physician as defined in this document when a CNM patient is admitted for inpatient care or has developed, the following conditions at a DMC Hospital.

TRANSFER OF CARE

Preterm labor \leq 34 weeks of gestation
Preterm premature ruptured membranes \leq 34 weeks
Oligohydramnios (< 2cm MVP) < 34 weeks of gestation
Fetal growth restriction (EFW < 10th percentile)
Placenta previa
Abruptio placenta
Hypertension requiring medication
Preeclampsia
Medical diagnoses requiring inpatient treatment (eg, pneumonia, pyelonephritis, and cholecystitis)
Seizure disorder
DVT or pulmonary embolism
Prior Cesarean
Prior uterine surgery
Category 3 fetal heart rate tracing
Open cervix or short cervix (< 15mm) at < 28 weeks gestation

CONSULTATION

Induction for labor
Oligohydramnios (< 2 cm MVP) 34-37 weeks of gestation
EFW > 4,000 g

Abnormal results of nonstress test or biophysical profile
Category 2 fetal heart rate tracing with fetal tachycardia, fetal bradycardia or recurrent late decelerations, recurrent severe variable decelerations, prolonged fetal heart rate decelerations
Failed induction or arrest disorders (see Table)
Clinical chorioamnionitis
Postpartum hemorrhage not responding to oxytocin and methergine
Postpartum fever
Retained placenta of 30 minutes
Any patient who by CNM evaluation has the potential to develop maternal or fetal complications

Table Definitions of Failed Induction and Arrest Disorders

Failed induction of labor Failure to generate regular (eg, every 3 min) contractions and cervical change after at least 24 h, rupture if feasible.
First-stage arrest 6 cm or greater dilation* with membrane rupture and no cervical change for 4 h** or more of adequate contractions (eg, >200 Montevideo units) or 6 h or more if contractions inadequate
Second-Stage arrest No progress (descent or rotation) for 4 h or more in nulliparous women with an epidural 3 h or more in nulliparous women without an epidural 3 h or more in multiparous women with an epidural 2 h or more in multiparous women without an epidural

*Since women may still be in the latent labor, additional time and interventions may be needed in order to diagnose an arrest of active labor before 6 cm dilatation.

**Obtain consultation after 2 h of no cervical change.

(Table modified from Spong, CY et. al. Obstet Gynecol 2012; 120: 1181-93)

Signature of Certified Nurse Midwife

Date

Signature of Sponsoring Physician

Date

Signature, Specialist-in-Chief, or designee

Date

BOARD APPROVAL: _____
Date

DETROIT MEDICAL CENTER
PROCEDURE CERTIFICATION

Name _____

Advanced Practice Nurse

Physician Assistant

Sponsoring Physician _____

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PROCEDURE _____

DIDACTIC METHOD _____ Date _____
(readings, classroom as per policy)

PRACTICAL DEMONSTRATION OF PROCEDURE _____
DATE APPROVED

CERTIFYING PHYSICIAN _____ Date _____
(signature of physician or designated professional checking performance of procedure)

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PROCEDURE _____

DIDACTIC METHOD _____ Date _____
(readings, classroom as per policy)

PRACTICAL DEMONSTRATION OF PROCEDURE _____
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CERTIFYING PHYSICIAN _____ Date _____
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