



**Certified Nurse Midwife Kettering Health**  
Delineation of Privileges

**Applicant's Name:**

**Instructions:**

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation
5. 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 doubts related to qualification of requested privileges.

**NOTE:**

Privileges granted may only be exercised at the site(s) and 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 or department policy.

\* 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.

**Required Qualifications**

<b>Membership</b>	To be eligible to apply for initial clinical privileges as a certified nurse midwife (CNM), the applicant must meet the following criteria:
<b>Education/Training</b>	Successful completion of an American College of Nurse Midwives (ACNM)-accredited nurse midwifery program
<b>Certification</b>	Current active certification by the American Midwifery Certification Board (or its predecessor, the American College of Nurse Midwives (ACNM) Certification Council) <b>AND</b> Current active licensure/certificate of authority to practice as an advanced practice nurse in the nurse midwife category in the State of Ohio
<b>Clinical Experience (Initial)</b>	Applicants for initial appointment must be able to demonstrate current competence and evidence of the performance of at least 25 deliveries reflective of the scope of privileges requested in the past 12 months, or completion of an accredited nurse midwifery program in the past 24 months, or will be required to submit evidence of performance of at least 10 deliveries under the supervision of collaborating/sponsoring physician(s).
<b>Clinical Experience (Reappointment)</b>	Current demonstrated competence and evidence of the performance of at least 25 vaginal deliveries 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.

**Additional Qualifications** 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

## Primary Privileges Certified Nurse Midwife

**Description:** 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.

### Qualifications

**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.

**AND**

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.

**AND**

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: Remain under CNM management

**OR**

Be collaboratively managed for the remainder of the intrapartal period

**OR**

Become medically managed by the physician

Request					<i>Request all privileges listed below.</i>
KHMM	KHDO	KHMC	SOIN	KHMB	Click <span style="background-color: #add8e6; padding: 2px;">shaded blue check box</span> to Request all privileges. Uncheck any privileges you do not want to request.
					- Currently granted privileges
					<b>A CNM may manage the care of women without medical or obstetrical complications with the following conditions:</b>
					Common mild infection-related diseases
					Evaluation of a report of labor at term with an uncomplicated pregnancy
					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 rupture of membranes at term with an uncomplicated pregnancy**
					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.)**
					Gastrointestinal distress

					Status/post motor vehicle accident or other abdominal trauma without evidence of vaginal bleeding, placental abruption, or preterm labor
					Uncomplicated urinary tract infection
					Uncomplicated vaginitis, positive Chlamydia, or gonorrhea culture
					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.
					<b>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.</b> (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
					<b>Obstetrical complications, including:</b>
					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
					<b>General privileges</b>
					Collect specimens for pathological examination

				Gynecological care
				Manage midwifery elements of selected moderate- and high-risk conditions after consultation with physician
				Perform history and physical examinations
				Order routine laboratory, radiological, sonographical, and other diagnostic examinations
				Write admission orders after notification of collaborating physician
				<b>Labor management</b>
				Administer local anesthesia and order epidural anesthesia when indicated
				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
				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
				Perform amniotomies
				Perform induction of labor after consultation with physician
				<b>Management of normal spontaneous birth with the collaborating physician or designee readily available to respond to any call for assistance</b>
				Collect cord blood for cord blood banking
				Explore the uterus and manually remove placenta fragments
				Manage normal spontaneous birth
				Perform cord blood sampling
				Perform midline episiotomies and repair
				Repair first- and second-degree perineal lacerations and other associated lacerations
				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.
				<b>Postpartum management</b>
				Conduct postpartum rounds and examination
				Infant care limited to initial stabilization at delivery, breastfeeding assistance
				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
				Perform hemorrhage stabilization with physician consultation if needed

**Special Non-Core Privileges:**

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

Request					Request all privileges listed below. Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
KHHM	KHDO	KHMC	SOIN	KHMB	
					- Currently granted privileges
					Special Non-core Privileges

**First Assistant at Surgery**

**Qualifications**

- Education/Training** Successful completion of an educational program accredited by the ACNM that included training as a first assistant at surgery.
- Clinical Experience (Initial)** 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.
- Clinical Experience (Reappointment)** 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.

Request					Request all privileges listed below. Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
KHHM	KHDO	KHMC	SOIN	KHMB	
					- Currently granted privileges
					First Assistant at Surgery

**Prescriptive Authority as Delegated by a Physician in a Collaborative Practice Agreement in Accordance with State and Federal Law**

**Qualifications**

**Note** 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.

Request					<i>Request all privileges listed below.</i>
KHHM	KHDO	KHMC	SOIN	KHMB	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
					- Currently granted privileges
					Prescriptive authority as delegated by a physician in a collaborative practice agreement in accordance with state and federal law

**Acknowledgment of Applicant**

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at a Kettering Health hospital(s) and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by applicable 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 Medical Staff Bylaws or related documents.

Practitioner's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Clinical Service Chair Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

\_\_\_\_\_  
Clinical Service Chair Signature

\_\_\_\_\_  
Date