

**HOLY CROSS HOSPITAL  
DELINEATION OF PRIVILEGES AND CRITERIA**

**PRACTICE AREA:** Certified Nurse Midwife

**BASIC CRITERIA:**

- Evidence of current State certification;
- Relevant training or experience;
- Certification by the New Mexico Department of Health as a Nurse Midwife;
- Practices according to the *Standards for the Practice of Nurse-Midwifery* as defined by the American College of Nurse Midwives (ACNM);
- Shows evidence of continuing competency as required by the ACNM;
- Letter of reference from nurse midwifery course director or from the appropriate department chair in the hospital where the applicant was formerly on staff;
- Adequate professional liability insurance, as well as information on any past or pending professional liability or disciplinary actions; and,
- Sponsored by a back-up OB/GYN physician(s) who is currently a member in good standing of the Holy Cross Hospital Medical Staff, and who will be on call for any complications.

**BASIC EDUCATION:**

Registered Nurse.

**MINIMAL FORMAL TRAINING:**

Graduation from a program of nurse-midwifery accredited by the American College of Nurse-Midwives.

**REQUIRED PREVIOUS EXPERIENCE:**

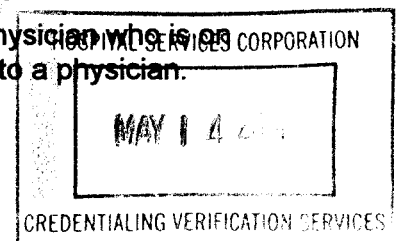
Demonstration of prior performance of at least 20 deliveries in the past 12 months.

If you meet the criteria above, you may request privileges as specified below. Any special requests you make will be considered only if you meet the threshold criteria for each request.

**CATEGORIES:**

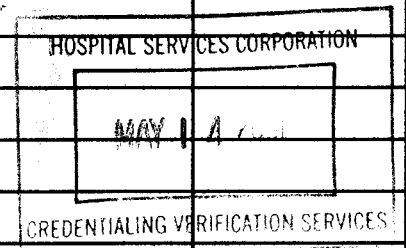
Four categories of clinical privileges exist. The categories define the level of supervision required by the Nurse Midwife based upon individual credentials, level of competency, and the policy of the Medical Staff or Board of Directors.

- MIDWIFERY MANAGEMENT LEVEL 1 - May be performed independently.
- MIDWIFERY MANAGEMENT LEVEL 2 - May be performed by a midlevel practitioner under the direction of the supervising member of the Medical Staff who is present in the room.
- MIDWIFERY MANAGEMENT LEVEL 3 - May be co-managed with a physician who is on the Active Medical Staff at Holy Cross Hospital, or shall be transferred to a physician.



## MIDLEVEL PRACTITIONER PRIVILEGES FOR CERTIFIED NURSE-MIDWIFE

Privilege	Requested	# of Cases Performed with Last 2 Years	Granted	Granted with Conditions
<b>MIDWIFERY MANAGEMENT LEVEL I:</b>				
Amniotomy				
Augmentation of labor				
Contraction stress testing				
Interpretation of fetal monitor tracings				
Local anesthesia				
Management of labor				
Management of medical complications not included in Levels I or II				
MVP requiring antibiotics				
Nonstress testing				
Normal vaginal delivery with or without episiotomy				
Repair of second and third degree lacerations				
Routine post-partum care				
<b>MIDWIFERY MANAGEMENT LEVEL II (Requires Consultation):</b>				
Abnormal bleeding				
Cervical lacerations				
Cervical ripening				
Internal monitoring (fetal, intra-uterine)				
Maternal exhaustion				
Mild PIH with 1+ or less proteinuria				
No prenatal care				
Regional anesthesia				
Sulcus tears				
Suspected IUGR undocumented antepartally				
Suspected malpresentation				
Suspected multiple gestation				
Suspected PIH/pre-eclampsia				
Suspicious FHR tracing				
Third and fourth degree laceration				
Trial of labor after Cesarean section				



Privilege	Requested	# of Procedures Performed During Last Two Years	Granted	Granted with Conditions
<b>MIDWIFERY MANAGEMENT LEVEL III (Transfer to MD or Co-Management with MD)</b>				
Active herpes lesion				
Amnioinfusion for non-reassuring FHR pattern				
At CNM discretion				
Chorioamnionitis				
CNM having more than two patients in labor at one time				
Hepatitis				
Induction of labor with Pitocin for unfavorable cervix				
Known drug abuse during pregnancy, excluding cannaboid use				
Known or suspected intrauterine fetal demise				
Malpresentation				
Manual extraction of placenta				
MVA/abdominal trauma				
Ominous FHR tracing				
Operative/instrumental delivery				
Patient requesting physician care				
Positive HIV				
Pre-term labor < 36 weeks				
Pre-term labor requiring tocolysis				
Problem requiring medical expertise				
Patient presenting to the E.D. (At obstetrician's discretion)				
Retained placenta				
Varicella in contagious phase				

I understand that in making this request, I am bound by the applicable rules and regulations of the Medical Staff and policies of Holy Cross Hospital, and hereby stipulate that I meet the threshold criteria for each request.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

