

## Holy Cross Hospital Obstetrical Privilege Request Form

In order to be eligible to request clinical privileges for obstetrics, a practitioner must meet the following minimum threshold criteria.

**EDUCATION:** M.D. or D.O.

**MINIMAL FORMAL TRAINING:**

The applicant must demonstrate successful completion of an approved residency training program in obstetrics.

**Required Previous Experience:**

The successful applicant must be able to demonstrate that he or she has performed at least 30 deliveries in the past 24 months.

Requested check box if requesting	PRIVILEGE	DENIED	APPROVED	Approved with Conditions
		For Department Chair Use		
	<b>CLASS I: Low Risk</b>			
	Delivery - Spontaneous Vertex presentation			
	Episiotomy & repair			
	<b>REPAIR OF LACERATION - Third Degree</b>			
	<b>REPAIR OF LACERATION - Vaginal</b>			
	Management of Postpartum Hemorrhage			
	Treatment and Management of Obstetrical Complications (i.e., Heart, lungs, kidneys, anemia)			
	Curettage (If <less than 6 weeks & with previous experience)			
	Medical Management of Spontaneous Abortion			
	Resuscitation of Infant			
	<b>CLASS II: High Risk</b>			
	DELIVERY: Multipara greater than 40 years of age			
	DELIVERY: Molar Pregnancy			
	DELIVERY: Primipara > 35 years or < 17 years of age			
	DELIVERY: Breech or other abnormal presentation			
	Vacuum Extraction with or without episiotomy			
	FORCEPS DELIVERY - Low Forceps			
	FORCEPS DELIVERY - Mid Forceps			
Requested check box if	PRIVILEGE	DENIED	APPR OVED	Approved with Conditions

requesting	For Department Chair Use			
INDUCTION by Artificial Rupture of Membranes				
DE LEE MANEUVER				
CERCLAGE				
Repair of incompetent cervical os				
UTERINE PACKING				
REPAIR OF LACERATIONS - 4th Degree				
REPAIR OF LACERATION - Cervical/uterine				
MULTIPLE PREGNANCY				
Evacuation of a vulvar hematoma				
Management of Fetal Death in utero				
Cesarean Section				
<b>PRE-EXISTING MATERNAL DISEASES</b>				
Chronic hypertension on treatment				
Moderate to severe renal disease				
Chronic diabetes, non-gestational diabetes				
Chronic anemia				
Active tuberculosis				
Pulmonary disease requiring treatment				
Psychiatric disease requiring major tranquilizer				
Maternal systemic disease, e.g. Lupus				
Previous stillbirth of unknown etiology				
Rh sensitization				
Previous infant with RDS				
Documented incompetent cervix				
Previous pregnancy adversely affected by Pelvic pathology				
Grand-multiparity, para greater than five				
Gestational age at 41 weeks				
<b>Requested check box if</b>	<b>PRIVILEGE</b>	<b>DENIED</b>	<b>APPROVED</b>	<b>Approved with Conditions</b>

requesting	For Department Chair Use		
Management of Abnormal presentation			
Management of Toxemia, pregnancy induced hypertension			
Management of Third trimester bleeding or known placenta previa			
Management of prolonged rupture of membranes, > 24 hours, not in active labor.			
Management intrauterine growth retardation			
Management of fetal macrosomia			
Treatment & Management of Oligohydramnios			
Treatment & Management of documented contracted pelvis on any plane			
Treatment & Management of Pelvic pathology: a) adnexal masses    b) uterine malformation c) Polyhydramnios    d) pelvic tumors e) Genital herpes with active lesions			
Management of preterm labor, less than 36 weeks.			
Management of preterm rupture of membranes less than 36 weeks.			
Management of post-date pregnancy at 42 weeks.			
Management of dystocia			
Management of moderate to deeply meconium-stained amniotic fluid			
Management and treatment of abnormal fetal heart rate or pattern			
Management Significant vaginal bleeding			
Management of maternal patient with evidence of infection			
Management of prolonged labor > 14 hours active phase in 1st stage or > 2 hours in 2nd stage.			
Management of prolonged 3rd stage of labor (>30 minutes)			
Development of any factor which requires internal fetal or uterine monitoring			

I understand that in making this request I am bound by the applicable Bylaws and policies of the hospital and hereby stipulate that I meet the minimum threshold criteria for this request.

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

Print Name: \_\_\_\_\_