

**REHOBOTH MCKINLEY CHRISTIAN HOSPITAL (RMCH)  
REHOBOTH MCKINLEY CHRISTIAN HEALTH CARE SERVICES (RMCHCS)  
CLINICAL PRIVILEGES APPLICATION**

**CERTIFIED NURSE MIDWIFE**

APPLICANT NAME: \_\_\_\_\_

---

**CORE INPATIENT PRIVILEGES – RMCH:**

Obstetric privileges include: admit, evaluate, assess, and management of labor, history and physical examinations, pelvic and cervical examinations/assessments, amniotomy, evaluation of complaints of pregnancy, dehydration management including intravenous fluids, assessment and evaluation of conditions and complications related to pregnancy or birth, manage/consult/collaborate or refer as indicated by findings, perform microscopic examinations for vaginal infections and ruptured membranes per CLIA standards, augmentation of labor, fetal monitoring interpretation (internal/external) including placement of intrauterine pressure catheter/fetal scalp electrode, ordering medications, vaginal delivery in birthing or operating rooms, or in the emergency department, choice of position during delivery of infant, meconium staining per protocol, saline, immediate care of the newborn, episiotomy/laceration and repair, consulting for third and fourth degree lacerations, cervical inspection – third stage management/delivery of placenta, rounds antepartum / intrapartum / postpartum, breastfeeding assessment, assessment of well being and bonding of mother/baby unit, evaluation of patient who is status/post motor vehicle accident or other abdominal trauma, assist MD with operative procedures, discharge of patients, medical record dictations, as appropriate.

**These core privileges do not include any of the privileges listed under Special Privileges.**

**CORE OUTPATIENT PRIVILEGES – RMCHCS**

Obstetrical privileges include the diagnosis and management of uncomplicated pregnancies from conception thru postpartum period with appropriate consultations, collaboration and referral to the OB/GYN (as outlined above), perinatologists, dieticians, endocrinologist, surgeons or other physicians as needed. Also included preconception counseling, genetic counseling, antenatal screening, antenatal testing, glucose intolerant and diet controlled gestational diabetes.

Gynecological privileges include initial and periodic evaluation and treatment of gynecological disease (sexual function, dysmenorrheal, menorrhagia, BTB, dysfunctional bleeding, pelvic pain, STD's, UTI's, PMS, menopause), screening for gynecological cancers (including breast cancer cervical cancer), family planning and contraception, initial screening and treatment, with consultation, of endocrine disease and infertility (pituitary, PCOS, HRT, Osteoporosis,) initial evaluation and initial treatment of incontinence, basic laboratory tests including urine dip stick, KOH prep, wet mount, fern testing, consulting as appropriate.

Primary Care Privileges: evaluation and initial treatment of UTI's, URI's, vaccinations, dermatological lesions, mental health issues, weight management, digestive disorders, hyperlipidemia, consulting as appropriate.

**NOTE: In the case of an emergency, to the degree permitted by license and regardless of department, staff status or clinical privileges, shall be permitted and shall be assisted by hospital personnel to do everything possible to save a patient from serious harm.**

---

## **CERTIFIED NURSE MIDWIFE**

NAME : \_\_\_\_\_

To be eligible to apply for core functions in nurse midwifery, the applicant must meet the following qualifications:

- Current demonstrated competence and an adequate level of current experience, documenting the ability to provide services at an acceptable level of quality and efficiency within the past 12 months.
- OR**
- its equivalence as determined by the Executive Committee of the Division of OB/GYN.
- AND**
- Current active certification by the American College of Nurse Midwives Certification Council, Inc.
    - Current active licensure to practice as a nurse midwife in the state
    - Professional liability insurance coverage issued by a recognized company and in an amount equal to or greater than the limits established by the governing board.
  - Sponsoring OB/GYN physician on the Active or Associate Medical Staff who is accessible to the nurse midwife

### **Supervision Requirements**

- All new applicants requesting functions in Obstetrics shall be supervised for a minimum period of nine months. A minimum of 10 uncomplicated obstetrical deliveries will be reviewed by a qualified supervisor (OB provider) and a written evaluation made. In any cases of question concerning the midwives' ability, this period may be extended for up to additional six months.

### **Joint Statement of Practice Relations between Obstetrician/Gynecologists and Certified Nurse-Midwives/Certified Midwives**

The American College of Obstetricians and Gynecologists (ACOG) and the American College of Nurse-Midwives (ACNM) recognize that in those circumstances in which obstetrician-gynecologists and certified nurse-midwives/certified midwives collaborate in the care of women, the quality of those practices is enhanced by a working relationship characterized by mutual respect and trust as well as professional responsibility and accountability. When obstetrician-gynecologists and certified nurse-midwives/certified midwives collaborate, they should concur on a clear mechanism for consultation, collaboration and referral based on the individual needs of each patient.

Recognizing the high level of responsibility that obstetrician-gynecologists and certified nurse-midwives/certified midwives assume when providing care to women, ACOG and ACNM affirm their commitment to promote appropriate standards for education and certification of their respective members, to support appropriate practice guidelines, and to facilitate communication and collegial relationships between obstetrician-gynecologists and certified nurse-midwives/certified midwives.

### **General Relationship to Others**

The CNM has the authority to direct any hospital clinical personnel in the provision of services to patients.

### **Periodic Competence Assessment**

- Electronic Fetal Monitoring as provided on Health Stream.
- Continuing education requirements as mandated by the American College of Nurse Midwives.

### **General Scope of Practice/Functions**

As outlined on scope of practice form. Individual CNM may provide only those services for which she/he is specifically authorized to provide.

May administer, dispense, and prescribe drugs and provide treatment within the CNM's scope of practice in a women's healthcare practice setting and consistent with the CNM's skill, training, competence, and professional

judgment or any applicable jointly agreed upon standing orders, protocols, and/or guidelines as developed or revised from time to time.

**CERTIFIED NURSE MIDWIFE**

NAME: \_\_\_\_\_

RMCHCS is an integrated health care delivery system which operates both a hospital that provides inpatient care and some outpatient services, RMCH, and clinics or other outpatient facilities such as dialysis centers, home health services, hospice services, day care services, etc. Employed practitioners of RMCHCS may need to apply for privileges in either inpatient or outpatient setting, or both. Non-RMCHCS employed physicians may need to apply for privileges at the hospital only. Therefore, RMCHCS uses a single application that will allow practitioners to request privileges for hospital (RMCH on the application) and/or outpatient care (RMCHCS on the application) as appropriate. On the following page(s) appear the privileges appropriate for your specialty and location(s) of practice. If a privilege is desired that is not listed, please list it in the space designated. For all special privileges, an applicant is required to identify education and/or experience before privilege(s) will be evaluated.

**STANDARD PRIVILEGES:**

<p>REQUESTED RMCH /RMCHCS Yes No /Yes No ___ ___ / ___ ___</p>	<p>RECOMMENDED RMCH /RMCHCS Yes No /Yes No ___ ___ / ___ ___</p>
Core obstetrical and gynecology privileges (see page 1)	

**SPECIAL PRIVILEGES:** For each special request, you must state the training and number of procedures during training; or number of procedures performed in the last 12 months.

**Special procedures/techniques (see Qualifications and/or specific criteria\*)**

To be eligible to apply for a special procedure listed below, the applicant must demonstrate successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable experience, and provide documentation of competence in performing that procedure consistent with the criteria set forth in medical staff policies governing the exercise of specific privileges.

<input type="checkbox"/> Vacuum extractor at outlet	<input type="checkbox"/> First assist with Cesarean section	<input type="checkbox"/> Limited obstetrical ultrasound

**Consultation required:** abnormal vaginal bleeding, patients with no prenatal care, pre-term labor findings, pre-term premature rupture of membranes, fetal demise, mild pre-eclampsia, induction of labor, gestational diabetes, prolonged third stage of labor, non-reassuring fetal heart rate pattern, abnormal labor progress.

**Collaboration required** (Physician must document in the chart): known congenital abnormalities, IUGR, third and fourth degree lacerations, manual removal of placenta, persistent, non-reassuring fetal heart rate pattern unresponsive to therapy, intrapartum and/or postpartum infection, severe postpartum hemorrhage.

**Referral required:** gestational diabetes (uncontrolled and/or medication controlled), indications for abdominal delivery, multiple gestation, severe pre-eclampsia, HIV.

**Intrapartum emergency Measures:** (may be instituted by CNM while awaiting the arrival of and/or referral to a physician), CPR, Uterine exploration for immediate postpartum hemorrhage, newborn resuscitation, tocolytics in the presence of fetal distress, manual removal of placenta in the presence of active bleeding, other emergent procedures as needed.

**CERTIFIED NURSE MIDWIFE**

NAME: \_\_\_\_\_

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Rehoboth McKinley Christian Hospital and I understand that:

- (a) in exercising any clinical privileges granted, I am constrained by 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
- (c) supervising physician must be an OB/GYN physician on the Active or Associate Medical Staff who is accessible

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_

SUPERVISING PHYSICIAN  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DEPARTMENT REVIEW:**

Comments/Recommendations/Suggestions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proctoring Arrangement: I have discussed the need for proctoring of this applicant. The following practitioner(s) who is/are member(s) of the Active Staff of the Medical Staff has/have been assigned:

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
Medical Staff Department Chairperson

\_\_\_\_\_  
Date of Review

**OBSTETRICS AND GYNECOLOGY DEPARTMENT**

## Medical Staff Department

Revised: 12/2007