

***Regions Hospital
Delineation of Privileges
Certified Nurse Midwife***

Applicant's Name: _____
Last
First
Middle
Date

Instructions: Applicants must provide complete names and addresses for their references. Please DO NOT SEND letters of recommendation along with your application. These must be primary source verified by Regions Hospital. If documentation of cases or procedures is required, please attach case and/or procedural logs to your privilege delineation.

CORE I – General Privileges –

Division requirement: A written agreement between a CNM and a physician (or group) with obstetrics privileges, demonstrating methodology for consultation and referral needs to be in place prior to privileges being granted.

Privileges	Basic Education & Minimal Formal Training	Required Documentation and Experience
<p>Privileges include with admitting and discharge of low-risk patients, chart and/or dictate admission histories and physicals, progress notes, discharge notes. Order appropriate ancillary or support services, instruct and educate patients, conduct patient rounds, initial procedures, consultation and referrals when appropriate.</p> <p>CNM must seek consultation prior to conducting procedures / diagnoses / management of the following: conduction VBAC deliveries, OCT, induction of labor (gel, pitocin), fetal demise, augmentation of labor, and gestational diabetes (Class A) / any ultrasound diagnosis of fetal abnormalities.</p> <p>CNM must seek consultation and/or transfer the patient not limited to, but including the following instances, but is expected to institute appropriate initial or emergency care while awaiting consultation: obstetrics complications – incompetent cervix, chorioamnionitis, premature rupture of membranes, preterm labor, pregnancy induced hypertension /</p>	<p>Completion of Registered Nurse program of study, and</p> <p>Completion of ACNM accredited nurse midwifery program, and</p> <p>Current registration to practice professional nursing in Minnesota, and</p> <p>Current certification as a Certified Nurse Midwife by the national professional nursing organizations, or</p> <p>Certification eligible for exam by ACNM or ACC (must be certified within 6 months of employment), and</p> <p>Successful completion of neonatal resuscitation program (certification must be kept up-to-date at time of reappointment), and</p> <p>Must have BLS certification (must provide proof of certification), and</p> <p>Current DEA registration, if prescribing.</p> <p>Must have documentation of early fetal heart monitoring training and</p> <p>Mandatory proctorship on a 1:1 basis and on the first 10 cases; to be overseen by the Section of OB/GYN.</p>	<p><u>New Applicants:</u></p> <p>Name and address of two practitioners who can supply letters of recommendation commenting on the CNM's current clinical competency. At least one name must be from a CNM.</p> <p>Name: _____ Name of Facility: _____ Add: _____ Ph/Fax#: _____</p> <p>Name: _____ Name of Facility: _____ Add: _____ Ph/Fax#: _____</p> <p><u>Reappointment Applicants:</u></p> <p>Must supply documentation of 20 procedures, including deliveries, performed during past 24 months and Evaluation of your competency conducted by a peer of your choice.</p> <p>Please indicate name and address of the peer whom we may contact. Name: _____ Name of Facility: _____ Add: _____ Ph/Fax#: _____</p>

<p>preeclampsia, abnormal vaginal bleeding, multiple gestation, fetal malformations, management of breech delivery, fetal growth retardation, oligo or polyhydramnios, active infection, abnormal fetal heart rate, prolapsed cord, retained placenta, third and fourth degree perineal repair, and postpartum hemorrhage. Medical complications and pregnancy – cardiac disease, chronic hypertension, diabetes: Type I, Type II and GDM Class A, hepatic or renal disease, asthma not controlled with prn inhaler, seizure disorder, history of deep venous thrombosis, chronic pulmonary disease, hematologic disorders other than iron deficiency anemia, thyroid disease, autoimmune disease, connective tissue disorders, and malignancies.</p> <p>CNM provides nursing care as needed. Nursing functions can include: IV insertion, internal monitors, oxygen administration, and electronic fetal monitor assessment. Management functions can include: assess & evaluate mother, conduct NST, conduct NSVD (vertex), administer analgesia (oral, IM, IV and local pudendal), manage epidural or ITN patients, initiate and manage amnio-infusion, conduct AROM, perform episiotomy, manual removal of a placenta and repair 1st and 2nd degree perineal and vaginal lacerations.</p> <p>CNM performs immediate newborn exam (Apgar score). Resuscitation of newborn in labor and delivery.</p>		
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CORE II – Special Privileges

Privileges	Basic Education & Minimal Formal Education	Required Document & Experience
<input type="checkbox"/> Norplant insertion/removal	Same as CORE I	Documentation of approved training.
<input type="checkbox"/> Colposcopy	Same as CORE I	Documentation of approved training.
<input type="checkbox"/> Biophysical Ultrasound	Same as CORE I	Documentation of approved training.

TO BE COMPLETED BY APPLICANT:

I agree to supply Regions Hospital Credentialing Office (or designee) with all of the information that has been requested of me for the privileges that I have applied for listed above. I also understand that my application for privileges will not proceed until which time that the information is received.

Signature

Date

TO BE COMPLETED BY SPONSORING PHYSICIAN:

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Sponsoring Physician Signature

Sponsoring Physician – Please Print

TO BE COMPLETED BY REGIONS HOSPITAL DIVISION/SECTION HEAD AT TIME OF REVIEW AND APPROVAL:

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Regions Division/Section Head Signature

Date