

## UNMH Certified Nurse-Midwife (CNM) Clinical Privileges

Name: \_\_\_\_\_ Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective April 29, 2016:*

### INSTRUCTIONS:

**Applicant:** Check off the “requested” box for each privilege requested. 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 any doubts related to qualifications for requested privileges.

**Department Chair:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation.

### OTHER REQUIREMENTS:

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics 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.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

### POLICIES GOVERNING CLINICAL PRIVILEGES

#### 1. Affiliation with Medical Staff Appointee:

- a. A CNM may practice within a clinical department. The CNM will practice within clinical practice guidelines approved by the clinical department chair/director.
- b. All services shall be performed in a manner consistent with Medical Staff Bylaws, Medical Staff Rules and Regulations, and Hospital policies and procedures.
- c. Midwifery practice is the management of women’s healthcare, focusing on pregnancy, childbirth, the postpartum period, care of the newborn, and the family planning and gynecological needs of women. The certified nurse-midwife (CNM) practices within a healthcare system that provides for consultation, collaborative management or referral as indicated by the health status of the client. CNMs support women as partners in healthcare choices and practice in accordance with the current Standards for the Practice of Nurse-Midwifery as defined by the American College of Nurse-Midwives.
- d. Midwifery care is primarily intended for healthy women. However, when women experience medical, gynecological and/or obstetrical complications, the CNM can continue to be instrumental in their care. This \*collaboration (co-management) provides for the following patterns of care for the high risk client:

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- i. Consultation is the process whereby a CNM who maintains primary management responsibility for the woman's care seeks the advice or opinion of a physician or another member of the healthcare team.
- ii. Collaboration is the process whereby a CNM and physician jointly manage the care of a woman or newborn who has become medically, gynecologically, or obstetrically complicated. The scope of collaboration may encompass the physical care of the client, including delivery, by the CNM, according to a mutually agreed-upon plan of care. When the physician must assume a dominant role in the care of the client due to increased risk status, the CNM may continue to participate in physical care, counseling, guidance, teaching, and support. Effective communication between the CNM and physician is essential for ongoing collaborative management.
- iii. Referral is the process by which the CNM directs the client to a physician or another healthcare professional for management of a particular problem or aspect of the client's care.

*\*ACNM position statement – Collaborative Management in Midwifery Practice for Medical, Gynecological and Obstetrical Conditions; August 1997*

### 2. Coverage of Obstetrical Cases:

- a. When a midwifery patient is referred to, or presents in, the emergency room or in labor for delivery, the CNM will be contacted according to the established procedures and informed of the patient's condition.
- b. A CNM will practice according to clinical practice guidelines as adopted by their clinical department.

## QUALIFICATIONS FOR CERTIFIED NURSE MIDWIFE (CNM)

**Initial Privileges:** To be eligible to apply for privileges as a certified nurse midwife, the applicant must meet the following criteria:

1. Current active licensure to practice in the nurse midwife category in the State of New Mexico;  
**AND**
2. Current active certification by the American Midwifery Certification Board (or its predecessor, the American College of Nurse Midwives Certification Council), or be actively seeking initial certification and obtain same on the first examination for which he/she is eligible; **AND**
3. Required previous experience: Applicants for initial appointment must be able to demonstrate current intrapartum competence when requesting inpatient privileges only.

**Renewal of Privileges:** To be eligible to renew privileges as a certified nurse midwife, the applicant must demonstrate current competence and an adequate volume of experience with acceptable results in the privileges requested for the past twenty-four (24) months based on results of quality assessment/improvement activities and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of clinical privileges.

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### CORE PRIVILEGES: Inpatient and Outpatient

Admit, evaluate, diagnose, and treat adolescent and adult female patients. Assess, stabilize, and determine disposition of patients within emergent medical conditions consistent with medical staff policy regarding emergency and consultative call services and according to clinical practice guidelines as adopted by their clinical department.

#### Requested

#### Inpatient and Outpatient Core Procedures List

This list is a sampling of procedures included in the CNM inpatient and outpatient core. This is not intended to be an all-encompassing list, but rather reflective of the categories/ types of procedures included in the core.

**To the applicant:** If you wish to exclude any procedures listed in the core, strike through then initial and date those procedures you do not wish to request.

1. Provide primary healthcare for women, screening, and health promotion of women, including evaluation, assessment, treatment, and referral as required.
2. Perform medical history and physical examination.
3. Complete medical record documentation.
4. Management of midwifery elements of selected moderate and high risk conditions, including consultation with physicians as described by clinical practice guidelines.
5. Order routine laboratory and diagnostic procedures including, but not limited to, x-rays and ultrasound studies.
6. Diagnose minor conditions including, but not limited to, uncomplicated upper respiratory infection, sexually transmitted diseases, asymptomatic bacteriuria or cystitis, and treat and/or consult as needed.
7. Provide care of women throughout the course of pregnancy, including evaluation of fetal well-being.
8. Provide well-woman gynecological care.
9. Contraceptive care, including counseling, prescribing, device (IUD) placement and removal.
10. Provide patient counseling, teaching, and/or education as needed.
11. Consult, collaborate, and refer to other healthcare professionals as necessary.
12. May supervise residents, midwifery and other students.

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### CORE PRIVILEGES: Labor Management

Requested

#### Labor Management Core List

1. Admission to labor and delivery.
2. Amniotomy.
3. Complete medical record documentation including, but not limited to, admission and discharge notes, labor and delivery summary.
4. Application of fetal and uterine monitors, internal or external.
5. Manage patients with moderate to high risk conditions providing consultation, collaboration, and referral according to clinical practice guidelines.
6. Induction and augmentation of labor.
7. Initiation of amnio-fusion.
8. Interpretation of fetal monitor tracing and non-stress test.
9. Management of normal labor at no less than 35 weeks gestational age; includes management of women with a previous cesarean section and trial of labor after cesarean.
10. Management of 42-week pregnancy, with physician consultation as appropriate.
11. Consultation for epidural anesthesia when indicated.
12. May care for anyone as required in an emergent situation.
13. Administer local or pudendal anesthesia and consultation for epidural anesthesia when indicated.

### CORE PRIVILEGES: Management of Normal Spontaneous Birth

Requested

#### Management of Normal Spontaneous Birth Core List

1. Normal spontaneous birth.
2. Delivery of placenta.
3. Cord blood sampling.
4. Manual removal of placenta after consultation with a physician as appropriate.
5. Episiotomy and repair.
6. Repair of first and second degree perineal lacerations and other associated lacerations.

## UNMH Certified Nurse-Midwife (CNM) Clinical Privileges

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### CORE PRIVILEGES: Newborn Care

Immediate newborn care and evaluation and, if required, initiate resuscitation efforts.

Requested

### CORE PRIVILEGES: Postpartum Management

Requested

#### Postpartum Management Core List

1. Provide care to mothers and their infants in the postpartum period.
2. Hemorrhage stabilization with physician consultation if needed.
3. Manage patients with moderate to high risk conditions, providing consultation, collaboration, and referral according to clinical practice guidelines.
4. Monitor vital signs, lochia, fundus, and bladder functions in the immediate postpartum period.
5. Postpartum rounds, examination, and discharge.

### SPECIAL NON-CORE PRIVILEGES

(See specific Criteria)

If desired, non-core privileges are requested individually in addition to requesting the core privileges. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required, experience, and maintenance of clinical competency.

#### QUALIFICATIONS FOR CONTRACEPTIVE IMPLANT INSERTION AND REMOVAL

**Criteria:** To be eligible to apply for contraceptive implant insertion and removal, the applicant must meet the following criteria:

1. Successful completion of a training program required for device-specific insertion.

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**Reappointment Requirements:** Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

### NON-CORE PRIVILEGES: CONTRACEPTIVE IMPLANT INSERTION AND REMOVAL

Requested

### QUALIFICATIONS FOR LIMITED OB ULTRASOUND

**Criteria:** To be eligible to apply for limited OB ultrasound, the applicant must meet the following criteria:

1. Initial applicants must qualify for, and be granted, core privileges as a CNM; **AND**
2. Demonstrate successful completion of a CME education program offered by an ACNM-approved US course; **AND**
3. Document direct supervision by a senior OB resident and/or OB maternal/fetal medicine fellow for the first fifteen (15) ultrasound exams completed, with case films review by the clinical director of the resident/fellow US program.

**Reappointment Requirements:** Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

### NON-CORE PRIVILEGES: LIMITED OB ULTRASOUND AMNIOTIC FLUID INDEX

Requested

### NON-CORE PRIVILEGES: LIMITED OB ULTRASOUND FETAL PRESENTATION EVALUATIONS

Requested

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### QUALIFICATIONS FOR SURGERY FIRST ASSIST FOR CESAREAN SECTION

**Criteria:** To be eligible to apply for surgery first assist for cesarean section, the applicant must meet the following criteria:

1. Initial applicants must qualify for, and be granted, core privileges as a CNM; **AND**
2. Successful completion of an education program accredited by the Accreditation Commission for Midwifery Education (ACME) that included training as a first assist in surgery in the past twelve (12) months; **OR**
3. Demonstrated current competence and evidence of the performance as a first assistant in surgery for, and an adequate volume of experience with acceptable results in, the past twelve (12) months; **OR**
4. Direct supervision is required for the first five (5) cases.

**Reappointment Requirements:** Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

### NON-CORE PRIVILEGES: SURGERY FIRST ASSIST FOR CESAREAN SECTION

#### Requested

To be performed in direct coordination and collaboration with the surgeon:

1. Safety measures (sterile procedure, time out process).
2. Patient positioning, prep and draping.
3. Surgical scrubbing, gowning and gloving.
4. Intraoperative assisting:
  - a. Use of instruments and devices
  - b. Providing exposure (retraction/retractors, suction)
  - c. Handing and cutting tissue
  - d. Providing hemostasis
  - e. Assisting with delivery (fundal pressure, infant suctioning, cord clamping, cord blood collection, placental delivery)
  - f. Suturing, following, cutting suture, as directed by surgeon
  - g. Applying staples.

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### QUALIFICATIONS FOR COLPOSCOPY

**Criteria:** To be eligible to apply for colposcopy, the applicant must meet the following criteria:

1. Initial applicants must qualify for, and be granted, core privileges as a CNM at UNM Hospitals and clinics; **AND**
2. Successful completion of training in requested procedure, or documentation of a special course for requested procedure accompanied with demonstrated proctoring for requested procedure with acceptable outcomes.

**Required Current Experience:** Demonstrated current competence and evidence of performance of an adequate number of requested procedures with acceptable outcomes in the past twelve (12) months.

**Reappointment Requirements:** Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

### NON-CORE PRIVILEGES: COLPOSCOPY

Requested

### QUALIFICATIONS FOR SPECIAL NON-CORE ENDOMETRIAL BIOPSY (EMB)

**Criteria:** To be eligible to apply for endometrial biopsy (EMB), the applicant must meet the following criteria:

1. Initial applicants must qualify for, and be granted, core privileges as a CNM at UNM Hospitals and clinics; **AND**
2. Successful completion of training in requested procedure, or documentation of a special course for requested procedure accompanied with demonstrated proctoring for requested procedure with acceptable outcomes.

**Required Current Experience:** Demonstrated current competence and evidence of performance of an adequate number of requested procedures with acceptable outcomes in the past twelve (12) months.

**Reappointment Requirements:** Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

### NON-CORE PRIVILEGES: ENDOMETRIAL BIOPSY (EMB)

Requested



**UNMH Certified Nurse-Midwife (CNM) Clinical Privileges**

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**Acknowledgement of Practitioner**

I have requested only those clinical privileges for which, by education, training, current experience, and demonstrated performance, I am qualified to perform and for which I wish to exercise at UNM Hospitals and clinics. 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**Clinical Director/Division Chief Recommendation(s)**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action and presently requested above.

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

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

**Department Chair Recommendation**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the conditions/modifications noted below
- Do not recommend the clinical privileges noted below

Explanation: \_\_\_\_\_

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date Signed

**UNMH Board Approval Date April 29, 2016**

