

YALE-NEW HAVEN HOSPITAL
CORE PRIVILEGES
CERTIFIED NURSE MIDWIFE

Nurse Midwives are licensed in Connecticut pursuant to CGS Section 20-75a et seq. The Hospital recognizes that actual midwife function will vary with training and experience.

The Hospital recognizes a set of core privileges and procedures that a midwife may perform. The Hospital expects and the midwife is required to exercise only those core privileges and procedures that are explicitly approved.

In addition to the core privileges and procedures, specialty procedures may be requested. The Hospital expects that the midwife will request, and the department will approve, only those privileges needed to carry out the midwife's function. The Hospital will not approve privileges for which the midwife has had training but which are not expected to be part of the scope of practice at the Hospital.

Qualifications

- State Licensure as a nurse-midwife
- State RN licensure
- Graduation from a program accredited by a the American College of Nurse Midwives
- Certification by the American College of Nurse Midwives
- Recertification prior to the expiration of any current certification
- Completion of no fewer than thirty (30) hours of education in pharmacology
- Satisfaction of other relevant State licensure requirements
- Certification in Electronic Fetal Monitoring by the National Certification Corporation for the Obstetric, Gynecologic & Neonatal Nursing Specialties (NCC) and completion of a four hour "team training" program. Midwives who are current members of the Affiliated Staff must be certified and complete team training by 12/31/06. New applicants must be certified within eighteen (18) months of appointment to the Affiliated Staff and complete team training within one year of appointment.

Collaborating Physician

Please indicate the physician with whom you have a clinical practice relationship. This physician must be a member of the Y-NHH Active Medical Staff in good standing in the Department of Obstetrics / Gynecology. The name of this physician or another in your group must be provided to the Hospital when a patient is admitted.

Name of Physician:

Provide a copy of the mutually agreed upon "medical guidelines and protocols" as required by Connecticut General Statute 20-86b. These protocols must include a list of those diagnoses, whether medical or conditions that increase obstetrical risk and that at a minimum must be collaboratively managed. In addition, the protocols will describe the circumstances in which the attending physician is required to be physically present in the labor suits.

Privileges & Procedures

Core Privileges and Procedures for Nurse Midwives.

Please initial below to request the Core Privileges as appropriate based on your practice at Yale-New Haven Hospital:

Description	Requested	Collaborating M.D. Approval	Departmental Approval		
			Approved	Approved with Proctoring	Not Approved
<p>A. Non Intra-Partum Obstetrics: Includes the following:</p> <ul style="list-style-type: none"> • Antepartum, post-partum and non-intrapartum inpatient and outpatient care • Complete pre-natal care of the normal obstetric patient • Collaborative management w/an OB of complicated or high-risk OB patients during the pre-natal and/or post-partum period • Provision of antenatal evaluation of fetal well-being by electronic fetal monitoring and interpretation of stress and non-stress tests • Performance of Medical Screening and Admission history and physical examinations of patients in labor (as defined in EMTALA regulations) 					
<p>B. Intra-Partum Obstetrics* Includes the following:</p> <ul style="list-style-type: none"> • Privileges described in "A" above • Diagnose labor w/an admission history and physical exam <ul style="list-style-type: none"> • Management of uncomplicated labor inclusive of amniotomy, labor stimulation, external and internal monitoring, post-delivery uterine exploration, and analgesia • Management of uncomplicated vertex delivery inclusive of local and pudendal block anesthesia, episiotomy and repair • Management of uncomplicated postpartum course, including assessment of maternal readiness for discharge 					

Description	Requested	Collaborating M.D. Approval	Departmental Approval		
			Approved	Approved with Proctoring	Not Approved
C. Gynecological Care Includes the following: <ul style="list-style-type: none"> • Prescribe and dispense all contraceptive devices exclusive of subcutaneous implanted progestin devices • Perform health, psychosocial and obstetrical/gynecologic history and physical examination • Collaborative management with a gynecologist of complicated or high-risk gynecologic patients • Assessment and treatment of obstetric/gynecologic patients with acute episodic illness, including gynecologic problems and sexually transmitted disease (consult with a physician, as appropriate) • Provide abortion counseling 					
D. Other Includes the following: <ul style="list-style-type: none"> • Order screening laboratory and radiographic tests and consultations from other specialists, clinics and health resources • Prescribe and dispense medications as permitted by law (excluding cancer chemotherapy) • Develop a health promotion and maintenance plan 					

*Delivery of twins and delivery of fetus with estimated fetal weight >4000 grams require the physical presence in the Delivery Room of an Attending physician. Other situations that may require attending physician presence are to be described in the required protocols.

Special (Supplemental) Privileges (not included in the above Core categories)

Note: To be eligible to apply for the special privileges/procedures listed below upon initial appointment or re-appointment, nurse midwife must obtain a letter of reference from his/her Program Director (new graduates), current or former collaborating physician documenting that he/she has been trained in the procedure and witnessed by the collaborating physician as being able to perform it with reasonable skill and safety.

Procedure	Requested	Collaborating M.D. Approval	To be completed by Department	
			Approved	Not Approved
Assist in labor management of high risk or complicated patients (with a physician pursuant to agreed upon medical guidelines and protocols)				

Procedure	Requested	Collaborating M.D. Approval	To be completed by Department	
			Approved	Not Approved
Application of vacuum extractor in the presence of attending physician				
Manual removal of the placenta				
Repair third degree lacerations and cervical lacerations (requires physician consultation)*				
Perform endometrial biopsy				
Perform colposcopy, cervical and endocervical biopsy and cryotherapy				
Insert and remove subcutaneous progestin implants				

*NOTE: Repair of 4th degree lacerations and instrumented deliveries other than those noted above may only be done by a physician. In person attending physician consultation is required for assessment prior to the repair of complicated lacerations.

NURSE MIDWIFE ACKNOWLEDGEMENT

I certify and can document that I have a collaborating physician who is a member of the Yale-New Haven Hospital Active Medical Staff in the Department of Obstetrics / Gynecology.

I acknowledge that I have received and am oriented to the Bylaws and Rules & Regulations of the Medical Staff as well as Yale-New Haven Hospital's policy regarding Standard Precautions and agree to be bound by the terms thereof. I agree to practice in accordance with my privileges as delineated.

I understand that this statement of conditions of clinical privileges will remain in effect for the duration of my service as a member of the Yale-New Haven Hospital Medical Staff unless amended.

Nurse Midwife's Signature

Date

DEPARTMENTAL REVIEW

Except as indicated below or on the previous pages, Nurse Midwife Core Privileges and Procedures are approved by the undersigned:

Nurse Midwife Core Privileges

Approved as indicated on previous pages

Although I have not personally examined the applicant/reappointee or his/her medical records, I

Do not Have

Have (please provide details)

reason to believe that he/she suffers from a physical, emotional, or other health problem which impairs his/her ability to practice. Should I acquire information which changes this opinion, I will promptly notify the Chief of Staff.

For Re-Appointments Only

Additionally in consideration of this request for privileges, I have reviewed the reappointee's performance with respect to the ACGME six general competencies indicated below based upon direct knowledge or information available via peer reference. Areas of concern which I have addressed with the reappointee, if applicable, are noted below: *(Please initial/ explain as applicable)*

Patient Care _____

Medical / Clinical Knowledge _____

Practice Based Learning and Improvement _____

Interpersonal & Communication Skills _____

Professionalism _____

Systems Based Practice _____

No issues with any of the above. (Please check as applicable)

DEPARTMENTAL OR SUBSPECIALTY COMMENTS

Approved privileges are commensurate with this applicant's current skill and competence.
(Please initial if applicable)

Approved:

Signature/Printed Name

Collaborating Physician
PRINT NAME

Collaborating Physician
SIGNATURE

Date

Charles Lockwood, M.D.
Chief, Obstetrics / Gynecology

Date

Lawrence J. Wartel, M.D.
Associate Chief, Obstetrics / Gynecology

Date

