



Name _____

Date _____

CERTIFIED NURSE MIDWIFE – Scope of Practice

All privileges listed are for Adult and/or Pediatric patients.

Requirements:

1. Bachelor of Science in Nursing.
2. Certification in Nurse Midwifery by the American Midwifery Certification Board (AMCB). If not board certified by the AMCB, another national certification agency may be considered at the discretion of the OB/GYN Chief of Service, prior to appointment to the Kaleida Health Medical/Dental Staff. Certification must be maintained during appointment to the Kaleida Health Medical/Dental Staff.
3. Current NYS RN license and NYS Midwifery license.
4. Proof of employment either by Kaleida Health, or by an OB/GYN group medical practice, at least one of whose providers holds OB/GYN privileges as a Member of the Kaleida Health Medical/Dental Staff and is currently in good standing) OR by an OB/GYN physician who currently holds OB/GYN privileges as a Member of the Kaleida Health Medical/Dental Staff and is currently in good standing. *A current Collaboration Agreement with your employer using the form required by the Department, which shall be kept on file with the Medical Staff Office. The Collaboration Agreement must remain in effect during appointment to the Kaleida Health Medical/Dental Staff. Lapse of a Collaboration Agreement will be cause for immediate suspension of privileges. At each reappointment, the above documents must be re-executed and submitted to the Medical Staff Office.*

Current Members of the Kaleida Health Medical/Dental Staff shall have the following time frames to come into compliance with the above requirements:

Bachelor's of Science in Nursing -- within one (1) year of effective date of revisions to this Scope of Practice.

Collaboration Agreement with employer – within one (1) year of effective date of revisions to this Scope of Practice.

LEVEL I (CORE) CERTIFIED NURSE MIDWIFE PRIVILEGES
History and physical examination
Normal pregnancy, childbirth, and postpartum maternity care (37 wk to 42 wk) refer to table below
Amniotomy
NST
Placement of Internal Fetal scalp electrode
Insertion of Intrauterine pressure catheter
Spontaneous vaginal vertex birth
1st and 2nd degree episiotomy
Repair of 1st and 2nd degree episiotomy, lacerations of vagina, perineum and labia
Administration of local anesthesia to perineum and vaginal mucosa
hospital rounds and discharge for normal pregnancy, childbirth and postpartum patients (except non-medicare patients)
Collaborative management, referral and transfer of care as outlined in written and executed Collaboration Agreement in form approved by the Department

*The following list includes examples of conditions that are considered to be **NOT NORMAL** and that **require transfer of care** from the midwife to the midwife's employer under the Collaboration Agreement:

Medical complications of pregnancy (cardiac, renal, neurologic, endocrine, hematologic, pulmonary) including but not limited to: diabetes (Class A2, B, C, D, R, F), chronic hypertension, renal failure, CVA, DVT, PE, malignancy, sickle cell disease, thrombophilia
Maternal complications: Antepartum Admission, active genital herpes, sepsis/chorioamnionitis, Rh Sensitization, 2 nd /3 rd trimester bleeding, PIH, Preclampsia, HELLP syndrome, Eclampsia, Pyelonephritis, Previous cesarean section, VBAC, incompetent cervix, recurrent pregnancy loss
Pregnancy complications: pregnancy < 37 wk., pregnancy ≥ 42 wk., multifetal pregnancy (Twin, Triplet, ...), non-vertex presentation, previous shoulder dystocia, placenta previa, molar pregnancy, adnexal mass (i.e. symptomatic or complex ovarian cyst or simple cyst > 6 cm.), uterine mass (i.e. symptomatic fibroid or fibroid > 4cm.), uterine anomaly
Fetal complications: fetal arrhythmia, congenital malformation, fetal risk (persistent Category II or Category III fetal monitor strip, persistent non-reassuring fetal monitor strip, recurrent decelerations, fetal tachycardia, fetal bradycardia, persistent minimal or absent variability, Biophysical Profile score < 8), low birth weight (EFW < 2,500 gm.), macrosomia (EFW > 4,000 gm.), intrauterine growth restriction (IUGR), polyhydramnios (AFI > 20 cm.), oligohydramnios (AFI ≤ 5 cm.)
Labor and delivery complications: indication for labor induction/augmentation, lack of labor progress (descent and/or dilatation): 1 st stage of labor- active phase for > 4hr., 2 nd stage of labor: nulliparous > 3 hr. and multiparous > 2 hr. , 3 rd stage of labor > 1 hr., identification of thick meconium, umbilical cord Prolapse, operative vaginal delivery, operative delivery (cesarean, classical,)postpartum hemorrhage, placental abruption, unexplained 3 rd trimester bleeding, uterine inversion, retained placenta, 3 rd /4 th degree episiotomy/perineal/sulcus laceration

LEVEL II CERTIFIED NURSE MIDWIFE PRIVILEGES (require documentation of training beyond basic education, case list and at the discretion of the OB/GYN Chief of Service)	CNM REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)
Newborn circumcision				
Limited OB ultrasound exam (fetal presentation, fetal heart rate, amniotic fluid index, biophysical profile)				
First assist at Cesarean Section				

KEY	*NOT GRANTED DUE TO: Provide Details Below	**WITH FOLLOWING REQUIREMENTS Provide Details Below
	1) Lack of Documentation	1) With Consultation
	2) Lack of Required Training/Experience	2) With Assistance
	3) Lack of Current Competence (Databank Reportable)	3) With Proctoring
	4) Other (Please Define) (i.e., Exclusive Contract)	4) Other (Please Define)

DETAILS: _____

_____ Practitioner's Name (Print)	_____ Practitioner's Signature	_____ Date
_____ Collaborating Physician's Name (Print)	_____ Collaborating Physician's Signature	_____ Date
_____ Chief of Service Name (Print)	_____ Chief of Service Signature	_____ Date
_____ Advanced Practice Provider Committee (Print)	_____ Advanced Practice Provider Committee Signature	_____ Date

Should you need to request any of the privileges on this form mid-cycle, please put your request in writing, along with all required documentation and send it to the Medical Staff Office. If you plan on being supervised/proctored for any privileges you must first request this in writing and send it to the Medical Staff Office with documentation of a completed training course. Your requests will be submitted to the Chief of Service for approval and then the Credentials Committee. You will receive notification of approval or denial. You can contact the Medical Staff Office at 716-859-5502 if you have any questions.

**APPLICANT: PLEASE RETAIN A COPY OF THIS SIGNED DELINEATION
FOR YOUR RECORDS**