

Title: OBSTETRIC PRIVILEGE CRITERIA

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POLICY:

1. Education: MD or DO or CNM
2. **FAMILY MEDICINE LEVEL I (BASIC)**
 - A. Minimum Formal Training:
 - 1) Successful completion of an ACGME or AOA accredited residency in Family Medicine that includes a curriculum of a minimum of two months in a structured obstetrics and gynecology rotation and
 - 2) If just completed a residency, documentation of competency by residency Director; or
 - 3) Active practitioner who has provided Obstetric care for 12 patients in the last two years; or
 - 4) Past Obstetric experience acceptable to the Family Medicine Department and the Credentials Committee. The Family Medicine applicant will also need to show successful completion of the Advanced Life Support Obstetrics course (ALSO) and complete 5 proctored deliveries at SJRMC and
 - 5) “Obtain and maintain” National Certification Corporation (NCC) Certification in electronic Fetal Monitoring (EFM) or Perinatal Quality Foundation certification in Fetal Monitoring Credentialing (FMC). Physician applying for initial privileges will have 12 months from initial appointment to achieve certification.
 - B. Core Privileges Include:
 - 1) Management of Preterm Labor– with consultation or co-management of Obstetrician
 - a) For all patients < 36 weeks, a telephone Obstetrician Consultation is required with documentation of collaboration by Obstetrician.
 - b) For all patients < 34 weeks, a consultation and evaluation by an Obstetrician is required. After the evaluation is completed by the Obstetrician, the practitioners will determine if transfer of care to the Obstetrician is needed or if they will co-manage care.
 - 2) Management of labor
 - 3) Local anesthesia
 - 4) Fetal assessment, antepartum and intrapartum
 - 5) Internal fetal monitoring
 - 6) Induction:
 - a) All Inductions-Obstetrician must be notified
 - b) If no progression within 24 hours a telephone Obstetrician consultation is required with documentation of collaboration by Obstetrician

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- c) Fetal demise – with consultation or co-management of Obstetrician
- 7) Augmentation of labor
- 8) Normal cephalic delivery
- 9) Episiotomy and repair, excluding third-degree and fourth-degree lacerations *currently privileged Family Medicine Level 1 practitioners will be grandfathered for third-degree laceration privileges but not fourth-degree.
- 10) Exploration of vagina, cervix and uterus
- 11) Immediate care and resuscitation of the newborn
- 12) Treatment of preeclampsia- with a consultation and evaluation by an Obstetrician is required. After the evaluation is completed by the Obstetrician, the practitioner will determine if transfer of care to the Obstetrician is needed or if they will co-manage care.
- 13) Assist in obstetric surgical procedures
- 14) Circumcision (documentation of 5 at initial)
- 15) Manual exploration of uterus
- 16) Co-Management of Planned VBAC with Obstetrician and Obstetrician must be in house during labor and delivery
 - a) Family Medicine physicians must consult with an Obstetrician
- C. Special Request: A special request is needed for privileges that may be beyond the current competencies of Family Medicine training. These privileges include, but are not limited to, the following. Please include appropriate documentation of your current ability to perform your requested procedures. (Those physicians currently privileged with these privileges are grandfathered to keep these special requests except repair of fourth-degree laceration per above B.9).
 - 1) D&C (suction curettage)
 - a) Current competency requirement of two (2) cases in reappointment cycle
 - 2) D&C (postpartum)
 - a) Current competency requirement of two (2) cases in reappointment cycle
 - 3) Vacuum extraction
 - a) Documented training/proficiency or proctoring of 5 vacuum extractions
 - 4) Repair for third-degree laceration
 - 5) Repair for fourth-degree laceration
 - b) Documentation of five (5) cases at initial request
 - c) Current competency requirement of two (2) cases in reappointment cycle
- D. Proctoring: Concurrent observation of (3) vaginal deliveries
- E. Renewal of privileges: Have provided Obstetric care for 12 patients in the last two years. Retrospective chart review of the next three cases will be performed if a physician does not meet the requirement.

3. FAMILY MEDICINE LEVEL II (ADVANCED)

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- A. Minimum Formal Training:
- 1) Successful completion of an ACGME accredited residency in Family Medicine that includes a curriculum of a minimum of two months in a structured obstetrics and gynecology rotation, followed by successful completion of a one or two year Family Medicine Obstetric Fellowship program and
 - 2) “Obtain and maintain” National Certification Corporation (NCC) Certification in electronic Fetal Monitoring (EFM) or Perinatal Quality Foundation certification in Fetal Monitoring Credentialing (FMC). Physician applying for initial privileges will have 12 months from initial appointment to achieve certification.
- B. Required Previous Experience: Applicants must demonstrate that they provided inpatient or consultative services for at least 20 obstetric patients and 10 managed C-sections in the past two years. Retrospective chart review of the next three cases will be performed if a physician does not meet the requirement.
- C. Core Privileges Include:
- 1) All Level I obstetric privileges
 - 2) C-Section
 - a) Consultation required for the following preoperative risk factors for complications of cesarean delivery:
 - (1) Management of Preterm Labor– with consultation or co-management of Obstetrician
 - (a) For all patients < 36 weeks, a telephone Obstetrician Consultation is required with documentation of collaboration by Obstetrician.
 - (b) For all patients < 34 weeks, a consultation and evaluation by an Obstetrician is required. After the evaluation is completed by the Obstetrician, the practitioners will determine if transfer of care to the Obstetrician is needed or if they will co-manage care.
 - (2) Multiple Gestations
 - (3) Grand Multiparity
 - (4) Placenta Previa
 - (5) Placenta Accreta
 - (6) Morbid obesity (pre-pregnancy BMI equal or greater to 40)
 - (7) Fetal Anomalies
 - (8) Transverse Fetal Lie
 - (9) Maternal Coagulopathy
 - (10) Large Uterine Fibroids
 - (11) Repeat cesarean delivery in a patient with extensive adhesions
 - (12) Medical Problems that would make maternal anesthesia hazardous
 - b) Patient's 3rd C-Section – Consultation required, and two physicians scrubbed in for procedure, one of which must be an Ob/Gyn.
 - c) Patient's 4th C-Section – Transfer of care to Obstetrician
 - 3) Ultrasound assessment

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- 4) Repair of third-degree and fourth-degree lacerations with documented training.
- D. Special Request: A special request is needed for privileges that may be beyond the current competencies of Family Medicine Level II training. These privileges include, but are not limited to, the following. Please include appropriate documentation of your current ability to perform your requested procedures.
 - 1) Multiple gestations
- E. Proctoring: Concurrent observation of (2) cesarean sections
- F. Renewal of privileges: Have provided Obstetric care for 12 patients and 8 c-sections in the last two years. Retrospective chart review of the next three cases will be performed if a physician does not meet the requirement.

4. CERTIFIED NURSE MIDWIFE PRIVILEGES

- A. Minimum Formal Training:
 - 1) Graduation from an educational program in nurse midwifery accredited by the American College of Nurse Midwifery (ACNM) and
 - 2) Current RN license and licensure to practice nurse midwifery in Indiana and
 - 3) Certification: Successful completion of the national certifying examination of the American College of Nurse Midwives and
 - 4) A collaborative agreement with a physician or physicians currently appointed to the Medical Staff of the hospital that provides for consultation, collaborative care and/or referral. This is accomplished through mutually agreed upon written protocols. The collaborative physician agrees to 24-hour availability to intrapartum consultation, co-management of eligible patients and acceptance of referral of high-risk patients. The physician shall have advanced privileges in obstetrics and
 - 5) “Obtain and maintain” National Certification Corporation (NCC) Certification in electronic Fetal Monitoring (EFM) or Perinatal Quality Foundation certification in Fetal Monitoring Credentialing (FMC). Certified Nurse Midwife applying for initial privileges will have 12 months from initial appointment to achieve certification.
- B. Core Privileges Include CNM Management:
 - 1) History and Physical with counter signature
 - 2) Triage and admission of patients to the hospital who meet criteria for independent midwifery care.
 - 3) Admission
 - 4) Discharge from the hospital
 - 5) Ordering of appropriate laboratory and diagnostic studies, including sterile speculum exam with cultures and microscopy as indicated.
 - 6) Ordering of and apply external and internal fetal heart and intrauterine pressure monitoring.
 - 7) Early laboring woman receiving therapeutic rest with category 1 tracing
 - 8) Normal cephalic deliveries - uncomplicated deliveries
 - 9) Delivery and inspection of placenta
 - 10) Amniotomy as indicated

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- 11) Evaluation of fetal heart monitor tracings
 - 12) Management of Preterm Labor– with consultation or co-management of Obstetrician
 - a) For all patients < 36 weeks, a telephone Obstetrician Consultation is required with documentation of collaboration by Obstetrician.
 - b) For all patients < 34 weeks, a consultation and evaluation by an Obstetrician is required. After the evaluation is completed by the Obstetrician, the practitioners will determine if transfer of care to the Obstetrician is needed or if they will co-manage care.
 - 13) Perform episiotomy including administering local anesthesia
 - 14) Repair of 1st and 2nd degree laceration and episiotomy
 - 15) Augmentation of labor
 - 16) 1st assist for cesarean deliveries
 - 17) Postpartum hemorrhage without hemodynamic instability
 - 18) Induction of labor and Augmentation of labor
 - 19) CLIA-88 Waived: occult blood in feces
 - 20) CLIA-88 Waived: urine dipstick
 - 21) CLIA-88 Waived: Nitrazine pH paper
- C. Physician Consultation – the process whereby a CNM who maintains primary management responsibility for the women's care seeks the advice or opinion of collaborating physician. The CNM will call the consulting physician, present the patient and document the consultation discussion in the medical record:
- 1) Maternal fever >100.4 F (38C)
 - 2) Gestational hypertension without preeclampsia
 - 3) Prolonged latent phase < 6 cm dilation (>20 hours nulliparous, >14 hours multiparous)
 - 4) Prolonged second stage pushing (primiparas>3 hours; multiparas >2 hours) Discuss with the physician individualized plan of second stage care based upon fetal status and descent
 - 5) Prolonged SROM >18 hours without labor
 - 6) Active phase arrest > 6cm dilation with ruptured membranes who fail to progress despite 4 hours of adequate uterine activity, or at least 6 hours of oxytocin with inadequate uterine activity without cervical change or fetal station
 - 7) Post-term pregnancy (>42 weeks)
 - 8) Morbid obesity (pre-pregnancy BMI equal or greater to 40)
 - 9) Acute Perinatal mood disorder or significant maternal cognitive deficit
 - 10) Blood dyscrasias or hemoglobinopathies
 - 11) Asthma, with current acute flare-up or needing medication more than the use of an inhaler or using inhalers greater than 3 times a day
 - 12) Active chemical drug dependency involving opiates, cocaine, sedative-hypnotics, or other drugs-except marijuana
 - 13) Gestation DM A1-Diet controlled
 - 14) Gestational Diabetes A2 well-controlled (medically managed)

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- 15) Diabetes (of any type) requiring intrapartum pharmacological treatment
 - 16) Risk for Shoulder Dystocia
 - 17) Oligohydramnios/Polyhydramnios
 - 18) Category II FHR tracing without moderate variability unresolved after appropriate interventions
 - 19) Active labor at 35 weeks with EFW >2500 grams
 - 20) Abnormal biophysical profile
 - 21) Chorioamnionitis or fever >100.4
 - 22) Seizure disorder – controlled on no medication or controlled on daily medication
 - 23) Previously diagnosed significant abnormalities of the maternal urogenital tract
 - a. Exclusions include: Stents, reconstruction, nephrostomy tube, fistula repair, pelvic prolapse, ureteral transplants and previous 4th degree lacerations.
 - 24) Any other medical, obstetrical or gynecological condition where the nurse midwife feels that consultation is necessary.
- D. CNM/Physician Collaboration (co-management): The documentation of the collaboration/co-management will be reflected in the patient's medical record by both the CNM and the physician.
- 1) Thrombocytopenia-below 100
 - 2) Fetal anomaly not compatible with life- case by case management
 - 3) Shoulder dystocia requiring physician intervention – Laborists if OB collaborative not present
 - 4) Preeclampsia-mild
 - 5) Intrauterine fetal demise
 - 6) Suspected abruption or intrapartum/anteartum hemorrhage
 - 7) Postpartum hemorrhage with hemodynamic instability (laborist and/or covering physician)
 - 8) Chronic asthma requiring daily medications (inhaler not included)
 - 9) Management of TOLAC/VBAC patients with a low transverse uterine incision attempting TOLAC (Physician must be present in house during the labor)
 - 10) Frank/unexplained bleeding
 - 11) Current perinatal mood disorder or significant cognitive/mental impairment
 - 12) Significant uterine abnormalities
 - 13) Any other medical, obstetrical or gynecological condition where the nurse midwife feels that co-management is necessary
- E. Physician Management:
- 1) Viable pregnancies diagnosed with preterm labor equal to or less than 34.6
 - 2) At onset of Category III fetal heart tracing
 - 3) Pyelonephritis
 - 4) Multiple gestation (physician must be present in room at time of delivery)

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- 5) Pre-eclampsia with severe features (requiring antihypertensive medications IV, magnesium sulfate, signs of HELLP, etc.)
- 6) RH or other significant antigen iso-immunization
- 7) Seizure- Uncontrolled
- 8) Breech/mal-presentation
- 9) Repair of third and fourth degree lacerations
- 10) Repair of cervical/sulcus laceration
- 11) Prolapsed umbilical cord
- 12) Necessity for cesarean section or other operative vaginal delivery
- 13) Retained placenta - equal to or greater than 60 minutes
- 14) Placenta abruption
- 15) Previous cesarean delivery with a non-low transverse uterine scar
- 16) Active herpes-simplex-virus lesions in labor
- 17) Any other unspecified medical, obstetrical or gynecological condition where the nurse midwife feels that physician management is necessary.
- 18) Uncontrolled postpartum hemorrhage
- 19) Expanding genital hematoma
- 20) Acute DVT/PE

F. Special Request: A special request is needed for privileges that may be beyond the current competencies of Certified Nurse Midwife training. These privileges include, but are not limited to, the following. Please include appropriate documentation of your current ability to perform your requested procedures.

- 1) Repair for third-degree laceration (per OB dept meeting 4/15/13)
 - a) Documented training/proficiency and consultation with supervising Obstetrician

G. Proctoring: Concurrent observation of (3) vaginal deliveries

H. Renewal of privileges: Have provided Obstetric care for 12 patients in the last two years. Retrospective chart review of the next three cases will be performed if a practitioner does not meet the requirement.

5. OB/GYN PRIVILEGES

A. LEVEL I

- 1) Minimum Formal Training:
 - a) Successful completion of an ACGME accredited residency in Obstetrics and Gynecology and
 - b) “Obtain and maintain” National Certification Corporation (NCC) Certification in electronic Fetal Monitoring (EFM) or Perinatal Quality Foundation certification in Fetal Monitoring Credentialing (FMC). Physician applying for initial privileges will have 12 months from initial appointment to achieve certification.
- 2) Required Previous Experience: Applicants must demonstrate that they provided inpatient for at least 50 obstetric patients in the past two years. Retrospective chart review of the next three cases will be performed if a physician does not meet the requirement.

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- 3) Core Privileges Include:
 - a) History & Physical
 - b) Management of Preterm Contractions
 - c) Management of labor
 - d) Local block anesthesia
 - e) Fetal assessment, antepartum and intrapartum
 - f) Internal fetal monitoring
 - g) Induction of labor
 - h) Augmentation of labor
 - i) Normal cephalic delivery, including use of vacuum extraction
 - j) Episiotomy and repair, including third-degree and fourth-degree lacerations
 - k) Exploration of vagina, cervix and uterus
 - l) Immediate care and resuscitation of the newborn
 - m) C-Section\VBAC
 - n) D&C (suction curettage)
 - o) D&C (postpartum)
 - p) Outlet forceps
 - q) Ultrasound assessment
 - r) External version of breech presentation
 - s) Breech deliveries
 - t) Multiple gestations
 - u) Treatment of preeclampsia
 - v) Diagnostic amniocentesis
 - w) Cesarean hysterectomy
 - x) Hypogastric artery ligation
 - y) Cervical cerclage
 - z) Low forceps
 - aa) Mid forceps rotation
 - bb) Treatment of eclampsia
 - cc) Fetal demise
 - dd) Circumcision
 - ee) CLIA-88 Waived: occult blood in feces
 - ff) CLIA-88 Waived: urine dipstick
 - gg) CLIA-88 Waived: Nitrazine pH paper
- 4) Proctoring: Concurrent observation of 2 cesarean sections
- 5) Renewal of privileges: Have provided Obstetric care for 50 patients in the last two years. Retrospective chart review of the next three cases will be performed if a physician does not meet the requirement.

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B. LEVEL II (MATERNAL FETAL MEDICINE SUBSPECIALTY)

- 1) Minimum Formal Training:
 - a) Successful completion of an ACGME accredited residency in Obstetrics and Gynecology followed by successful completion of a Maternal Fetal Medicine Fellowship program.
- 2) Required Previous Experience: Applicants must demonstrate that they provided inpatient or consultative services for 50 patients in the last two years.
- 3) Core Privileges Include: All Level I obstetric privileges plus the ability to admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult female patients with medical and surgical complications of pregnancy, such as maternal cardiac, pulmonary, and metabolic complications; connective tissue disorders; and fetal malformations, conditions, or disease.
 - a) Management of labor - “Obtain and maintain” National Certification Corporation (NCC) Certification in electronic Fetal Monitoring (EFM) or Perinatal Quality Foundation certification in Fetal Monitoring Credentialing (FMC). Physician applying for initial privileges will have 12 months from initial appointment to achieve certification.
- 4) Core privilege procedures include:
 - a) Chorionic villous sampling – Transcervical and Percutaneous
 - b) Placental biopsy for fetal karyotype
 - c) Percutaneous umbilical blood sampling
 - d) Fetal assessment: non-stress test, contraction stress test, biophysical profile, vibroacoustic stimulation test, and Doppler velocimetry (antepartum) and fetal heart rate monitoring and scalp stimulation (intrapartum)
 - e) Intrauterine fetal therapy (thoracentesis, paracentesis, administration of medications, placement of thoracic shunt, and placement of urinary catheter)
 - f) CLIA-88 Waived: occult blood in feces
 - g) CLIA-88 Waived: urine dipstick
 - h) CLIA-88 Waived: Nitrazine pH paper
- 5) Proctoring: Concurrent observation of 2 cesarean sections, if delivering

References/Standards:

- Resources
 - a. American Academy Family Practice Physicians– Policies cesarean delivery (<https://www.aafp.org/about/policies/all/cesarean-delivery.html>)
 - b. American College of Obstetricians and Gynecologists (2019) *Chronic Hypertension in Pregnancy*. (Practice Bulletin No. 203). Washington, DC: Author
 - c. American College of Obstetricians and Gynecologists (2016). *Severe Maternal Morbidity: Screening and Review*. (Obstetric Care Consensus Number 5). Washington, DC: Author.
 - d. American College of Obstetricians and Gynecologists (2019) *Gestational Hypertension and Preeclampsia*. (Practice Bulletin No. 202). Washington, DC: Author
 - e. American College of Obstetricians and Gynecologists (2017) *Intrapartum Management of Intraamniotic Infection* (Committee Opinion No. 712).
 - f. Mercy Hospital – Family Life Center, Department of Obstetrics and Gynecology, Nurse-Midwifery Clinical Service, Nurse-Midwifery Practice Guidelines (2018)

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- g. American College of Nurse Midwives (ACNM), Standard of Practice for Nurse-Midwifery in accordance with the philosophy and code of ethics
 - h. Helping Save Mothers and Babies from Illness and Death Due to Preeclampsia. (2018) Preeclampsia Foundation Official Site. Retrieved from <http://www.preeclampsia.org>
 - i. Trinity Health of New England, Mercy Medical Center, Certified Nurse Midwife Privilege Form December, 2019
- Policy Origin Date: December 2006
 - Review Date: December 2009, December 2012, December 2015, December 2018, February 2020, September 2020
 - Revised Date: June 2010, December 2012, June 2013, June 2014, December 2015, May 2019, March 2020, September 21, 2020
 - Effective Date: June 2007
 - Reviewed/Recommended By: Medical Executive Committee
 - Policy 151