



**Certified Nurse-Midwife
Delineation of Privileges**

Name: _____
(Please print)

- _____ Initial privileges (initial appointment)
- _____ Renewal of privileges (*reappointment, on 2 year specialty cycles*)
- _____ Modification of privileges (*request for any additional privileges beyond those previously granted*)

Basic Education: Active RN and APN license in the state of TN.

Minimal formal training: A graduate from a graduate degree program approved by the American College of Nurse-Midwives (ACNM). Current certification by the American Midwifery Certification Board (AMCB).

Required Current Experience: Must be able to demonstrate successful performance of at least **15 deliveries** in the past 12 months. If there has been a work hiatus or the CNM is newly licensed, the first 15 deliveries should be directly observed by a supervising physician.
Current BLS certification is required.

Supervision:

Supervision does not require the continuous and constant presence of the supervising physician, except in the performance of certain procedures. The procedures list should be reviewed to ascertain if the supervising physician is to be present at the time the procedure is being performed.

Any condition which exceeds the education and training of, or raises questions or concerns by the judgement of the CNM, shall require referral and direct evaluation by the supervising physician(s). These conditions may include but are not limited to the following:

- Failure of the patient to respond to therapies initiated by the CNM.
- Deterioration of the patient or circumstances that require more invasive intervention than can be provided by the CNM.
- Any emergent situation or procedure for which the CNM has not been trained or educated.

| | | | | | |
|-----------|--------------|-------|------|--------------------|-----------------------------|
| Baroness* | Children's** | North | East | Bledsoe/Sequatchie | Community Health Centers*** |
| | | | | | |

* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics

**Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

***Includes Dodson Avenue Community Health Center, Premier Community Health Center, and Southside Community Health Center

Core Certified Nurse-Midwife Privileges

Core inpatient privileges for CNMs include evaluation, diagnosis, consultation, and management of patients through antepartum, intrapartum, and postpartum care in collaboration with or under the supervision of a physician who holds privileges at the hospital in this specialty area. Midwives also provide primary care for individuals from adolescence throughout the lifespan as well as care for the healthy newborn during the first 28 days of life.

Core privileges include but are not limited to:

- Taking histories and performing physical examinations
- Ordering laboratory, radiological, sonographical, and other diagnostic examinations
- Ordering medications as permitted by Tennessee Certificate of Fitness and DEA Certification
- Inducing and augmenting labor
- Managing uncomplicated labors and deliveries
- Performing episiotomies when medically indicated
- Repairing first and second degree lacerations/episiotomies
- Collecting specimens for pathological examination
- Initiating management of obstetrical emergencies with appropriate physician consultation as described in this document
- Performing immediate appraisal of the newborn, including stabilizing and initiating resuscitation if indicated, while awaiting help from the neonatal team.

Privileges which require indirect consultation include but are not limited to

- Patient at 42 weeks gestation or greater
- Vaginal bleeding, other than normal show

- Prolonged first stage of active labor not responsive to intervention
- Prolonged second stage of labor, with time beginning from when pushing is started
- Membranes ruptured longer than 18 hours
- Placenta retained for longer than 30 minutes (without bleeding), or placenta manually removed
- Fetal heart rate pattern category II that does not revert to category I with standard interventions
- Amnioinfusion
- Non-insulin dependent diabetes (gestational or type II)
- Grand multiparity (>6)
- Gestation 34-36.6 weeks
- Gestational hypertension or preeclampsia without severe features
- Oligohydramnios or polyhydramnios
- Chorioamnionitis with imminent delivery
- Postpartum hemorrhage responsive to medical or mechanical interventions (including JADA)
- IUGR
- IUFD
- Any medical or surgical condition in the intrapartum period requiring consultation with a physician of another specialty, including perinatology

Privileges which require physician to be present include but are not limited to

- chorioamnionitis remote from delivery
- gestational age less than 34 weeks
- trial of labor after cesarean section
- 3rd and 4th degree lacerations
- retained placenta unresponsive to initial removal attempt
- postpartum hemorrhage unresponsive to initial interventions
- placenta previa
- placental abruption
- active genital herpes
- insulin-dependent diabetes

- multiple gestation
- all presentations other than vertex
- preeclampsia with severe features
- eclampsia or HELLP syndrome
- category III fetal heart rate pattern
- indication for the use of vacuum or forceps
- indication for surgical delivery

In addition to these core privileges, CNMs have additional advanced privileges which require evidence of initial and ongoing competency. These can be found in the Erlanger Health System Application for Advanced Procedure Privileges for Advanced Practice Providers.

Special Non-Core Privileges in Nurse-Midwifery

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

| Non-Core Privilege | Check here if Requesting – please provide case logs to support request |
|--|---|
| Circumcision | |
| Serving as 1 st assistant during cesarean section | |
| Vacuum extraction | |

Erlanger Health APP Special Privileges Application

The initial and continued competency requirements are subject to validation and attestation of competency.

Requirements may be increased or decreased based on national standards or at the supervising physician's discretion.

Advanced Procedures Initial Adding

Reappointment

| SCOPE OF PRACTICE GUIDE: Use as reference when selecting for competency thresholds and | PRIVILEGE | INITIAL COMPETENCY (TO BE OBTAINED) | CONTINUED COMPETENCY (DOCUMENTED OVER) | CONTINUED COMPETENCY PROCEDURE |
|---|------------------|--|---|---------------------------------------|
| | | | | |

| approval to perform | | | | UNDER PRESENT SUPERVISION) | APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO) | S will be either indirect, direct, or present* Please indicate: |
|---------------------|----------|-------|---|----------------------------|---|---|
| PEDIATRIC | NEONATAL | ADULT | | | | |
| | | | Abscess drainage | 2 | 2 | |
| | | | AmnioSure Testing | 1 | 1 | |
| | | | Application of wound dressings, negative pressure dressings | 3 | 3 | |
| | | | BIOPSIES | | | |
| | | | endometrial biopsy (GYN, CNM only) | 4 | 3 | |
| | | | shave or punch skin biopsy | 2 | 1 | |
| | | | Vulvar/perineal biopsy | 4 | 3 | |
| | | | Bladder catheterization | 2 | 1 | |
| | | | Excisions | 5 | 3 | |
| | | | Fern Testing | 12 | 12 | |
| | | | GU catheter check, change and placement | 2 | 1 | |
| | | | Hormone pellet insertion | 3 | 2 | |
| | | | Imaging interpretation (preliminary read only) | | | |
| | | | Advanced imaging | 10 | 10 | |
| | | | Plain films | 10 | 10 | |
| | | | Incision and drainage of labial/Bartholin's abscess | 2 | 2 | |
| | | | Incision and drainage | 3 | 2 | |
| | | | Indwelling catheter checks (any vessel) | 3 | 1 | |
| | | | Initiation of IV therapy | 1 | 1 | |

| | | | | | | |
|--|--|--|--|----|----|--|
| | | | IUD insertion | 12 | 3 | |
| | | | IUD removal | 1 | 1 | |
| | | | Laceration/incision repair (simple and intermediate) | 2 | 2 | |
| | | | Laceration/incision repair (complex) | 10 | 5 | |
| | | | Local nerve blocks | 3 | 3 | |
| | | | Nexplanon insertion | 6 | 3 | |
| | | | Nexplanon removal | 6 | 3 | |
| | | | Pelvic exams | 2 | 2 | |
| | | | Perform and interpret non-stress test | 12 | 10 | |
| | | | Peripheral Venous puncture | 2 | 1 | |
| | | | Removal of drains | 2 | 2 | |
| | | | Repair of excisions (simple and intermediate) | 6 | 3 | |
| | | | Simple wound debridement | 2 | 2 | |
| | | | Staple removal | 1 | 1 | |
| | | | Stapling incisions | 5 | 3 | |
| | | | Sterile Vaginal Packing | 1 | 1 | |
| | | | Suture removal | 2 | 1 | |
| | | | Venous catheter insertion | 1 | 1 | |
| | | | Wet Prep | 12 | 10 | |

***SUPERVISION:**

INDIRECT: The supervising MD/DO is available for consult by phone prior to performing the procedure.

DIRECT: The supervising MD/DO is in the building and can come if needed while performing the procedure **EXCEPT** in cases of emergency where patient harm would result in the APP not performing the procedure.

PRESENT: The supervising MD/DO is present during the substantive portion of the procedure **EXCEPT** in cases of emergency where patient harm would result in the APP not performing the procedure.

Request for Privilege Not Listed in Core or Special Non-Core (please list the privilege and provide justification as well as any accompanying certifications or case logs)

Department Chief Recommendation:

I have reviewed the requested clinical privileges and supportive documentation for the above-named applicant.

- Recommend as Requested
- Recommend with Modifications (See comments below)
- Not Recommended (See comments below)

Chief Comments:

Provider Signature

Date

Chief Signature

Date

(rev.8/24)