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Applicability AK - Providence Alaska MC

Rules and Regulations Governing Certified Nurse Midwives (CNMs) in the Department of OB/GYN

Rules and Regulations Governing Certified Nurse-Midwives (CNMs) in the Department of OB/GYN

Definition of Certified Nurse-Midwife

- A. CNM's in the State of Alaska are part of the group of nurses designated as "Advanced Nurse Practitioners." Advanced Nurse Practitioner means a registered nurse authorized to practice in the state who, because of specialized education and experience, is certified to perform acts of medical diagnosis and the prescription and dispensing of medical, therapeutic, or corrective measures under regulations adopted by the Board of Nursing (AS 08.68.410).
- B. CNM's at Providence Alaska Medical Center (PAMC) references Allied Health Professionals who may carry out privileges without the immediate presence of the Collaborating Physician.

Practice of Certified Nurse-Midwives

- A. Nurse-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:
 - 1. 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 health care team.
 - 2. Collaborative Management is the process whereby a CNM and physician jointly

manage the care of a woman or newborn that 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 the physician is essential for ongoing collaborative management. The physician is responsible for medical management. The CNM may be responsible for the labor and delivery, as long as the condition remains stable.

3. Referral is the process by which the CNM directs the client to a physician or another health care professional for management of a particular problem or aspect of the client's care. Total management of care is transferred to the physician.
- B. It is the CNM's responsibility to document all phone and verbal consultations in the chart. It is the physician's responsibility to document all in-person consultations or procedures performed.
 - C. In performing these responsibilities, the CNM will not replace the obstetrical staff nurse who will carry out his/her charting and patient management responsibilities without change.
 - D. Independent management by the CNM will be limited to uncomplicated obstetrical patients.
 - E. The physician and the CNM will determine the risk factors and appropriateness for CNM, MD, or co-management status according to the following guidelines:
 1. Antenatal Period/Admission/Testing: The presence of any of these conditions requires physician consultation, collaborative management, or referral as appropriate:
 - a. Essential Hypertension (documented history of BP greater than 140/90, before or during the first trimester)
 - b. Seizure Disorder
 - c. Presence of maternal serum antibodies associated with hemolytic disease
 - d. Cardiac disease
 - e. Renal disease
 - f. Previous uterine surgery
 - g. Insulin dependent diabetes
 - h. Uncontrolled endocrine condition
 - i. Severe psychiatric disorder
 - j. Extreme obesity (greater than or equal to BMI of 40)
 - k. Hyperemesis
 - l. Symptomatic respiratory disease
 - m. Anemia, other than iron deficiency anemia
 - n. Chemically dependent, uncontrolled

- o. TB, HIV, or other serious diseases
2. Intrapartum/Postpartum Period: These conditions require physician consultation, collaborative management, or referral as appropriate:
- a. Multiple gestation
 - b. Pre-eclampsia
 - c. Active herpes
 - d. Onset of labor or premature cervical dilation, prior to 36 weeks gestation
 - e. Suspected macrosomia or documented IUGR
 - f. Abnormal presentation or lie other than cephalic
 - g. Use of oxytocin for induction/augmentation with consultation
 - h. Use of cervical ripening agents
 - i. Failure to progress in labor
 - j. Greater than 2 hours second stage of labor (3 hours with epidural)
 - k. Pre-selected patient for co-management by CNM
 - l. Temperature greater than 101° F or signs of intrauterine infection
 - m. Rupture of membranes greater than 24 hours
 - n. Non-reassuring fetal heart rate patterns including recurrent late or variable decelerations unresponsive to interventions
 - o. Fourth degree lacerations
 - p. Cervical lacerations
 - q. Post-partum hemorrhage greater than 1000 ml
 - r. Post partum fever after the first 24 hours
 - s. Postpartum wound infection
 - t. Postpartum hematoma

Medical Records

- A. The CNM shall follow the customary hospital procedures for completion of medical records including admission history and physical, progress notes, and medical orders. Co-signature of CNM entries is not required.

Review of Management

- A. Review of CNM management shall be carried out in accordance with the management review process of the OB/GYN Department. Review shall be based primarily upon the medical record but may include review of fetal monitoring strips and/or interviews of persons involved in the case. Conferences conducted to consider a particular case shall include at least the Chairperson of OB/GYN, the CNM, and the Collaborating Physician if applicable. Other persons may be included as deemed appropriate to the case.

- B. Questions by a staff nurse about CNM management or plan of care should first be discussed with the CNM. Further questions should be directed to the Collaborating Physician or the physician on-call for the Collaborating Physician.
- C. If questions remain between the staff nurse and the CNM, the staff nurse may notify the Nurse Manager/Nursing Supervisor, who may resolve the problem, consult with the Collaborating Physician (or on-call), or contact the Chairperson of the OB/GYN Department.

Privileges

- A. A physician, who is a Privileged member of the Medical Staff with obstetrical surgical privileges, designated the “Collaborating Physician”, will sponsor each CNM.
- B. The CNM's privileges are contingent upon the Collaborating Physician's continued appointment as a Privileged member of the Medical Staff in the OB/GYN Department.

End of Policy

HISTORY: previously approved in 1999 and subsequently approved/revised: 08/2000, 03/2007, 06/2017, and 10/2021

Approval Signatures

Step Description	Approver	Date
Board	Governing Board Committee [AT]	03/2024
General Staff Review (30 days)	General Staff Review: (30 days) [AT]	03/2024
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Applicability

AK - Providence Alaska MC

Standards

No standards are associated with this document