

UNIVERSITY OF MARYLAND MEDICAL SYSTEM
Department of Obstetrics & Gynecology
Specified Services for
Certified Nurse Midwives

Certified Nurse Midwife applicants for membership in the Department of Obstetrics & Gynecology of the University of Maryland Medical System may request admission to the Affiliate Staff.

Name: _____ **Date:** _____

Board Certification Status: American College of Nurse Midwives/ACNM Certification Council
Year: _____ **Year of Renewal** _____
Other Boards: _____ **Year** _____

State Approved Written Agreement on File: _____ (to be completed by Medical Staff Services)

Specified Services	Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
Emergency Care: In the case of an emergency, the Certified Nurse Midwife shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm.	√	Yes
Category I - Core Privileges: To be eligible for core privileges, applicants must have completed an ACNM Accredited Educational Program and be Board Certified by the ACNM/ACC. Obstetrics Core Privileges include:		
<ul style="list-style-type: none"> • Triage of pregnant and postpartum women • Management of labor and spontaneous vaginal birth of women 37 or more weeks pregnant with a singleton cephalic presentation fetus • Co-management of labor and birth with obstetric physician consultation of women 34 to 37 weeks pregnant with a singleton cephalic presentation fetus. • Induction or augmentation of labor (MD consult required for induction indications other than gestation > 40 weeks) • Amnioinfusion • Vaginal birth following cesarean • Episiotomy and repair of episiotomy, repair of vaginal, perineal, labial, periurethral or other lacerations • Local anesthesia • Manual removal of placenta • Manual uterine exploration 		
Category II: to be eligible for Category II privileges, applicants must have completed an ACNM Accredited Educational Program, be Board Certified by the ACNM/ACC, and provide documentation as to course work and recent experience.		
Category II privileges are as follows:		
Obstetrics		
Vacuum assisted vaginal delivery (Outlet only)		
With participation of the obstetrician , co-management of twin vertex/vertex presentation delivery		
Breech Vaginal Delivery with obstetrician participation		
Pudendal anesthesia		
Circumcision		
First assist cesarean section		

Name _____ Date _____

Specified Services	Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
Repair of third degree lacerations		
Repair of fourth degree lacerations		
Third trimester ultrasound for presentation, BPS, or other indication		
Moderate (Conscious) Sedation – Individuals prescribing or administering controlled substance analgesics or sedatives during procedures must request this privilege. Criteria for Approval: 1. Proof of Current BLS, ACLS, PALS or NRP certification (<i>please attach</i>) 2. Completion of basic airway management in-service every two years (<i>required for appointment and reappointment</i>) 3. Attendance at Department of Anesthesia education seminar required (<i>Nurses who are PALS, NRP or ACLS certified are not required to fulfill criteria 2</i>)		

Applicant's Signature

Date

Division Chief, if applicable

Date

Chairman, Department of OB/GYN

Date

Applicant's Confirming Signature
(*required if any requested privilege is not approved*)

Date

Approved MEC 3/23/04