

Certified Nurse-Midwives at St. Anthony Central Hospital Clinical Practice Guidelines

I. INTRODUCTION- PRACTICE OF NURSE-MIDWIFERY

The practice of nurse-midwifery at St. Anthony Central (SAC) hospital is performed by certified nurse-midwives (CNMs) who are credentialed as members of the medical staff and must maintain appropriate practice privileges at SAC. They provide nurse-midwifery services to women within a healthcare system that provides for consultation, collaboration and referral with a physician as described in the joint practice statement between the American College of Obstetricians and Gynecologists (ACOG) and the American College of Nurse Midwives (ACNM). The following practice guidelines also correspond with the ACNM Philosophy, Code of Ethics and Standards for the Practice of Nurse-Midwifery, the policies of St. Anthony Central Hospital and the Women's Services Department, and Colorado state legislation governing nurse-midwifery practice.

Certified nurse-midwives are responsible for the obstetric and gynecologic care of women whose medical obstetrical history and present condition indicate an essentially normal course. These Guidelines provide provisions for management of common deviations from normal, and for consultation, collaborative management, and referral to physician management when deviation from normal occurs.

II. LEGAL BASIS FOR CNM PRACTICE IN COLORADO

Certified nurse midwives practice under 12-38 C.R.S., Colorado Nurse Practice Act 1999. Section 12-38-111.5 C.R.S., "Requirements for advanced practice nurse registration- legislative declaration- definition- advanced practice registry," specifically addresses nurse-midwifery.

III. DEFINITIONS

Certified Nurse Midwife (CNM): A certified nurse-midwife is an individual educated in the two disciplines of nursing and midwifery, who possesses evidence of certification according to the requirements of the ACNM and who meets the additional, established credentialing criteria for practice privileges at SAC.

Nurse-midwifery Practice: Midwifery practice as conducted by CNMs is the independent management of women's healthcare, focusing particularly on pregnancy, childbirth, the postpartum period, care of the newborn, and the family planning and gynecological needs of women. The Certified Nurse-Midwife practices within a healthcare system that provides for consultation, collaborative management or referral as indicated by the health status of the patient.

Nurse-midwifery Management: The responsibility for decisions and orders concerning care of the patient meeting the appropriate criteria will be assumed by the CNM, according to approved practice guidelines. Management of deviations from normal may occur when the diagnosis is clear with an expected predictable outcome, or when consultation with a physician results in a mutual decision for continued CNM management of the patient's care. Nurse-midwifery management includes observation, assessment, examination and treatment according to current standards of care and clinical practice guidelines. When deviations from normal occur the nurse-midwife:

- Implement guidelines to establish a diagnosis and treatment plan when deviations from normal are identified which are covered in practice guidelines.

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- Will seek obstetrical consultation when deviations from normal develop which are not covered by practice guidelines.
- With mutual agreement with the obstetrician/gynecologist, collaboratively manage the care of the woman who has developed medical or obstetric complications
- Refer care of the woman to physician or other health care professional for management of particular aspect of patient's care or for assumption of total management of patient's care.

Consulting physician: Physician, who consults, collaborates, and who may assume care for patients requiring further evaluation of a medical condition. (To include but not limited to; OB/GYN, Family Practice, ED and other specialists as needed to provide care to the patients.)

Consultation: Process whereby a CNM maintains primary management responsibility for the woman's care, seeks the advice or opinion of a physician or another member of the healthcare team. The consultation will be documented in the medical record by the CNM. CNM may request and/or consultant may provide written consultation note by physician or health team member.

Collaboration: Process whereby a CNM and physician jointly manage the care of a woman who has become medically, gynecologically or obstetrically complicated. The scope of collaboration may encompass the physical care of the patient, 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 patient 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 physician is essential for ongoing collaborative management. The physician will document the assessment and plan of care in the medical record in a timely manner.

Referral: Process by which the CNM directs the patient to a physician or another healthcare professional for management of a particular problem or aspect of the patient's care. Responsibility for decisions and orders concerning the care of a woman who is referred to physician management is assumed by the physician. CNM will document in medical record that care has been transferred to physician management.

IV. PRESCRIPTIVE AUTHORITY

CNMs, who have prescriptive authority granted by the State of Colorado, will practice within state guidelines as delineated in Colorado Nurse Practice Act 12—38-111.5 CRS. CNMs that do not have prescriptive authority must seek Prescriptive Authority as soon as they are eligible or within one year of employment at SAC. All medication orders written by CNMs without Prescriptive Authority must be co-signed by a physician or another APN with Prescriptive Authority.

V. SCOPE OF PRACTICE

CNM practice is the independent management of women's health care, focusing particularly on pregnancy, childbirth, and the postpartum period, as well as gynecological needs of women. In addition, collaboration with the consultant physician in the co-management of patients with selected risk factors or conditions may occur.

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VI. QUALITY/PEER REVIEW

Evaluation of care provided by CNMs will be assessed through the established Medical Staff processes.

GENERAL GUIDELINES

The following Guidelines are meant as a framework to identify patients appropriate for nurse-midwifery care at St. Anthony Central Hospital, and not as an exhaustive and restrictive set of rules. They are intended to be amended from time to time as befits the ever-changing nature of healthcare. It is understood that a patient's status may change during the period of antenatal, intrapartum, postpartum, or well women care and with the change of status; the care plan may also be revised. It is expected that the CNM may need to implement emergent care under the direction of the obstetrician who is not physically present to intervene.

Consultation or Collaboration

Patients with a history of or currently are experiencing certain of medical, surgical, or obstetrical conditions or complications may require consultation and/or collaboration. These include, but are not limited to:

Antepartum/Intrapartum

1. Mild chronic Hypertension without renal involvement or medication management.
2. Gestational hypertension without proteinuria or mild preeclampsia
3. Current history of maternal drug or alcohol addiction (excluding tobacco)
4. Mitral valve prolapse,
5. Post-dates pregnancy beyond 41 weeks
6. Prolonged ROM at term (>18 hours)
7. Maternal fever greater than 100.4 F (38C) in labor
8. Anemia, HCT less than 27%
9. Hemoglobinopathy
10. Gestational diabetes, diet controlled (Class A-1)
11. Abnormal ultrasound findings
12. Biophysical profile $\leq 8/10$
13. Mental impairment that interferes with patient compliance
14. Current medical, surgical, or psychiatric condition
15. Cholestasis of pregnancy
16. History of fetal loss >16 weeks
17. Fetal demise
18. Induction or augmentation of labor
19. Preterm labor (<35 weeks)
20. Abnormal labor curve including 1st and 2nd stage labor
21. 3rd stage labor lasting longer than 30 minutes, CNM to call physician
22. History of preterm birth less than 37 weeks
23. History of leep or cone
24. Suspected fetal growth abnormality
25. History of uterine scar/anomalies other than cesarean
26. Malpresentation after 36 weeks (refer for version as indicated)

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Postpartum

1. Maternal fever > 100.4 F (38C)
2. Severe anemia Hct less than 27%
3. Persistent urinary retention
4. Abdominal pain unresponsive to analgesic relief
5. Mastitis
6. Post partum blood loss estimated at greater than 500 ml

Transfer to Medical Management

Patients in this category require referral to physician management

Antepartum/Intrapartum

1. Insulin dependent diabetes
2. PROM < 35 weeks
3. Severe pre-eclampsia/eclampsia
4. Chronic or gestational hypertension with evidence of significant proteinuria or renal involvement
5. Persistent non-reassuring fetal heart rate tracing
6. Placenta previa
7. Suspected abruptio placenta
8. Hyperemesis gravidarum with electrolyte imbalance
9. Unstable medical, surgical or psychiatric condition
10. Trauma with vaginal bleeding or severe abdominal pain
11. Complications resulting from isoimmunization
12. DVT/thromboembolic/thrombophilic disease
13. Fetal anomalies requiring surgery (e.g. gastroschisis, NTD, cardiac defects, diaphragmatic hernia)
14. Severe thrombocytopenia (platelets < 50,000)
15. Premature labor <35 weeks
16. Suspected maternal sepsis
17. Use of illegal drugs, other than marijuana, immediately preceding or during labor
18. History of incompetent cervix
19. History of systemic lupus erythematosus
20. Heart disease
21. IUGR (less than 10% estimated fetal weight)
22. Multiple gestation
23. Renal disease without renal failure

All patients who are HIV/AIDS positive will be referred to the University Physician Group for management.

Postpartum

1. Hematoma increasing in size
2. Endometritis
3. DVT
4. Episiotomy or laceration complications
5. Suspected maternal sepsis
6. Complicated medical, surgical, or psychiatric condition