NURSE MIDWIFERY FUNCTIONS AND PROTOCOLS

I. DEFINITION

A Certified Nurse-Midwife, (CNM), is an individual educated in the two disciplines of Nursing and Midwifery who possesses evidence of certification according to the requirements of the American College of Nurse-Midwives and the North Carolina Board of Nursing.

II. ROLE OF THE CERTIFIED NURSE MID-WIFE

The CNM, in collaboration with the attending physician, will assume the responsibility for the care of the maternity patient. The attending obstetrician on call will be responsible for assistance and backup for the CNM as needed.

NURSE-MIDWIFERY FUNCTIONS WILL INCLUDE

A. Assessment of antenatal patients presenting to the labor and delivery area >20 weeks.
B. Antepartal assessment of selective High Risk patients with physician supervision.
C. Intrapartum Management, including delivery.
D. Postpartum Management.

Certified Nurse-Midwives will consult with the attending physician for plan of management for patients with antepartum, intrapartum, or postpartum complications.

The Certified Nurse-Midwife will collaborate with the physician in management of patients with complications through mutual agreement. Nurse-midwives will be available to participate in the care of such patients when requested by the physician to the level of their skills and ability.

The Certified Nurse-Midwife may transfer primary care of the patient to physician management, of any patient whose condition, in the opinion of the nurse-midwife, is beyond the scope of practice of Nurse-Midwifery.

Certified Nurse-Midwives will work with the medical and nursing staffs utilizing all established policies and protocols for obstetrical care as described in the Policy Manuals for L&D, and Maternal-Infant Unit.

III. INTRAPARTUM

A. OB nurse will notify the physician or CNM on call when patient arrives in admission area. Assessment will be performed utilizing physical examination, pertinent laboratory evaluation, and fetal heart monitoring.

B. The following functions and procedures are not viewed as exhaustive, but are intended to clarify the role of the CNM and to identify functions and procedures usually not included in nursing practice.

1. Labor
   a. Admits and discharges patient with physician consultation as indicated
   b. Performs complete history/physical exam
   c. Manages patient's progress and condition during labor and delivery
   d. Performs sterile speculum exam, wet preps and ferning
   e. Performs vaginal and/or rectal exams
   f. Initiates treatment with appropriate medication
   g. Performs amniotomy
   h. Applies external and internal fetal and uterine monitoring equipment
   i. With medical collaboration, may monitor patients on:
      (a) IV Oxytocin for induction or augmentation of labor
      (b) IV Magnesium Sulfate for mild to moderate PIH
   j. Follows labor and delivery routine admission orders individualized according to patient need consulting on intrapartum management as needed.
   k. Amnioinfusion
   l. Inserts cervidil for cervical ripening
   m. Inserts prostaglandin gel/cytotec for induction of labor
   n. Orders prophylaxis for GBBS as indicated.
2. Delivery
   a. Performs local infiltration, pudendal block anesthesia
   b. Performs and repairs median and mediolateral episiotomy
   c. Repairs 3rd and 4th degree lacerations after satisfactory supervisory period
   d. Conducts single spontaneous deliveries of vertex presentation
   e. May participate in twin, breech, and premature deliveries with appropriate physician collaboration/supervision.

f. Performs vacuum extraction after satisfactory supervisory period.
g. Manages third stage of labor. Performs manual placental removal after appropriate supervisory period.
h. Performs cervical and vaginal inspections
i. Repair cervical, vaginal, and perineal lacerations after satisfactory supervisory period.
j. Stabilizes infant immediately after birth. Summons the respiratory therapist and/or pediatrician in cases of need and per L& D protocol as outlined in (4) below.
k. Manages immediate postpartum period.
l. Writes postpartum orders for patients to be followed.
m. Orders laboratory tests as indicated in protocols.
n. Assists on Cesarean sections.

3. Routine newborn management
   a. Immediate: establishes respirations, suctions with bulb or 10 french suction catheter, clamps, and cuts cord.
   b. Performs neonatal/resuscitation including bag and mask, and intubation and cardiac compressions if required. If extensive resuscitation is required, the CNM will summon the pediatrician. Notifies infant's physician of any abnormalities in the heart rate, respirations, color, etc.
4. The respiratory therapist and/or pediatrician may be summoned for assistance with management of neonates experiencing the following complications:
   a. Meconium stained fluid
   b. Abnormal fetal heart rate pattern
   c. Operative delivery
   d. Newborn resuscitation
   e. Prematurity
   f. Suspected IUGR
   g. Suspected abruption or previa
   h. Prolonged rupture of membranes greater than 24 hours at the time of delivery
   i. At the discretion of the CNM
5. Emergencies

   In the event of an obstetrical emergency, the CNM will notify the consulting physician and proceed with appropriate emergency measures as indicated.

IV. COMPLICATIONS REQUIRING CNM/PHYSICIAN COLLABORATIVE MANAGEMENT

The CNM will notify the physician when a deviation from normal occurs. A plan of management will be outlined by the physician during chart review or telephone consultation. The physician will see and examine the patient if necessary and assume care of the patient if indicated by the severity of the condition. A mutually agreed upon plan of management will determine the CNM's involvement in the case. Careful communication and clear documentation is required of both the physician and the CNM. The following list is not intended to be exhaustive but represents common conditions occurring in maternity patients.

A. Anticipated or immediate shoulder dystocia
B. Abnormal lie (breech or transverse lie after 36 weeks)
C. Abnormal Vaginal Bleeding
D. Abruptio placenta
E. Asthma (requiring active medical management)
F. Cardiac or valvular disease
G. Complicated urinary tract infection
H. Diabetes
I. Dysfunctional Labor
J. Estimated fetal weight >4000 gms.
K. Fever of $\geq$ 100.4 F (after ruling out dehydration).
L. Hemoglobinopathies (sickle cell, thalassemia, etc.)
M. Herpes
N. Intrauterine fetal demise
O. Intrauterine growth restriction
P. Indeterminate fetal presentation/Abnormal fetal lie.
Q. Multiple gestations
R. Nonreassuring FHR pattern
S.
    1. Prolonged decelerations or persistent fetal bradycardia < 100 bpm
    2. Persistent late or variable decelerations unresponsive to conservative management
T. Pelvic tumor or abnormality
U. PIH/Preeclampsia
V. Placenta previa
W. Pre-existing medical conditions
X. Postpartum hemorrhage, unresponsive to treatment.
Y. Previous uterine surgery/C/section (excluding D&C and cone biopsy)
Z. Premature labor < 34 weeks gestation
AA. Prolapsed cord
BB. Prolonged pregnancy greater than 42 weeks
CC. Prolonged or abnormal labor curve
DD. Psychotic disorders
EE. Retained placenta

FF. Rh sensitization
GG. Severe anemia (Hgb < 9 grams)
HH. Seizure disorders
II. Substance use
JJ. Thrombocytopenia (platelets < 100,000)

VI. POSTPARTUM

A. Nurse-midwives will be responsible for management of all CNM delivered patients who have no serious complications.

B. Postpartum Protocols

The following functions of the CNM's are intended to be inclusive but not limited to:

1. Initiates routine postpartum orders.
2. Makes postpartum rounds.
3. Provides postpartum teaching and counseling as needed
4. Monitors postpartum physical changes
5. Obtains physician's consultation for any abnormal findings
6. Completion of medical record
7. Discharge with instructions including plans for following care of contraception and voluntary sterilization as indicated.

C. Postpartum Conditions Requiring Physician Consultation

The CNM will consult whenever the following conditions are present:

1. Abnormal laboratory findings
2. Any medical or surgical condition considered obstetrically significant.
3. Pain, swelling, or inflammation associated with varicosities.
4. Pain, swelling, or inflammation of the breast not normally associated with engorgement or lactation.
5. Significant changes in vital signs.
   a. Temperature of 100.4 on two consecutive readings four to six hours apart, 24 hours after delivery.
   b. Respirations greater than twenty-four or less than twelve
   c. Pulse greater than 120 or less than 60.
6. Persistent elevation of blood pressure at or above 140/90 on two consecutive readings four to six hours apart on left side.
7. Delayed postpartum hemorrhage.
8. Hematoma of vulva or perineum.
9. Pain unrelated to minor discomforts or postpartum period.

VII. CHARTING

The supervising physician's co-signature with the CNM on the patient's history and physical indicates that the CNM has followed the approved protocols and procedures.

VIII. MEDICATIONS

Medications may be ordered, prescribed and/or administered by CNM per protocol. See attached

The following are not viewed as exhaustive, but are intended to be medication examples:

A. Iron and vitamins

B. Other approved medications as needed; See Medication List

C. Outpatient OB Checks

Anterpartal protocols for minor pregnancy problems, e.g., urinary tract infections, prodromal labor, preterm labor assessment, apply to OB evaluations by the CNM on call at the hospital. See Medication List

D. Labor and Delivery

Anagesia, intravenous fluids, anesthetics, and oxytoxics are individualized according to the patient's needs and at the CNM's discretion. See Medication List

E. Postpartum

Rubella vaccination, Rhogam, oxytocin, oral contraceptives, as indicated. See Medication List

F. Collaborative management cases:

Any medication as ordered by the physician. Standard medication protocols after physician consultation, e.g., Pitocin augmentation/induction, MgSO4, antibiotics, steroids.

G. Oral Contraceptives:

CNM's will counsel patients appropriately in the use of oral contraceptives and all methods of contraception. CNM's will appropriately prescribe the method selected by the patient.

MEDICATION LIST

1. ANALGESICS

   a. Acetaminophen (Tylenol) 650 mg po q 3-4h PRN
   b. Acetaminophen with codeine (Tylenol #3) 1-2 tabs po q 4h PRN
   c. Ibuprofen (Motrin) 600-800 mg po 6h PRN (postpartum)
   d. Oxycodone plus acetaminopehn (Tylox) 1 tab po q 4-6h PRN
   e. Percocet 1 or 2 tab po q 3-4h PRN
   f. Vicodin 1 or 2 tab po q 4-6h PRN
   g. Proxpoxyphene napsylate and acetaminophen 100 (Darvocet N 100) 1 tab po q 3-4h PRN

2. ANESTHETIC AGENTS

   a. Bupivacaine HCI (Marcaine) 0.25%-0.50% not to exceed 20cc
   b. Chloroprocaine HCI (Nesacaine) 1%-2% not to exceed 20cc
   c. Mepivacaine HCI (Carbocaine) 1%-2% not to exceed 20cc
   d. Xylocaine HCI (Lidicaine) 1%-2% not to exceed 30cc

3. ANTI-ANXIETY

   a. Promethazine 25-75 mg IM q 4-6h
   b. Hydroxyzine 25-mg IM q 4-6h

4. ANTIBIOTICS AND ATIBACTERIALS (oral)

   a. Ampicillin 500mg po qid 7-10 days
   b. Amoxicillin 250-500 mg tid x 7-10 days
   c. Bactrim DS i po qd x 10 days
   d. Bactrim tabs i po q 12 hours x 10 days
   e. Cephalexin (Keflex) 250-500 mg q 6h x 7 days
   f. Doxcycline 100 mg po bid x 7-10 days
   g. Erythromycin 500 mg po qid x 7-10 days
   h. Macrodantin 50-100 mg po qid x 7-10 days
   i. Metronidazole after first trimester
      I. 250 mg po tid x 7 days
      II. 2 gms. po x 1 dose
      III. metrogel vaginal 1 application x 5 days
   j. Penicillin 250-500 mg po q 6-8h x 10 days (Pen VK, Penicillin G)
   k. Tetracycline 500 mg qid x 7-14 days (non pregnant use only)

5. ANTIBIOTICS (intramuscular or intravenous)

   a. Bi-cillin 2,400,000 units IM (split doses) x 3, week apart
   b. Cefoxtin (Mefoxin) 1-2 gm IV q 6h

c. Ceftriaxone (Rocephin) 1-2 gm IM or IV bid; for gonorrhea 250mg IM
d. Procaine Penicillin G 4,800,000-20,000,000 units IM or IV with Probenecid 0.5 gm.
e. Spectinomycin 2-4 gm IM
f. Unasyn 2.5-3 gm IV q 6h
g. Zithromax 1 gm po
h. Suprax 400 mg po

6. ANTICONVULSANT

a. Valium 5-10 mg IV q 10-15 min up to 30 mg

7. ANTIEMETICS

a. Procholoroperazine (Compazine) 10 mg IM q 4-6h PRN
b. Promethazine HCI (Phenergan) 12.5-25 mg suppository per rectum q 4-6h PRN

8. ANTIFUNGAL (topical)

a. Lotrimin 1% cream bid
b. Monistat-Derm PRN
c. Monistat Dual-pack as directed

9. ANTIHISTAMINE

a. Phenergan 25-75 mg po 4-6h PRN

10. ANTINAUSEANT

a. Phenergan 25-75 mg po or IM q 4-6h PRN
b. Tigan 250 mg po IM tid or qid: suppositories 200 mg tid or qid
c. Vistaril 25-75 mg po IM q 4-6h PRN

11. ANTITUSSIVE

a. Robitussin 1-2 tsp q 4h PRN

12. ATARACTICS/SEDATIVES

a. Flurazepam (Dalmane) 30 mg po PRN x 1 dose
b. Hydroxyzine (Vistaril) 25-100 mg IM q 3-4h x 2 doses
c. Promethazine (Phenergan) 25mg IV x 1 dose, 25-75 mg IM, or IV x 2 doses
d. Propiomazine HCI (Largon) 10-20 mg IM or IV q 3h x 2 dose
e. Sodium Secobarbital (Seconal) 100-200 mg po PRN or 100 mg IM x 1 dose

13. DECONGESTANT

a. Afrin Nasal Spray
b. Pseudoephedrine HCL (Sudafed) 60 mg po tid x 5 days

14. HEMORRHOIDAL PREPARATION

a. Annusol HC ointment or cream q 3-4h PRN
b. Tucks pads PRN

15. HYPNOTICS AND SEDATIVES

a. Nembutal 100-200 mg po or IM
b. Promethazine 25-75 mg IM q 4-6h
c. Sodium Secobabital (Seconal) 100-200 mg po or IM

16. INTRAVENOUS FLUIDS

a. D5LR (Dextrose 5% in Lactated Ringers)
b. D5NS (Dextrose 5% in Normal Saline)
c. D5W (Dextrose 5% in water)
d. D51/2 NS (Dextrose in ½ Normal Saline)
e. LR (Lactated Ringers)
f. ½ Normal Saline (NS)

17. LAXATIVES

a. Colace 50-200 mg po qd
b. Ducolax Tabs 203 tabs po H.S.
c. Metamucil 1 tbsp/8oz. 1-3 times/day
d. Milk of Magnesia 30cc po H.S.
e. Senokot 1-2 tabs po bid

18. NARCOTIC ANALGESIC

a. Butorphanol tartrate (Stadol) 1-2 mg IV q 1-2h PRN
b. Meperidine HCI (Demerol) 25-75 mg IV q 1-4h PRN, or IM q 3-4h PRN
c. Nalbuphine HCI (Nubain) 5-10 mg 1-2h PRN

19. NARCOTIC ANTAGONISTS

a. Naloxone HCI (Narcan) 0.4 mg (1ml) IM, or IV (adult)
b. Naloxone HCI (Narcan) 0.01 mg/kg IM (infant)

20. OXYTOCICS

a. Methylergonovine maleate (Methergine) 0.2 mg IM x 1 dose, then 0.2 mg po q 4-6h
b. PRN Oxytocin (Pitocin) 10 units IM or 10-30 units/liter IV fluids after delivery placenta

21. RENAL TUBULAR BLOCKING AGENTS

a. Benemid 0.5 gm qid po

22. TOCOLYTIC AGENT

a. Brethine 0.25 mg SQ q 15-30 min. up to 3 doses; 2.5-5mg po q 4-6h
b. Magnesium Sulfate 4 gm. loading dose over 30 min. then 1-2 gm/h
c. Procardia 10 mg q 6 hours

23. VAGINAL PREPARATIONS

a. Monistat applicatorful intravaginally 1x or BID x 7 to 14 days
b. Gyne-Lotrimin " " " "
c. Sultrin " " " "
d. Mycelex " " " "
e. AVC " " " "
f. Terazol " " " "

24. VITAMIN, MINERAL, NUTRITIONAL SUPPLEMENTS

a. Folic Acid 1 mg po qd
b. Iron 325 mg po 1-3 po x per day
c. Prenatal vitamins 1 po qd
d. Vitamin C 250 mg po TID

25. MISCELLANEOUS

a. Human Rho (u) Immune Globulin (Rhogam): 1 dose IM Prophylaxis or 1 dose IM per 2:1,000 fetal blood cells per Kleihauer-Betke
b. Lansinoh PRN to breast nipples
c. Oral contraceptives – low dose combination and progestin only
d. Prostaglandins
e. Rubella vaccine
f. Kwell 1% cream or lotion, or shampoo as directed (postpartum, non-nursing)

ATTACHMENT
"Nurse Midwifery Functions & Protocols"
(Scope of Practice)

Signatures: Primary Supervising and Back-up Physicians

_____ _____
Primary Supervising Physician Date

_____ _____
Back-up Supervising Physician Date

_____ _____
Back-up Supervising Physician Date

SCOTLAND MEMORIAL HOSPITAL
Clinical Privileges Delineation Form
CERTIFIED NURSE MIDWIVES

Name: _____

The listing below delineates the full scope of privileges to be granted to a Certified Nurse Midwife practicing within Scotland Memorial Hospital, as outlined in the Medical Staff Bylaws.

Upon appointment, a Certified Nurse Midwife shall be authorized to undertake:

PROCEDURE	REQUESTED	APPROVED	Not approved/ Approved with Restrictions
Interconceptional Care			
Family Planning:			
Breast Cancer & Reproductive Trace Screenings;			
Mgmt. Of Minor Reproductive Organ Infections, Screenings			
Intrapartum Care			
Attending Women in Uncomplicated Labor;			
Attending Spontaneous Delivery of infants in Vertex presentation from 37 to 42 weeks gestation			
Attending Spontaneous Delivery of infants in Vertex presentation less than 36 weeks with Physician Consultation			
Assisting w/Performance of Routine and Emergency Cesarean Sections			
Administering Local Anesthesia;			
Performing Episiotomy and Repair;			
Repairing Lacerations associated w/childbirth			
Performing Amniotome			
Performing Vacuum Extraction			
Newborn Care			
Routine Assistance to Newborns to Establish Respiration And maintaining Thermal Stability			
Routine Physical Assessment; including APGAR scoring			
Vitamin K administration			
Eye prophylaxis for ophthalmia neonatorum			
Postpartum Care			
Management of normal third stage of labor			
Administration of Pitocin, Hemabate, and Methergine after delivery of infant, when indicated			
Six weeks postpartum evaluation exam, and initiation of family planning			

	REQUESTED	APPROVED	Not Approved Approved w/ Restrictions
Prenatal Care			
Historical and Physical Assessment			
Supervising the use of prenatal vitamins, folic acid; iron and nonprescription medications			
Medication Administration			
Prescribing medications, as defined by the approved written standing protocol			

I understand that this listing delineates the full scope of clinical privileges to e granted to me by Scotland Memorial Hospital. No additional privileges may be granted.

_____ _____
Signature Date

I have reviewed the information relating to this applicant's clinical training and experience. The information submitted indicates that the applicant is qualified, by training and/or experience, to exercise the clinical privileges outlined above, within the provisions of the Medical Staff Bylaws.

_____ _____
Signature Date

_____ _____
Signature Date

_____ _____
Signature Date

_____ _____
Signature Date