

PRACTICE GUIDELINES/POSITION SUMMARY

NAME _____ DATE _____

PERSONNEL:	CERTIFIED NURSE MIDWIFE (CNM)
RESPONSIBLE PARTY: Arizona	Has an established relationship for consultation or referral and works in collaboration with an obstetrical physician who has an active, unrestricted license and full operative obstetrical privileges.
DEFINITION:	A Certified Nurse Midwife (CNM) is a registered nurse who has extended the limits of nursing practice to provide health care management to the antepartum, intrapartum, and postpartum periods of women.
LICENSURE/CERTIFICATION:	Licensed as a Registered Nurse Practitioner, as well as current certification as a Nurse Midwife by the State of Arizona. Certification by the American College of Nurse Midwives Current certification in adult and neonatal CPR by the American Heart Association and American Academy of Pediatrics. Prescribing and dispensing authority by the Arizona Board of Nursing. DEA license.
QUALIFICATIONS:	Education and credentials of Nurse-Midwife acceptable to State Board of Nursing to include: v Successful completion of a formal Midwifery course accredited by the American College of Nurse-Midwives. v Successful completion of Arizona State Board of Nursing Examination, or proof of waiver.
INSURANCE:	Proof of current and continuous malpractice insurance in the amount of \$1M/\$1M.
SUPERVISION: Nurse	Current competency shall be documented by direct observation of the collaborating physician; compliance with ACNM regulations for continued competency assessment and all legal requirements of the Arizona State Practice Act.

Prohibited Functions (including but not limited to):

- 1. Is not permitted to substitute for an attending or on-call physician for the Emergency Department.**

CERTIFIED NURSE MIDWIFE
Scope of Practice Form

Practitioner Name (Please Print) _____

Date _____

In addition to the scope of practice permitted a professional nurse, a registered nurse practitioner may perform the following acts in collaboration with a physician:

Requested	Procedures	Approved	Requested	Procedures	Approved
	Initiate entry into the Birthing Center			Administer and regulate medications	
	Manage the labor, delivery and postpartum period			Perform amniotomies	
	Order, perform and interpret laboratory, radiographic, and other diagnostic tests; screening of gross physical signs and symptoms and abdominal and pelvic examinations for obstetrical and gynecological evaluation			Perform episiotomy and repair lacerations using one or more local anesthetics	
	Identify, develop, implement, and evaluate a plan of care for the patient to promote, maintain, and restore health			Perform gross assessment of newborn at birth	
	Elicits and records obstetrical, health, family and psychosocial history.			1 st assist at C-Section and post-partum tubal ligation (documentation of training required)	
	Perform physical examination; excluding endoscopy			Other: _____ _____	
	Administer intravenous fluids				

Signature of Applicant _____

Date _____

As collaborating/sponsoring physician of the applicant, I understand it is my responsibility to ensure the applicant abides by the Medical Staff Bylaws, Rules and Regulations, and/or any policies and procedures established by the Hospital, and practices within the scope of his/her privileges.

Name of Collaborating/Sponsoring Physician (Please Print) _____

Date _____

Signature of Collaborating/Sponsoring Physician _____

APPROVALS:

Department Chairman/Representative _____

Date _____

Executive Committee
Date _____

Board of Directors
Date _____