

**CLINICAL PRIVILEGES - CERTIFIED NURSE MIDWIFE**

*AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.*

*PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.*

*ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.*

*DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges.*

**INSTRUCTIONS**

**APPLICANT:** In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect current capability and should not consider any known facility limitations. Sign and date the form. Forward the form to your Clinical Supervisor. *(Make all entries in ink.)*

**CLINICAL SUPERVISOR:** In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form. Forward the form to the Credentials Function. *(Make all entries in ink.)*

**CODES:** 1. Fully competent within defined scope of practice. *(Clinical oversight of some allied health providers is required as defined in AFI 44-119.)*  
 2. Supervision required. *(Unlicensed/uncertified or lacks current relevant clinical experience.)*  
 3. Not approved due to lack of facility support. *(Reference facility master privileges list.)*  
 4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

**CHANGES:** Any change to a verified/approved privileges list must be made in accordance with AFI 44-119.

NAME OF APPLICANT *(Last, First, Middle Initial)*

NAME OF MEDICAL FACILITY

**I. LIST OF CLINICAL PRIVILEGES - CERTIFIED NURSE MIDWIFE**

Request	Verified		Request	Verified	
		<b>A. CORE PRIVILEGES</b>			<b>B. CERTIFIED NURSE MIDWIFE (continued)</b>
		1. Take, evaluate, and record health histories			6. Manage labor, including amniotomy and use of fetal monitoring devices
		2. Perform standard <i>(nonflying)</i> physical examinations required to evaluate acute and/or chronic medical problems			7. Manage vaginal deliveries
		3. Order laboratory studies, radiological studies, electrocardiograms, and other diagnostic examinations			8. Manage immediate newborn care including resuscitation
		4. Collect specimens for laboratory or pathologic examinations to include Papanicolaou (Pap) smears			9. Manage patients collaboratively with the supervising physician when the patient's course deviates from normal including the use of antepartum oxytocics, tocolytics, and pre-eclampsic/eclampsic medications
		5. Analyze and interpret data, formulate problem lists, and establish management/treatment plans			
		6. Initiate consultation requests to specialists and other health professionals to include physical therapists, occupational therapists, dietitians, etc.			
		7. Diagnose, treat, and manage acute episodic and chronic illness occurring in women; referring patients when disease process exceeds provider scope of training			10. Conduct unwanted pregnancy counseling
		8. Counsel patients and families about current health status, illness, health promotion, and disease prevention activities			11. Perform initial infertility evaluations
		9. Prescribe non-pharmacological and pharmacological agents to include Schedule II-V controlled substances within the scope of practice			12. Counsel/assist new parents with newborn feeding techniques
		10. Initiate temporary profiles not to exceed 90 days			13. Counsel women on family planning techniques
		11. Admit and discharge quarters patients for period up to 72 hours			14. Instruct appropriate groups in health matters such as pregnancy, childbirth, family planning, care of newborn, child rearing, menopause, cancer detection, disease prevention, health maintenance, and use of community resources
		12. Assist physicians in performing procedures			
		<b>B. CERTIFIED NURSE MIDWIFE</b>			
		1. Perform primary healthcare of women throughout the reproductive years focused primarily on, but not limited to, reproductive health			
		2. Admit and discharge patients; discharge privileges limited to those patients meeting the criteria for nurse midwifery management			
		3. Manage women independently throughout the maternity cycle as long as process is deemed normal as defined by current prenatal standards of practice			<b>C. PROCEDURES</b>
		4. Utilize consultation, collaborative management, or referral for maternity patients whose course deviates from normal protocols			1. Local and pudendal anesthesia
		5. Order and interpret prenatal assessment of fetal well-being to include non-stress testing, contraction-stress testing, and amniotic fluid index			2. Episiotomy and repair
					3. Laceration repair including cervical, vaginal, and perineal/labial lacerations
					4. Repair of third and fourth degree lacerations
					5. First surgical assistant for Cesarean deliveries
					6. Limited ultrasound to include fetal viability, amniotic fluid index, placental localization, fetal lie
					7. Emergency care/administration of medications per neonatal resuscitation program protocols
					8. Contraceptive device insertion and removal
					a. Diaphragm
					b. Intrauterine device (IUD)
					c. Subcutaneous contraceptive rods
					d. Vaginal contraceptive rings
					e. Cervical caps
					9. Endometrial biopsy
					10. Endocervical curettage

I. LIST OF CLINICAL PRIVILEGES - CERTIFIED NURSE MIDWIFE (Continued)			
Requested		Requested	
	<b>C. PROCEDURES (continued)</b>		<b>D. ADVANCED PROCEDURES (continued)</b>
	11. Destruction of vulvar and perineal lesions		6. Excision of perineal/vulvar lesion
	12. Wound care, debridement, and suturing		7. Incision and drainage of minor lesion
	13. Emergency care/administration of medications per advanced cardiac life support (ACLS) protocol		8. Punch biopsy of skin
			9. Circumcision
	<b>D. ADVANCED PROCEDURES</b>		10. Cryotherapy
	1. Outlet vacuum-assisted vaginal deliveries		<b>E. OTHER (Specify):</b>
	2. First trimester dating ultrasound		1.
	3. Biophysical profile		2.
	4. Colposcopy		3.
	5. Cervical biopsy		4.
SIGNATURE OF APPLICANT			DATE
<b>II. CLINICAL SUPERVISOR'S RECOMMENDATION</b>			
<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION <i>(Specify below)</i> <input type="checkbox"/> RECOMMEND DISAPPROVAL <i>(Specify below)</i>			
SIGNATURE OF CLINICAL SUPERVISOR (Include typed, printed, or stamped signature block)			DATE