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I. **Population:**

Women across the lifespan

II. **Indications:**

Gynecology, primary care, antepartum, intrapartum and postpartum care of women.

III. **Definitions:**

The Division of Midwifery and Advanced Practice Nursing in the Department of Obstetrics and Gynecology at Vanderbilt is a group of faculty appointed nurse practitioners and nurse midwives that practice interdependently, consulting, collaborating with and referring to board-certified obstetrician/gynecologists and other health care professionals (e.g., physician in another specialty, nurse practitioner or nurse midwife, social worker, nutritionist) as indicated by the woman’s condition and the expertise of the individual nurse practitioner and/or nurse midwife. The purpose of these guidelines is to standardize certain aspects of obstetrical and gynecological management among the group by describing suggested parameters for practice. Such standardization does not negate individual practitioner styles, physician input, professional judgment, or individualization of care; rather, it provides for continuity and comprehensiveness of care in a complex health care system.

We value our relationship with medical colleagues and support the concepts of consultation, collaboration, and referral as defined and supported by the certifying bodies that govern our practice. We value our relationship with nursing and other health care colleagues, and respect their contributions to the care and health of our clients. We value a collegial relationship with each other, and we support practices that promote continuity of care and personal and professional growth.

**Definitions**

Consultation: the process whereby the NP or CNM seeks the advice of another health care professional. In general, when a consultant’s advice is solicited, the ultimate plan of care will be negotiated and a mutually-agreed upon plan is developed. This plan is documented in the medical record. Selected conditions for which medical consultation is
suggested are listed in the practice guidelines. NPs and CNMs may also consult with another NP or CNM with specialty certification or expertise in a particular area. These consultations are also expected to be documented in the patient’s medical record. Following consultation, the patient may remain in the NP or CNMs care with care managed by the NP or CNM; the patient may remain in the NP or CNM caseload with care managed collaboratively by the NP or CNM and the other health care provider; or, the patient’s care may be transferred to another provider permanently or temporarily.

**Collaboration:** the process whereby multiple health care providers jointly manage the care of a patient. A physician or other provider may manage specific aspects of the woman’s care while the NP or CNM manages aspects that are within their scope of practice according to a plan jointly developed and mutually agreed upon during a consultation. Collaborative management is documented in the medical record.

**Referral:** the process by which the NP or CNM directs the patient to another health care professional for management. Referral may be temporary, with the woman transferred back to the NP or CNM care after resolution of the problem, or it may be permanent, with the woman remaining under the care of the physician to whom she was referred. Referral to medical management is documented in the medical record. The NP or CNM may remain involved in aspects of the woman’s care that are in the scope of practice as desired by the patient, the physician, and the NP or CNM.

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**IV. Assessment:**

History, review of systems and physical examination as indicated

**V. Diagnostic Data:**

**A. For Gynecology & Primary Care:**

1. Laboratory and diagnostic studies, as appropriate
   a. Wet mount
   b. Gonorrhea testing
   c. Chlamydia testing
   d. Herpes culture
   e. Urinalysis and/or culture
   f. Thyroid function
   g. Blood chemistry
   h. Complete Blood Count
   i. Lipid profile
   j. HIV testing
   k. Pregnancy tests, including urine or serum, qualitative or quantitative
   l. Hormone assays
   m. Pap smear
n. Reflex HPV DNA test
o. Hemoccult
p. Others as indicated

2. Diagnostic studies/procedures
   a. Mammography
   b. Ultrasonography
   c. Bone density
   d. Colonoscopy
   e. X ray
   f. Colposcopy
   g. Urodynamic testing
   h. Biofeedback
   i. Biopsy
   j. Others as indicated

B. For Antepartum Management:
   1. Routine labs:
      a. Complete Blood Count with differential and platelet count
      b. ABO and Rh
      c. Antibody screen
      d. Rubella titer
      e. RPR
      f. Pap smear (if indicated)
      g. Hepatitis B Surface Antigen
      h. Urine culture
      i. HIV testing
      j. GenProbe for chlamydia and gonorrhea
      k. Group B Strep cultures as indicated between 35-37wks
      l. Hemoglobin A1C
      m. Others as indicated by changes in standard of care

   2. Other labs or diagnostics as indicated
      a. Herpes culture or serum antibodies
      b. Hemoglobin electrophoresis
      c. Tay Sachs, Cystic fibrosis, or other genetic screening
      d. 1st trimester screening, AFP, Quad screening or other genetic screening
      e. Thyroid function tests
      f. Urine or serum pregnancy tests, quantitative or qualitative
      g. Microscopic examination of vaginal secretions
      h. Urinalysis and culture
      i. 50 gram glucose 1 hour diabetes screen
      j. Ultrasonography
      k. Fetal surveillance
      l. Other tests as indicated
VI. Differential Diagnosis:

- Primary care management
- Well woman preventative care
- Preconception care
- Contraceptive management
- Post-menopausal management
- Pregnancy management
- Labor and delivery management (CNM specific)
- Postpartum management

VII. Goal(s) of Treatment:

- Age-Specific health promotion and disease prevention
- Identification and management of deviations from normal

VIII. Intervention/Treatment:

Gynecology/Primary care:

A. List specific interventions and treatments:

- Hormonal contraception
- Diaphragm and cervical cap
- Intrauterine contraceptive devices
- Implanon insertion after completed training
- Spermicides, condoms
- Instruction in natural family planning
- Counseling regarding sterilization
- Individual and family readiness for pregnancy, including emotional, psychosocial and sexual factors
- Health, family and genetic history
- Environmental and occupational factors, health habits, and behavior
- Health and laboratory screening as indicated
- Counseling on post and perimenopausal symptoms
- Hormone replacement therapy
- Others as the standard of care changes in Gynecology or primary care

B. Criteria for when to consult physician:

- Serious infection or infection unresponsive to medication
Abnormal endocrine function
Abnormal uterine bleeding of undetermined etiology
Suspected ectopic pregnancy
Pelvic pain unresponsive to initial treatment
Condition with potential need for surgical intervention
Other conditions as identified by the NP or CNM

Deviations from normal in the following areas may be managed by consultation or referral from the NP/CNM to a physician or other provider
a. Cardiovascular and hematologic
b. Dermatologic
c. Endocrine
d. Eye, ear, nose and throat
e. Gastrointestinal
f. Mental health
g. Musculoskeletal
h. Neurologic
i. Respiratory
j. Renal
k. Reproductive

Antepartum Care:

A. **List specific interventions and treatments:**
   1. Nutritional assessment and teaching, including prescription for prenatal vitamins with folic acid and iron
   2. Orientation to the practice and the role of the NP or CNM during pregnancy, labor and birth.
   3. Schedule of return visits per the Women’s PCC-Ambulatory Services Evidence Based Protocol and Policy: Prenatal visit pattern, Content and Guidance for low-risk patients (appendix1) or into Centering Pregnancy
   4. Identification of actual/potential problems
   5. Anticipatory guidance and teaching
   6. Discussion of quad screen, ultrasound, or genetic testing/counseling as indicated based on maternal age, ethnicity, family history
   7. Return Office Visits may include but are not limited to:
      a. Interim history
      b. Blood pressure, weight
      c. Urine dipstick when indicated
      d. Assessment of uterine growth
      e. Fetal Heart Tones and fetal movement
      f. Fetal presentation
      g. Size-dates assessment
      h. Additional lab work as indicated
Additional fetal surveillance as indicated.
   a. Ultrasound
   b. Non-stress test
   c. Biophysical profile
   d. Oxytocin challenge or contraction stress test
   e. Doppler flow studies

B. Criteria for when to consult a physician

1. Chronic, pre-existing medical conditions
   a. Cardiac disease
   b. Severe asthma
   c. Diabetes
   d. Liver or renal disease
   e. Unstable hypertension
   f. Thromboembolic disease (or history of)
   g. Epilepsy
   h. Current drug/alcohol abuse
   i. Systemic lupus erythematosus or other collagen vascular disease
   j. Other medical conditions as determined by NP or CNM

2. OB history
   a. Incompetent cervix
   b. Rh or other antibody sensitization
   c. Prior pregnancy with genetic or birth defect
   d. History of cesarean section
   e. Fetal demise >20 weeks gestation

3. Current pregnancy
   a. Unstable gestational diabetes
   b. Pre-eclampsia or hypertension
   c. Multiple gestation
   d. Frank vaginal bleeding
   e. Refractory hyperemesis
   f. Documented fetal growth abnormality
   g. Fetal demise
   h. Breech at 36 weeks or later
   i. Non-reassuring fetal testing or abnormal fetal heart rate
   j. ≥42 completed weeks
   k. Preterm labor
   l. Preterm premature rupture of membranes (<37 weeks)
   m. Urinary Tract Infection unresponsive to antibiotic therapy
   n. HIV positive
   o. Platelets <100,000
   p. Other conditions as indicated
Intrapartum Management (CNM specific)

A. List specific interventions and treatments:

The CNM may perform or order the following:

1. Admission and discharge of patients
2. History, review of systems, and physical examination
3. Assessment and management of labor
   a. Lab tests
   b. Ultrasound
   c. Fetal monitoring, including internal and external fetal and uterine devices
   d. Hydration
   e. Activity
   f. Pain management
4. Management of dysfunctional labor – may include
   a. Amniotomy
   b. Oxytocin augmentation
5. Management of induction/cervical ripening
   a. Prostaglandins, including misoprostol (Cytotec)
   b. Foley bulb
   c. Oxytocin
   d. Amniotomy
6. Amnioinfusion
7. Spontaneous vaginal deliveries with infant in cephalic presentation
   a. Administration of local or pudendal anesthesia
   b. Episiotomies and repair
   c. Repair of lacerations
   d. Delivery of placenta
8. Manual removal of placenta
9. Manual exploration of the uterus

B. Criteria for when to consult (or notify upon admission) a physician:

1. Pre-existing medical conditions
2. Previous Cesarean Section desiring vaginal birth (VBAC)
3. Malpresentation
4. Multiple gestation
5. Fetal demise
6. Preterm labor
7. Abnormal vaginal bleeding
8. Non reassuring fetal heart rate patterns
9. Fever 100.4 or above
10. Indication for instrumental or surgical delivery
11. Extensive lacerations as needed
12. Post-partum hemorrhage
13. Pre-eclampsia
14. Retained placenta
15. Thick meconium-stained fluid (peds)
16. Regional anesthesia (anesthesia)

**Postpartum Management**

**A. List specific interventions and treatments:**

The NP or CNM may perform or order the following

1. Lab tests as indicated
2. Activity and diet
3. Medications
4. Lactation support
5. Breast care for breastfeeding and bottle feeding mothers
6. Perineal care
7. Family planning counseling and contraceptive management
8. Anticipatory guidance on postpartum adjustment and follow-up including postpartum depression screening
9. Discharge

**B. Criteria for when to consult a physician:**

1. Chronic medical conditions
2. Fever (T>100.4)
3. Abnormal bleeding not responsive to medication
4. Hypertension
5. Symptomatic anemia
6. Abnormal postoperative course
7. Others as indicated

**IX. Complications**

Complications for Gynecology, Primary Care, Antepartum, Intrapartum & Postpartum are included in “Criteria for when to consult a physician”

**X. Medications by Formulary**

May prescribe selected medications appropriate to patient’s condition as allowed under Tennessee’s Advanced Practice Nurse prescriptive authority regulations. See Appendix A: Formulary.
XI. References


Jones and Bartlett Publishers.


Appendix A: FORMULARY

NPs and CNMs may prescribe from the following categories of medications, including controlled agents in Schedules II-V. Each NP and CNM in the Division of Midwifery and Advanced Practice; Department of OBGYN have submitted a signed Notice and Formulary to provider support services and to the State of Tennessee. Each NP and CNM has a DEA number as required for prescribing privileges in the State of Tennessee.

- Analgesics
- Anesthetics
- Anticoagulants
- Anticonvulsants
- Antidepressants
- Antiemetics
- Antihistamines, H1 and H2 blockers
- Anti-hypertensives
- Anti-infectives
- Anti-inflammatory Agents
- Antispasmodics and Anticholinergics
- Antivirals
- Autonomic Drugs
- Blood Derivatives
- Blood Formation and Coagulation
- Bronchodilators
- Cardiovascular Drugs
- Central Nervous System Drugs
- Contraceptive Drugs and Devices
- Diabetic Agents
- Electrolytic, Caloric, and Water Balance Preparations
- Expectorants and Cough Preparations
- Eye, Ear, Nose and Throat preparations
- Gastrointestinal Drugs
- Hormones and Synthetic Substitutes
- Hypolipidemics
- Migraine Preparations
- Muscle Relaxant Preparations
- Narcotic Antagonists
- Oxytocics
- Psychotropics
- Serums, Toxoids, and Vaccines
- Skin and Mucous Membrane Preparations
- Smoking Cessation Aids
- Smooth Muscle Relaxants
- Spasmolytic Agents
- Vitamins