SON-CNM Clinical Practice Guidelines

Format for communication goals:

There are essentially Four main types of MD communication:

- **notification** (an FYI)
  - letting the MD staff know what is going with a particular patient in case assistance is needed in the future; to help MD staff anticipate potentially emergent situations
  - Cosigned progress notes are not needed for “notifications”

- **consultation** (seeking advice)
  - You seek advice re: management of client with a specific issue that falls outside of normal.
  - CNM note detailing the conversation should be **cosigned** by the Attending MD

- **collaboration** (procedures, hands on help, etc).

- **referral** (transfer of care, CNM will social round)
  - CNM decides that the complexity or acuity requires a transfer of care and documents when the hand off occurred
  - MD Attendings need to be aware that CNMs may have differing “comfort levels” and should not be questioned (as in, “Well midwife x handled a case similar to this last week”)

CNM IP guidelines for MD involvement:

**Intrapartum Care**

A. **CNM Responsibilities**

1. Assessment, admission, and discharge of patients

2. Documentation of patient care
   - **History and physical, progress notes, delivery summary**
   - **Orders**

3. Evaluation and management of labor
   - **Lab tests, as indicated**
   - **Limited Obstetrical Ultrasound (if credentialed)**
   - **Fetal monitoring, including internal and external fetal and uterine devices**
   - **Hydration (intravenous or oral)**
   - **Activity**
   - **Maternal coping ability and pain management**
   - **Labor support**
h. Pattern and progress of labor
i. Maternal vital signs
j. Urinary function

4. Immediate newborn care, including resuscitation and consultation as indicated.

5. Initiate breastfeeding support, when appropriate.

6. Immediate emergency interventions when indicated
   (e.g. shoulder dystocia, postpartum hemorrhage, prolapsed cord, fetal stress).

7. Physician consultation and/or referral to physician management, as indicated.

B. Intrapartum Scope of Practice
   1. Conditions requiring notification of Physician consultant or designee
      a. Previous Cesarean Section in patient desiring trial of labor
      b. Intrauterine fetal demise
      c. Gestational age 35 0/7 weeks to 36 6/7 weeks
      d. Prolonged active second stage
      e. Abnormal vaginal bleeding
      f. Chorioamnionitis
g. Meconium-stained fluid (PEDIATRICS)
h. Patient desiring regional anesthesia (ANESTHESIA)
i. Dysfunctional labor not responsive to intervention
j. Other intrapartum abnormalities as determined by the nurse-midwife

2. Conditions requiring **consultation** with Physician consultant or designee
   a. Persistent, category II & III fetal heart rate patterns as indicated
   b. Post-partum hemorrhage, unresponsive to initial interventions
   c. Pre-eclampsia

3. Conditions requiring **collaborative management** with Physician consultant or designee
   a. Maternal cardiac disease or arrhythmia
   b. Retained placenta
   c. Maternal hyperglycemia, requiring insulin infusion
   d. Indication for operative vaginal delivery
   e. HELLP syndrome
   f. Diagnosis of labor with gestational age 32 0/7 weeks to 34 6/7 weeks
   g. Non-vertex presentation
   h. Abruptio placenta
   i. 3rd or 4th degree laceration

4. Conditions requiring **referral** to Physician consultant or designee
   a. Placenta previa
   b. Diagnosis of labor with gestational age less than 32 0/7 weeks
   c. Eclampsia
   d. Disseminated Intervascular Coagulation (DIC)
   e. Maternal Cerebral Vascular Accident
   f. Maternal Thromboembolic Event
   g. Indication for Surgical Delivery