 <p>LA ALIANZA • THE ALLIANCE CENTRAL CALIFORNIA ALLIANCE FOR HEALTH</p>	POLICIES AND PROCEDURES
Policy #: HS 3.56	Lead Department: Health Services
Title: Nurse Midwife Guidelines	
Original Date: February 1996	Last Revision Date: October 2008
Approved by: Barbara Flynn, RN	
Applies to: All Lines of Business	

Policy Objective:


To delineate the guidelines for practice of Nurse Midwives within the scope of services provided by Central California Alliance For Health.

I. DEFINITIONS

- A. Nurse Midwife, by definition, shall be currently certified by the California Board of Registered Nurses to attend cases of normal childbirth, to provide prenatal, intrapartum, and postpartum care, including family planning care for the mother and immediate care for the newborn, and otherwise to practice midwifery.

II. NURSE MIDWIFE GUIDELINES

- A. The practice of midwifery constitutes the assistance by a nurse midwife, under the supervision of a physician, of a woman in childbirth so long as the medic situation meets criteria accepted as normal. All complications shall be referred to a physician immediately.
- B. The nurse midwife is able to assume responsibility for the management of normal pregnant women whose medical, surgical and post-obstetrical history and present health status reveal no conditions that would adversely influence the patient's course of pregnancy or be unfavorably affected by it. Such management includes:
 - 1. Observation, assessment and treatment of patients according to approved protocols.
 - 2. Implementation of selected protocols to establish a diagnosis
 - 3. Management of selected deviations from normal when the diagnosis is clear with a predictable outcome.
- C. During the course of care, the nurse midwife will consult with the physician when deviations from normal arise and a course of action is not already specified in the standardized protocol. If a condition requires frequent and/or continuing management by a physician, but certain aspects of care remain within the scope of nurse midwifery management, a situation of collaborative management exists. Under collaborative management, all patients will be followed by both the physician and the nurse midwife. The nurse midwife may institute those standardized nurse midwifery protocols that do not conflict with the aspect of care

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under the physician's management. Thus, collaborative management requires careful communication between the nurse midwife and the physician, who assumes responsibility for overall provision of that care.

- D. When a patient develops a condition which requires management by a physician, she is transferred to physician management for antepartum, intrapartum, and/or postpartum care. Orders should then be communicated directly between the obstetrician and the nurse in charge. The nurse midwife should continue to provide supportive care. The conditions that warrant medical management include, but are not limited to:
1. Hypertension, severe pre-eclampsia
 2. Malpresentation (breech, brow, face, abnormal lie, etc.)
 3. Dysfunctional labor
 4. Third stage hemorrhage or retained placenta
 5. Multiple gestation
 6. Preterm labor
 7. Fetal demise
 8. Prolapsed cord
 9. Fetal distress
 10. Rh Sensitization
 11. Cardiac disease
 12. Chronic renal disease
 13. Thrombophlebitis
 14. Diabetes mellitus, class A2 or greater
 15. No prenatal care
 16. Lacerations: 3rd or 4th degree must be inspected and repaired or supervised by the physician but may remain under midwife care
 17. Need for maintenance psychoactive drugs
 18. Acute bronchospasm
 19. Conditions agreed upon by physician and nurse midwife to be beyond the scope of midwifery practice.
- E. The supervising physician will provide supervision as required by the Nurse Practice Act and will provide consultation when needed or requested by the midwife. The supervising physician will assume intrapartum management or co-management of those women whose conditions are beyond the scope of midwifery practice. The supervising physician will countersign all orders written by the midwife within twenty-four (24) hours and will provide coverage when the



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midwife is unavailable. Consultation by the supervising physician must be available at all times, either by physical presence or electronic communication.

References: CCR Title 22 Section 51345
 Medi-Cal Contract Exhibit A, Attachment 9

Review Date	Revised Date	Approved By
December 1998	December 1998	Barbara Flynn, RN
July 2000	July 2000	Barbara Flynn, RN
July 2002	July 2002	Barbara Flynn, RN
July 2006	July 2006	Barbara Flynn, RN
October 2008	October 2008	Barbara Flynn, RN