ANMC Certified-Nurse Midwife Practice Guideline

Approved by the ANMC MCH CCBG October 4, 2017

1. Purpose of Certified Nurse-Midwife (CNM) Practice Guideline

1.1. The purpose of this practice guideline is to provide guidance for Midwifery practice at the Alaska Native Medical Center (ANMC). These guidelines have been developed from 1.) Position Statements from established organizations such as the American College of Nurse-Midwives (ACNM), the American College of Obstetricians and Gynecologists (ACOG), and the Guidelines for Perinatal Care (American Academy of Pediatrics and ACOG) and 2.) Core Competencies for Basic Midwifery Practice. The Certified Nurse-Midwife Practice Guideline recognizes that obstetric care providers have a different range of skills. Situations will arise in which clinical decisions will differ from these guidelines. In these situations, it is necessary to clearly document the justification for clinical judgment and ongoing provision of care in the patient's medical record.

2. Definition of Certified Nurse-Midwife and Midwifery Practice

2.1. Credentials of a CNM at ANMC include meeting the State of Alaska Statutes & Regulations Nursing (12 AAC 44.400) to authorize practice as an Advanced Practice Registered Nurse (APRN), which include:

2.1.1. Formal accredited graduate educational course of study in nurse midwifery.
2.1.2. Current license to practice as a Registered Nurse in Alaska.
2.1.3. Current license to practice as a APRN in Alaska.
2.1.4. Successful completion of a formal, accredited education program and documentation of 30 hours of continuing education every 2 years.
2.1.5. Current national certification by the American Midwifery Certification Board
2.1.6. CNMs at ANMC receive privileges through the ANMC Medical Staff Bylaws, Rules and Regulations as associate staff of the Obstetrics & Gynecology service center, and as such the Obstetrics & Gynecology Medical Director and Certified Nurse Specialist provide oversight of clinically related activities and professional performance.

2.2. Practice of Certified Nurse-Midwives

2.2.1. Clinical practices and models of care may vary according to customer needs and values and that health care can be safely and effectively delivered through a variety of practice models. The safety principles acknowledged in this guideline transcend such individual variation in practice and define common principles for midwives to follow in an ongoing commitment to provide safe and effective care. CNMs should remain current in their knowledge of best practice recommendations to ensure the delivery of safe, timely, effective, efficient, family-centered, and equitable care.
2.2.2. CNMs practice the principles of customer safety when they provide care in order to decrease errors in the health care system. CNM care should be based on scientific knowledge about best practice and interdisciplinary team

communication is a fundamental aspect of customer care. CNMs should actively involve customers and their families in care that contributes to safe practice and CNMs should participate in quality management programs to increase safety.

2.2.3. Midwifery practice is the independent management of women's health care, focusing on antepartum, intrapartum, and postpartum periods; care of the newborn up to 28 days, and contraceptive and gynecologic needs of patients from adolescence through post menopause. The CNM will provide health care through observation, assessment, management according to approved ANMC clinical guidelines and medical staff privileges. ANMC health care system provides for consultation, collaborative management, or referral, as indicated by the health status of the customer. In the health care of women, there are situations in which deviations from normal will occur in which the CNM can consult, collaborate, or refer. In situations where collaborative care is appropriate, the CNM may manage by approved ANMC guidelines or consult with a physician for management.

2.2.3.1. Consultation- the process whereby a CNM who maintains primary management responsibility for the patient's care seeks the advice or opinion of a physician or another member of the health care team. After consultation, a mutual decision for the customer to remain under CNM management will be documented in the patient's medical record.

2.2.3.2. Collaboration (co-management)- is the process whereby a CNM and physician jointly manage the care of a patient who has become medically, gynecologically or obstetrically complicated. The scope of collaboration may encompass the physical, mental, and emotional care of the customer, according to a mutually agreed-upon plan of care. Effective communication between the CNM and physician is essential for ongoing collaborative management and clear documentation of this agreement of care will be documented by both providers.

2.2.3.3. Referral- is the process by which the CNM directs the client to a physician or another health care professional for management of a particular problem or aspect of the client's care. When care of a patient is transferred to the physician, the CNM may continue to participate in physical, mental, and emotional care, counseling, guidance, teaching, and support of the patient and family. The physician accepting the customer for care will document their acceptance, status of the customer, and plan of care in the customer's medical record. The customer may be referred into the CNM's care at any time that the condition resolves or becomes appropriate for collaborative management.

2.2.4. According to the ACNM, primary health care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing most health care needs, developing a sustained partnership with patients, and practicing within the context of family and community. At ANMC, CNMs provide outpatient services in PCC, OBGYN, VNPCC, and rural clinics. Inpatient services are provided at ANMC. This CNM Practice Guideline is meant to serve as a general framework. Additional clinical practice guidelines for individual conditions are available and outline specific steps for evaluation, diagnosis, and treatment. In this collaborative practice, CNMs may request physician consultation, collaboration, or referral for any patient they view to be out of their scope of practice, personal expertise, or experience level. They may also request physician support when patient volume exceeds their ability to safely care for patients that are within their scope of practice.

2.2.5. In the inpatient setting, CNMs and physicians must work as a team and communicate effectively, utilizing the TeamSTEPPS™ model, especially when unit census and/or acuity increase. Communication should be open when identifying need for workload division, need for additional provider staff, managing unit census with ANMC Nursing Leadership, and/or other need.

3. Quality Management

3.1. Midwifery care is based upon knowledge, skills, and judgments which are reflected in written practice guidelines and are used to guide the scope of midwifery care and services provided to customers. At ANMC, CNMs participate in QM processes that guide the evaluation of practice, identify, and resolve problems, and establish care standards that optimize the outcomes for women, newborns, midwives, physicians, and other healthcare professionals involved with women's health care. In accordance with ACNM recommendations, all CNMs will be involved and incorporate key components of QM into their practice to include:

3.1.1. Ability to delineate and demonstrate appropriate scope of practice, use of practice guidelines, and parameters of independent, consultative, collaborative and referral of care.

3.1.2. Participate in MCH emergency simulations, TeamSTEPPS™ training, and OPPE activities.

3.1.3. Participation in Quality Assurance reviews to include but not limited to documentation methods, monitoring systems, and procedural and outcome indicators as they relate to established benchmarks and standards of care.

3.1.4. Practice review through peer review and the assessment and evaluation of midwifery practice by other midwives.

3.1.5. Participate in clinical practice review such as the evaluation of employee and customer satisfaction, use of medical technology and interventions, application of ANMC clinical care guidelines, and recommended evidence-based practice standards.

References:

American College of Obstetricians and Gynecologists, American Academy of Pediatrics. Guidelines for Perinatal Care, 8th edition, (2017). (Accessed 11/24/23)

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ACNM Position Statement: *Creating a Culture of Safety in Midwifery Care* (Feb 2016). (Accessed 11/24/23)
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ACNM Position Statement: *Joint Statement of Practice Relations between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives* (Apr 2018). (Accessed 11/24/23)
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Appendix: Examples of Conditions for Consultation, Collaboration, or Referral to Physician*

- Previous uterine scar/surgery
- Trial of labor after cesarean
- Severe preeclampsia
- Malpresentation after 37 weeks
- Placental abnormality >32 weeks

- Significant medical co-morbidities
- Poorly controlled medical conditions such as diabetes or asthma
- PPROM or Preterm Labor <34 weeks
- Transports in to ANMC from other facilities
- Significant 2nd or 3rd trimester bleeding
- Trauma with maternal injury, contractions or bleeding
- Multiple gestation
- Cerclage management and removal
- Concerns regarding fetal heart tracings
- Fetal demise
- Pyelonephritis
- Antepartum obstetric admission or observation
- Vacuum assisted vaginal delivery
- Forceps assisted vaginal delivery
- Cesarean delivery
- Endometritis or wound complications
- Arrest of dilation or arrest of descent
- 3rd or 4th degree laceration or significant obstetric laceration
- Ectopic pregnancy
- Molar pregnancy

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