

Registered Midwife Clinical Privileges

Name: _____

Effective from ____/____/____ to ____/____/____

Initial privileges (initial appointment) Renewal of privileges (reappointment)

All new applicants must meet the following requirements as approved by the governing body, effective: June 4, 2013.

Applicant: Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation for a proper evaluation of current skill, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges. Please provide this supporting information separately.

[Department/Program Head or Leaders/ Chief]: Check the appropriate box for recommendation on the last page of this form and include your recommendation for any required evaluation. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Current experience is an estimate of the level of activity below which a collegial discussion about support should be triggered. It is not a disqualifier. This discussion should be guided not only by the expectations and standards outlined in the dictionary but also by the risks inherent in the privilege being discussed and by similar activities that contribute to the skill under consideration. This is an opportunity to reflect with a respected colleague on one's professional practice and to deliberately plan an approach to skills maintenance.

Other requirements

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Note: The dictionary will be reviewed over time to ensure it is reflective of current practices, procedures and technologies.

Registered Midwife Clinical Privileges

Grandparenting: Physicians holding privileges prior to implementation of the dictionary will continue to hold those privileges as long as they meet currency and quality requirements.

Definition: A midwife is a primary health care professional who is responsible and accountable to provide women with the necessary support, care, and advice during pregnancy, labour and the postpartum period, to conduct births and provide care for mothers and newborns up to three months postpartum. The scope of care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the management of certain low to moderate risk situations and the accessing of medical care based on College's [Indications for Discussion, Consultation and Transfer of Care](#) and carrying out of emergency measures. A midwife practices in the home, community, hospitals, clinics, or health units.

The scope of midwifery practice is outlined at <http://www.cmbc.bc.ca>

Qualifications for Midwifery

Initial privileges: To be eligible to apply for medical staff (midwifery) privileges the applicant must meet

the following criteria:

- Is a graduate of a midwifery education program approved by the College of Midwives of British Columbia (CMBC)
- Be eligible for registration as a midwife

by the CMBC OR

Be eligible to be registered as a midwife by the CMBC by virtue of credentials earned elsewhere that are acceptable to both the CMBC and the governing body of the Health Authority and its Affiliate(s).

Required current experience: Must maintain active practice requirements with College of Midwives of British Columbia

AND

Experience must correlate to the privileges requested.

Renewal of privileges: To be eligible to renew privileges as a Midwife, the applicant must meet the following criteria:

Must be registered with the College of Midwives. Must demonstrate ongoing compliance with Medical Staff Bylaws and Rules.

Registered Midwife Clinical Privileges

Maintain an adequate volume of experience (18 deliveries (home or hospital) for the past 36 months) and demonstrate current skill based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Complete a program approved by the College of Midwives of BC OR complete five deliveries under supervision another midwife or member of the medical staff holding the privilege.

Core Privileges: Midwifery

Core privileges are offered to ALL members in the discipline as long as the facility can support those activities.

Requested

Admitting and discharge of a woman or her infant for the purpose of primary care in antepartum, intrapartum and the postpartum period. Order and interpret results of screening and diagnostic tests; prescribe, order and administer pharmaceuticals, conduct births and care for newborns; carry out basic life support and other emergency measures. Identify complications and consult with other members of the medical staff as appropriate.

Core Procedures List

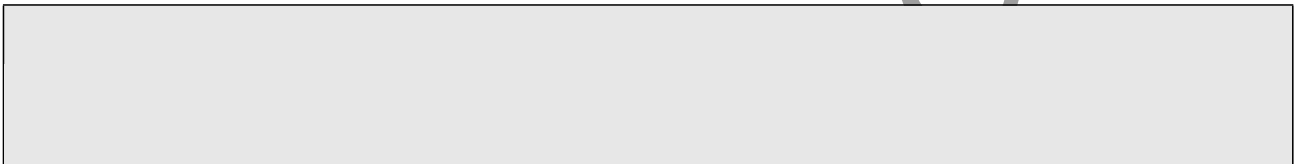
This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty at this organization would competently perform, and inherent activities/procedures/privileges requiring similar skill sets and techniques.

To the applicant: If there is a procedure you wish to NOT perform, then please type into the *Comments* field.

- Write orders and prescribe and or administer pharmaceuticals
- Administer medication prescribed by a physician in consultation
- Perform history and physical examination
- Request consultations from other members of the medical staff.
- Assess and manage labour
- Assess fetal heart tones by auscultation and electronic means including application of scalp electrodes
- Perform an episiotomy
- Assist and support the spontaneous vaginal birth of the baby and placenta

Registered Midwife Clinical Privileges

- Repair lacerations and episiotomies
 - Manage obstetrical emergencies including postpartum hemorrhage, shoulder dystocia
 - Perform immediate newborn assessment and manage ongoing care of the well newborn
 - Perform neonatal resuscitation
 - Manage postpartum complications



Non-core Privileges: Monitoring epidural pain relief in labour

Requested

The appropriately certified midwife is responsible for the monitoring of the woman while an epidural is working and is responsible to notify the anesthesiologist if concerns arise. This is normally a nursing function.

Initial privileges: Initial applicants must qualify for and be granted core privileges as a Midwife. The department head must verify the midwife's experience/skill or provide an appropriate orientation before recommending this non-core privilege. The CMBC has a document entitled *Recommendation for Midwife Certification for Care of Women Receiving Epidural Pain Relief in Labour* which may be of assistance to the department head or chief of staff.

Renewal of privilege: The monitoring of 15 epidurals in the past 36 months and demonstrated current skill based on results of ongoing professional practice evaluation and outcomes.

Return to practice: The College of Midwives of BC recommends recertification where a midwife has monitored fewer than 5 epidural over the preceding 12 month period.

Non-core Privileges: Acupuncture use in labour and in the immediate postpartum

4

Registered Midwife Clinical Privileges

Requested

Midwives with certification by the CMBC in acupuncture may insert acupuncture needles for pain relief.

Initial privileges: Initial applicants must qualify for and be granted core privileges as a Midwife. Specialized practice certification in acupuncture obtained through a course or program established or approved by the CMBC.

Renewal of privilege: The management of 3 acupuncture treatments in the past 12 months and demonstrated current skill based on results of ongoing professional practice evaluation and outcomes.

Return to practice: The College of Midwives of BC recommends recertification where a midwife had managed fewer than 3 acupuncture treatments over the preceding 12-month period, unless she has significant prior experience.

Non-core Privileges: Surgical first assist for cesarean section

Requested

Experienced midwives with certification in surgical first assist for cesarean section may attend an operative birth as the first assist

Initial privileges: Initial applicants must qualify for and be granted core privileges as a Midwife. Specialized practice certification in surgical first assist for cesarean section obtained through a course or program established or approved by the CMBC.

Renewal of privilege: The performance of 2 surgical first assists for cesarean section in the past 12 months and demonstrated current skill based on results of ongoing professional practice evaluation and outcomes.

Return to practice: The College of Midwives of BC recommends recertification where a midwife had performed fewer than 2 surgical first assists for cesarean section over the preceding 12-month period, unless she has significant prior experience.

Non-core Privileges: Emergency vacuum assisted birth

Requested

Experienced midwives with certification in vacuum assisted delivery may conduct a vacuum assisted birth.



Registered Midwife Clinical Privileges

Initial privileges: Initial applicants must qualify for and be granted core privileges as a Midwife. Specialized practice certification in vacuum assisted birth obtained through a course or program established or approved by the CMBC.

Renewal of privilege: The management of 2 vacuum assisted births in the past 24 months and demonstrated current skill based on results of ongoing professional practice evaluation and outcomes.

Return to practice: The College of Midwives of BC recommends recertification where a midwife had managed fewer than 2 vacuum assisted births over the preceding 24-month period, unless she has significant prior experience.

Non-core Privileges: Induction and augmentation of labour in hospital

Requested

A midwife with this specialized practice certification may write orders for a cervical ripening agent and IV oxytocin induction/augmentation of labour, if the woman has a singleton pregnancy of 37 or more completed weeks, the fetus is in a vertex presentation, there are no contraindications to induction or augmentation, in a facility with the ability to provide a timely caesarean section. Ongoing medical management of induction and augmentation. This may occur under the following conditions: prelabour rupture of membranes, postdates or non-progressive labour.

Initial privileges: Initial applicants must qualify for and be granted core privileges as a Midwife. Specialized practice certification in initiating and managing medical induction and augmentation of labour obtained through a course or program established or approved by the CMBC.

Renewal of privilege: The management of 3 inductions/augmentations in the past 12 months and demonstrated current skill based on results of ongoing professional practice evaluation and outcomes.

Return to practice: The College of Midwives of BC recommends recertification where a midwife had managed fewer than 3 inductions/augmentations over the preceding 12-month period, unless she has significant prior experience.

Context Specific Privileges

Context refers to the capacity of a facility to support an activity.





None identified at this time.

Process for requesting privileges not included in the dictionary

Where a member of the medical staff requests a privilege not included in the core, non-core or context specific privileges for a discipline, the following process will be followed.

1. The practitioner will request a **Change Request Form** from the Medical Affairs Office. This will be submitted to the head of department or chief of staff as part of the electronic application process
2. The practitioner will complete the privileges section of the **Change Request Form** and submit with the following information; the privilege requested, the location within the facility where the privilege would be exercised, and the relevant training and experience held by the practitioner in this area.
3. The department head or chief of staff, in consultation with the senior medical administrator and medical administrator responsible for the facility, will determine if the requested privilege can be supported at that site.
4. Where it is deemed appropriate, the practitioner, the department head or chief of staff and the senior medical administrator will agree on any additional training required, and a minimum level of activity required to maintain the privilege. The specific minimum number requirement indicating the level of experience needed to demonstrate skill to obtain clinical privileges for the requested procedure must be evidence-based. Where no supporting literature exists for a specific number, the criteria are established by the consensus of a multidisciplinary group of practitioners who do not have self-interest in creating an artificially high volume requirement.
5. Any additional training will be done in a facility that normally trains practitioners in this activity. Exceptions may be granted in circumstances where all that is required is training by a member of the medical staff who holds the privilege in question.
6. On satisfactory completion of training, the department head or chief of staff may recommend to the governing body through the medical advisory committee that the privilege be granted.

The privileging dictionaries on this site (bcmqi.ca) are the official versions. They will be reviewed beginning in 2016. In the meantime if you have any questions or comments please contact your medical administration office or the BC MQI Office by completing the [Provincial Privileging Dictionary Feedback form](#).

Registered Midwife Clinical Privileges

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at the facility I am applying, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: _____ Date: _____

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/modification/explanation

Notes: _____

Name of Department / Division / Program: _____

Name of Medical Leader: _____

Title: _____

Signature: _____

Date: _____