

Scope of Practice Guidelines

OB/GYN SERVICE LAST UPDATED 22 JULY 2010

NURSE-MIDWIFERY SERVICE

DEFINITIONS:

Certified Nurse-Midwife (CNM) – An individual educated in the two disciplines of nursing and midwifery, which possesses evidence of certification according to the requirements of the American College of Nurse-Midwives.

Nurse-Midwifery Practice – The independent management of care of essentially normal newborns and women antepartally, intrapartally, postpartally and/or gynecologically-occurring within a health care system which provides for medical consultation collaborative management or referral and is in accord with the standards of practice.

Nurse-Midwife Student – An individual who is a registered nurse and is enrolled in an accredited university-based postgraduate nurse-midwifery program. A nurse-midwife student must have a certified nurse-midwife faculty member present during clinical rotations.

FOR MORE DETAILED REFERENCE – SEE CURRICULUM: EAST CAROLINA UNIVERSITY, SCHOOL OF NURSING, NURSE-MIDWIFERY SERVICE

INITIAL ANTEPARTUM VISIT

1. Take an accurate medical, sexual, obstetrical, emotional and family health history, obtains an account from the patient of the course of the present pregnancy and observes signs of her general obstetrical health status.
2. Performs a complete physical examination, including the papanicolaou smear, GC and Chlamydia culture, pelvic examination and clinical pevimetry.
3. Review and evaluate all baseline laboratory data: RPR, CBC, hemoglobin, electrophoresis (if indicated), antibody screen, blood group and Rh factor, rubella titer, sickledex, hepatitis B screen, HIV test when patient consents.
4. Determines pregnancy status: Duration of pregnancy, presentation and position of fetus, fetal heart rate and uterine size.
5. Advises patient concerning appropriate diet, nutritional supplements, exercise, alleviation of minor discomforts and importance of regular prenatal examinations.

When deviations occur that are outside the scope of nurse-midwife practice are detected, the nurse-midwife will consult with the obstetrician who will verify the findings and make recommendations regarding the management of the patient.

6. Initiates a problem list and communicates management plan on patient's record.

Scope of Practice Guidelines

7. Initiates request for prior records for the patient with a history of OB complications, Cesarean delivery, etc.

RETURN ANTEPARTUM VISITS

1. Evaluates general obstetric health status, blood pressure, weight and urinalysis reports; observes and questions patients for abnormalities, for example, bleeding or loss of fluid from vagina; fetal activity; gastrointestinal, urinary tract and vaginal infections.

2. Orders ultrasound examinations as indicated for evaluation of gestational age and fetal growth, AFP to rule out Neural Tube Defect and other structural anomalies, for placental localization, determination of amniotic fluid volume, and diagnosis of multiple gestations and when on BCP within 3 months of LMP.

3. Carries out abdominal palpation to determine estimated fetal weight and growth since previous exam, presentation, position and descent of presenting part.

4. Auscultates fetal heart tones starting at 10-12 weeks with doptone. Establishes parameters of early gestational dating such as time of quickening and first FHT auscultation with fetoscope. Documents auscultation of FHT with fetoscope on all patients between 18-22 wks. Have patients return at appropriate intervals for this date parameter. Provides health teaching, counseling and guidance that are individualized according to each patient's examination and laboratory reports on which maternity care is based, and explains the reason for any advice given.

5. Helps to provide relief of minor symptoms of physical complaints.

6. Seeks consultation or makes referrals to other health care professional/services as indicated.

7. Documents historical data, findings of all examinations, and significant observations on antenatal record, and uses the record for continuity of care.

8. Schedules patients for return visits at the following intervals:

a. Week 1-28 gestation.....every 4-6 weeks.

b. Week 28-36 gestation.....every 2-3 weeks.

c. Weeks 36-delivery.....every week.

9. Ask all patients about their desired method of birth control by 36 weeks gestation.

INTRAPARTUM POLICIES AND PROCEDURES

LABOR MANAGEMENT

1. Initial evaluation: VS, FHT, contractions: pelvic exam (if indicated) status of membranes, position of presenting part, initial monitor strips x 20 min.

2. Admission, physical exam, lab tests as indicated.

Scope of Practice Guidelines

3. Routine V.S. /FHT per protocol.
4. The nurse-midwife will manage all normal labors. The physician will be consulted for pitocin augmentation for dysfunctional labor patterns.
5. The obstetrician will co-manage or manage all labors complicated by fetal distress, failure to progress despite adequate contractions, multiple gestations, abnormal presentations, pre-eclampsia, prematurity, vaginal bleeding and diabetes other than Class A. (A2 being insulin dependent GDM).
6. The nurse-midwife may assist on Cesarean Sections, breech deliveries and twin deliveries.
7. Both nurse-midwives and physicians shall freely call on one another if they need help for patient management on labor and delivery .
8. Medically approved orders:
 - a. Admissions.
 - b. Fleet's of SS enema. PRN.
 - c. CBC, ABO and Rh and UA.
 - d. IV fluids: 1000cc D5 in Ringer's Lactate Solution, at a rate of at least 125 cc/hr., prn.
 - e. Medications for pain relief and/or vomiting, prn.
 - f. Blood may be sent for type and screen in the following situations:
 - (1) HCT below 30%
 - (2) Vaginal Bleeding
 - (3) Anticipated C-Section
 - (4) History of previous 3rd stage hemorrhage.
 - (5) Grand multiparity
 - (6) Pit Augmentation/indication
 - (7) Multiple gestations
 - (8) Previous C-Section
 - (9) Anticipated macrosomia
 - g. Vaginal exam to be done only by CNM or per her request.

Scope of Practice Guidelines

9. The nurse-midwife evaluates labor progress according to the following guidelines:
 - a. First Stage: With adequate labor pattern there must be documented progress in dilatation, effacement or descent.
 - b. Second Stage: With good contractions and effective pushing should not exceed 2 hours in the primigravida and 1 hour in g Multigravida (effects of analgesia such as Epidural may increase this time).
10. Performs amniotomy as indicated (4cm or more dilation and) or more situation.
11. Decides when to use external or internal electronic monitoring.
12. Consults with physicians for:
 - a. Failure to progress.
 - b. Fetal distress.
 - c. Vaginal bleeding.
 - d. Pre-Eclampsia.
 - e. Hypertension.
 - f. Uterine rigidity or tenderness.
 - g. Premature labor or preterm rupture of membranes. (<34wks)
 - h. IUGR.
 - i. Presentation other than vertex.
 - j. Diabetes other than Class A, GDM
 - k. At any time the nurse-midwife becomes concerned about maternal or fetal well being.
 - l. Ante partum admissions.
 - m. VBAC.
13. Provides pain relief.
14. Records findings, consults, therapeutic measures and plan of management on patient's chart.

DELIVERY MANAGEMENT

The Nurse-Midwife takes responsibility for:

Scope of Practice Guidelines

1. Use of local and/or Pudendal anesthesia as indicated.
2. Episiotomy as indicated.
3. Spontaneous vaginal delivery.
4. Resuscitation of the newborn.
5. Spontaneous or manual removal of placenta and gauze curettage if indicated.
6. Management of postpartum hemorrhages (see protocols).
7. Use of Oxytoxics as indicated IV or IM, during third stage.
8. Cervical and vaginal inspections.
9. Repair of episiotomy and laceration.
10. Consultation with obstetrician and/or Pediatrician for deviation from normal course.
11. Assumes responsibility for management of the immediate postpartum recovery period.
12. Vacuum extractor with appropriate training and experience in low outlet, occiput anterior presentations.

ABNORMAL PROGRESS IN LABOR

1. Prodromal Labor/Inpatient

- a. Include walking and consider administering an enema if indicated.
- b. If sx persists after 2 hours, repeat VE for progressive cervical changes.
- c. May use Ambien 5mg po and may repeat in 1 hour.

2. Prodromal Labor/Outpatient

- a. Instruct homebound client regarding relaxation measures.
- b. Base decision for obs/adm. on evidence of true labor, parity, hospital policy, presence of any complications, distance from the hospital, transportation, client coping ability, need for rest and client preference. May be placed on observational status at hospital for 24 hours before admission.
- c. May use Ambien 5 mg. po and repeat in 1 hour if not asleep .

3. Augmentation of Labor

- a. Nipple stimulation of uterine activity.

Scope of Practice Guidelines

b. When it is established that contraction quality is inadequate, a pitocin augmentation order may be written. The MD is to remain readily accessible during the course of oxytocin administration.

4. Fetal Distress

a. Notify MD if severe, then protocol with B-F. If mild, protocol B-F and if not resolved notify physician.

b. Discontinue pitocin if in use.

c. Maternal position change, left or right lateral.

d. O2 per mask with sl.

e. Apply fetal monitor (internal if possible).

f. Increase IV fluid to 200-500 cc/hr x ½ hr.

g. Perform VE for cord prolapse if suspected.

h. Hold narcotic analgesia.

5. Internal Electronic Monitoring Indications

-

a. When documentation of labor pattern is necessary for management decisions.

6. Meconium Staining at Delivery

-

a. Notifies pediatrician to be present during delivery if there is concern for the welfare of the newborn (such as moderate to thick meconium or suspicious FHR pattern).

b. Bulb suctioning of oropharynx on the perineum.

c. Attempt Laryngoscopy for suctioning and visualization of the cords if Pediatrician is not present and infant is depressed.

7. Postpartum Hemorrhage

a. Identify cause of bleeding:

(1) Fundal massage and/or bimanual compression.

(2) Have RN start IV if client does not have one in place, give IVF bolus.

(3) Make sure bladder is empty.

(4) Give pitocin and/or methergine and/or hemabate &/or misoprostol.

Scope of Practice Guidelines

- (5) If no response to above measures notify physician.
- (6) Order T and C x 2 units of blood/packed cells.
- (7) If the uterus is well contracted, inspect for cervical, vaginal and perineal lacerations.
- (8) Monitor and measure blood loss.
- (9) If no response, notify MD.

8. Premature Rupture of Membranes

- a. Do sterile speculum exam.
 - (1) Nitrazine test.
 - (2) Ferning test.
 - (3) Cervical cultures for Gonorrhea, Chlamydia and Group Beta Strep.
- b. No vaginal exams until labor is well established.
- c. Encourage ambulation to establish labor.
- d. Consider pitocin induction if no labor is present.
- e. Temp – q 4 hrs.
- f. If gestation less than 34 weeks consult physician.

9. Prolapse of the Cord

- a. Displace presenting part per vagina and maintain release of pressure, elevate foot of bed or place pt. in knee/chest position.
- b. O2 per mask.
- c. Notify physician and call for STAT Delivery Preparations.

10. Resuscitation of the Newborn

- a. Dry infant. Keep warm.
- b. Clear airway.
- c. Stimulate infant.
- d. Provide O2 free flowing or by positive pressure administration

Scope of Practice Guidelines

- e. Call for pediatrician.
- f. Attempt Intubation and ventilate per ET tube.
- g. Cardiac compression if necessary.
- h. If depression due to narcotics give Narcan to infant.

11. Intrapartal Vaginal Bleeding Other than Show

- a. Order stat US.
- b. Notify physician.
- c. Speculum exam with discretion. No digital exam.
- d. Type and cross match for two units of blood.
- e. IV fluids compatible for blood administration.

12. Pitocin Induction

Purpose of Postpartum Care by the Nurse-Midwife

1. Provides continuity of care for normal postpartum patients.
2. Assesses postpartum condition of the mother.
3. Assess and/or obtains information on the condition of the neonate.
4. Evaluates the need for guidance in family planning, newborn care, self-care, breastfeeding and family counseling adjustment.
5. Provides appropriate instruction and guidance for the mother and family.
6. Motivates mothers to return to the clinic for postpartum examination and emphasizes health care needs and resources for the infant.

MANAGEMENT

The Nurse-Midwife:

1. Makes daily rounds on all nurse-midwifery patients.
2. Provides instruction regarding self-care and family planning.
3. Coordinates with the pediatrician regarding the condition and care of the infant.

Scope of Practice Guidelines

4. Reviews the patient clinical record and checks on the infant's condition prior to visiting the patient.
5. Daily Physical Examinations:
 - a. Breasts.
 - b. Fundus.
 - c. Lochia.
 - d. Perineum/Abdominal incision.
 - e. Lower extremities.
 - f. CVA tenderness and/or other signs of complications.
 - g. Elimination.
 - h. Ambulation.
6. Determines attitude and emotional state and provides assistance when needed.
7. Records findings on patient's record.
8. Initiates abdominal and perineal exercises. (C/S delay abdominal exercise until 4 weeks postpartum).
9. Determines need for referral to Social Service or other agencies and clinics.
10. Writes appropriate orders.
11. Discharge normal postpartum patients and prescribes contraceptives and necessary medications.

Purpose of Six – Eight Week Postpartum Evaluation and Family Planning

1. Provide continuity of care for normal postpartum patient.
2. Assess general health and involution of the reproductive system.
3. Evaluate postpartum adjustment to family living and the newborn.
4. Provide appropriate guidance on self-care and family planning.
5. Identify physiological and/or psychological problems and make appropriate referrals when indicated.
6. Provide guidance for continued health maintenance of mother and family.

Scope of Practice Guidelines

7. Provide appropriate examination, counseling and services to clients seeking initial or periodic evaluation of family planning.

POSTPARTUM/FAMILY PLANNING/GYN MANAGEMENT

1. The Nurse-Midwife may assume responsibility for the management of medically uncomplicated postpartum and/or family planning patients.

2. Frequency of visits:

a. Visits may be made two to eight weeks postpartum depending on the need.

3. Mastitis: Usually due to Staphylococcus Aureus (50%) or Streptococcus.

a. Rule out blocked milk duct.

b. Diagnosis by symptoms, examination, culture & sensitivity of breast milk

c. Treatment.

(1) Antibiotics – May use Dicloxacillin 500 mg. po q 6 hrs for 10 days. Alternatively may use Erythromycin 500 mg. qid x 10 days.

(2) Analgesic if necessary.

(3) Continue breastfeeding unless purulence is noted from affected breast.

(4) Confirm sensitivity to antibiotic with culture and sensitivity report.

4. Subinvolution.

a. Culture for endometritis.

b. Start Antibiotic.

c. If indicated, start on Ergotrate 0.2 mg. po q 4 hrs. x 6 doses.

d. Consult with physician when symptomatology and/or laboratory results indicate.

5. The examination of the GYN/FP/PP patient may include the following:

a. Review and assessment of past history and lab findings.

b. Patient hx since last seen in hospital or clinic.

c. Menstrual and coital history.

d. General review of symptoms.

Scope of Practice Guidelines

- e. Blood pressure and weight.
- f. Breast Examination (including teaching of self-examination).
- g. Inspection of external genitalia.
- h. Speculum examination of cervix and vagina.
- i. Papanicolaou smears.
- j. Bimanual examination for:
 - (1) Size, shape, consistency and position of cervix/uterus.
 - (2) Masses and tenderness of the adnexae.
 - (3) Recto-vaginal for fistulas, masses, healing and muscle tone.
- (4) Perineal support, inspection of episiotomy.
- k. Examination of extremities.
- l. Laboratory studies as indicated:
 - (1) Hematocrit.
 - (2) Pregnancy test.
 - (3) Urinalysis.
 - (4) Cervical cultures.
 - (6) Wet smear of vaginal discharge, if needed.
 - (7) Other indicated studies as needed (ex: vaginitis, STD's, UTP's).
- m. Medications for specific conditions.
- n. Management of Subinvolution.
- o. Family Planning counseling and services.
 - (1) Obtain patients medical, surgical, gynecological and menstrual history.
 - (2) Screens and counsels individual mothers on different modalities of contraception and initiates the method chosen by the individual.
- p. Consult with the physician upon identification of medical or gynecological problems.

Scope of Practice Guidelines

- (1) Records consult and recommendations of the physician on the patient's record.
 - (2) The physician will record and sign his recommendations.
- q. Assistance to mothers in planning for follow-up care and health maintenance for self and family throughout the inter-conceptual period.
- r. Referral to other services as indicated.
6. Family Planning Visits for continuation of contraceptive methods.
- a. Evaluates patient satisfaction with method and obtain history of problems.
 - b. Evaluates weight and blood pressure.
 - c. Reviews record for evidence of Pap smear within last year, or six months as indicated.
 - d. Adjusts dosage of OCP's as needed, provides alternatives as necessary, consults regarding abnormalities.
 - e. Provides prescription as necessary.

Preconception Visits

1. Obtains medical, surgical and gynecological history.
2. Performs physical exam and Pap smear if indicated.
3. Screens and counsels couples regarding healthy lifestyles prior to pregnancy.
4. Refers high-risk patients to Physicians or other services.
5. Provides medications as indicated and necessary.

Student

Date