



*Contra Costa Regional
Medical Center and Health Centers*

Certified Nurse Midwife

Standardized Procedures

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Standardized Procedures Definitions

- Definition of a Certified Nurse-Midwife:** A certified nurse-midwife (CNM) is a registered nurse who is a graduate of a Board-approved nurse-midwifery program and who possesses evidence of certification issued by the California Board of Registered Nursing. A certified nurse-midwife may be known as an Advanced Practice Registered Nurse in accordance with Business and Professions Code Section 2725.5.
- Primary Health Care:** Certified nurse-midwives can be providers of primary health care for women and healthy newborns. Primary care by CNMs incorporates all of the essential factors of primary care and case management that includes evaluation, assessment, treatment and referral as required.
- Specialized Health Care:** Health care services provided by those with advance training in a particular field. These services are generally accessed by referral from a primary care provider.
- Clinically Competent:** A CNM possessing and exercising the degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice.
- Supervising Physician:** The physician will be responsible for the overall supervision of the CNM furnishing activities. It shall be the responsibility of the Dept Chair or his/her designee to evaluate the CNMs that work in his/her dept. The supervising physician will have privileges in the area that the CNM is working.
- Standardized Policies:** Refers to the terms of employment, policies and practice guidelines agreed upon by the certified nurse midwife representative, the physician, and administrator. In addition to this policy, all CNM are subject to medical staff rules, regulations, and bylaws.

Standardized Procedures refers to the combination of practice policies and practice procedures and are the legal mechanisms for CNM to perform functions that would otherwise be considered the practice of medicine. Standardized procedures must be developed and approved by the three entities of the CNM, physician and practice setting administration (CCR § 1463(e)). A signed copy of the standardized procedures will be maintained in the Medical Staff office.

Certified Nurse Midwife

Standardized Policies and Procedures

References

1. California Business and Professions Code Section 2725.5
2. California Business and Professional Code 2746.5
3. Title 16, article 6 California Code of Regulations § 1463
4. Business and Professions Code 2746.52
5. Health and Safety Code Section 120582
6. California Health and Safety Code 102405
7. California Business and Professions Code 27416.51

II. Purpose

This document is to establish the legal authority for performance of standardized procedures by certified nurse midwives at Contra Costa Regional Medical Center and Health Centers and Public Health Dept.

III. Method of Document Development

Standardized procedures have been written and revised after review of the laws and regulations of the State of California. These standardized procedures were written utilizing process protocols. In process protocols, clinical judgment is used in the performance of a given function and, therefore, consistent with the philosophy and actual practice of the certified nurse midwife and his/her colleagues at Contra Costa Regional Medical Center and Health Centers and Public Health Dept. Input into the revision of the standardized procedures was obtained from certified nurse midwives, physicians and administration.

IV. Policies

A. Minimum Qualifications

To utilize these standardized procedures the certified nurse midwife must possess the following:

1. Current valid and unrestricted licensure as a registered nurse in California
2. Completion of a nurse-midwifery program approved by the American College of Nurse-Midwives
3. Certification by examination by the American Midwifery Certification Board
4. Current valid and unrestricted license as a nurse-midwife in California
5. Competency, as measured by training, experience and demonstrated skills are consistent with the standards of CCRMC and CCHS.
6. Maintain a valid BRN furnishing license and DEA number to furnish medications

B. Furnishing Drugs and Devices:

BP Code 2746.51 authorizes a certified nurse-midwife to obtain and utilize a “furnishing number” from the board of Registered Nursing. “Furnishing” is the ordering of a drug or device in accordance with standardized procedure or protocol and transmitting of an order of a supervising physician and surgeon (BP Code 2746.51) (d). The drugs or devices are furnished or ordered incidentally to the provision of any of family planning services, routine health care or perinatal care, or care rendered, consistent with the certified nurse-midwife’s educational preparation or for which clinical competency has been established and maintained, to persons within various specific facilities: clinics, a general acute care hospital, a licensed birth center, or a special hospital specified as a maternity hospital. (BP Code 2746.51 (b) (1))

The drugs or devices are furnished or ordered by a certified nurse-midwife in accordance with standardized procedures or protocols (BP Code 2746.51 (a)(2) and under physician and surgeon. Supervision requires collaborative development and approval of standardized procedure or protocol by physician and surgeon, and telephonic/electronic availability but not the physical presence of the physician ((BP Code 2746.51 (a)(4)).

C. Furnishing Controlled Substances:

Drugs or devices furnished or ordered by a certified nurse-midwife may include Schedule II or III controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code 2746.51 (a) & (c)). Every certified nurse-midwife who is authorized to furnish or issue a drug order for a controlled substance is required to register with the United States Drug Enforcement Administration (BP Code 2746.51(b)(1)). If furnishing or ordering Schedule II or III controlled substances, the certified nurse-midwife needs to do so in accordance with patient-specific protocols approved by the treating or supervising physician and surgeon. For Schedule II or III controlled substance protocols, the provision for furnishing the Schedule II controlled substance shall address the diagnosis of illness, injury, or condition for which the Schedule II controlled substance is to be furnished (BP Code 2746.51 (a)(3)).

A copy of the standardized procedure of protocol relating to the furnishing or ordering of controlled substances by a certified nurse mid-wife shall be provided upon request to any licensed pharmacist who is uncertain of the authority of the certified nurse midwife to perform these functions (BP Code 27416.51 (b)(3)).

No supervising physician will supervise more than four (4) advance level practitioners at one time for the purposes of furnishing. The physician in conjunction with the CNM determines the extent of the supervision in connection with furnishing or ordering of drugs and devices. A co-signature is not required. For the purposes of Medi-cal, no more than (3) CNM per supervising physician at one time. [Reference: Business and professional Code Nurse-Midwife Section 2746.51 (b) (3) and Certified nurse midwife Section 2836.1 (g) (2).]

V. Scope of Practice

The certified nurse midwife is qualified to perform functions within their training including specialty areas, consistent with their competency, experience and credentials. The certified nurse midwife performs the assessment, the physical examination, determines a treatment plan by ordering lab, imaging studies or other modalities as needed to treat and provide case management.

The practice of midwifery authorizes the licensee to attend cases of normal, low risk pregnancy and childbirth, and to provide a full range of primary health care services for women from adolescence beyond menopause. These services include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections.

The scope of practice of the certified nurse midwife shall be in accordance with these standardized procedures and shall not exceed clinical expertise, clinical privileges or licensure. A certified nurse Midwife may sign birth certificates.

VI. Standardized Procedures

1. All standardized procedures are to be approved in writing, dated, and signed by the CNM, dept chair, and Medical Executive Committee chair. The standard procedures will be reviewed every three (3) years and when modification is deemed necessary.
2. A written record of these standardized procedures, the list of certified nurse midwives authorized to perform them, and a copy of each practitioner's license and applicable certifications will be kept in the Medical Staff Office.

See An Explanation of Standardized Procedure Requirements for Certified nurse midwife Practice CNMR-B-20 12/1998.

“Certified nurse midwives who meet the education standards and are certified by the BRN are prepared to provide primary health care, (CCR 1480 b), that which occurs when a consumer makes contact with a health care provider who assumes responsibility and accountability for the continuity of health care regardless of the presence or absence of disease.”

VII. Standard of Care

The certified nurse midwife will provide medical services, furnish medications, order durable medical equipment, certify disability and provide and manage home health or personal care services, in accordance with the laws and regulations of the State of California and accepted standards of practice in the community.

H. Setting

The certified nurse midwife will provide medical care in Contra Costa Regional Medical Center Health Centers and Public Health Clinic Services. The setting may also include and is not limited to home visits and skilled nursing facilities.

IX. Supervision/Collaboration

- A. Certified nurse midwives will collaborate and consult as needed with the supervising physicians, or his/her designee in the CNM's clinical practice area(s).
- B. Consultation is provided by clinicians with expertise personally, electronically, or by telephone.
 - 1. Consultations are sought whenever appropriate, such as when a patient condition fails to respond to the management in a timely manner or at any time the patient, certified nurse midwife, or supervising physician makes the request.
 - 2. When consultation is obtained, CNM must document the consultation with the consultant's name in the medical record.
- C. Review of medical records, peer review and quality assurance pursuant to the Medical Staff bylaws complete the overall supervision process.

X. Evaluation

Evaluation of certified nurse midwives authorized to perform standardized procedure functions occurs via Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE) as outlined in the Medical Staff bylaws. All Evaluations should be performed by the Dept or division Chair (or his/her designee) and should be documented in the employees file in the Medical Staff Office. Evaluations are based on peer review, quality assurance chart reviews, focused professional practice evaluation, and attendance of dept meetings.

XI. Record Keeping

The CNM will be held responsible for documentation in the medical records as outlined in the medical staff bylaws. A countersignature is not necessary unless specified by legal requirement statues.

XII. Review Process

This document is to be reviewed by the Interdisciplinary Practice Committee every three (3) years. The standardized procedure statement of approval document is signed both at the time of hiring the certified nurse midwife and when significant modifications to this document have been made.

Setting: Outpatient Care (primary/subspecialty clinics and public health)

The Certified Nurse Midwife (CNM) is responsible for the assessment of patients in the outpatient and public health clinics at CCRMC. The CNM performs physical examinations, confers with patients in person and by phone/ electronically, collaborates and participates in the overall coordination of patient care. The CNM can be a primary care providers (PCP) for patients and a subspecialty consultants to providers at CCRMC. Standardized procedures may include but are not limited to the following:

- I. Database: The following information is an example of what could be collected and documented in the medical record.
 - A. Subjective Data
 - 1) Patient report of history and symptoms
 - 2) Pertinent health and social history
 - B. Objective Data
 - 1) Physical exam, appropriate for disease process
 - 2) Review physiologic parameters, laboratory results, diagnostic test results, other pertinent test data
 - C. Assessment
 - 1) Diagnosis consistent with subjective/objective data
 - 2) Assessment of disease status
 - D. Plan
 - 1) Diagnostic
 - 2) Laboratory tests and other diagnostic studies
 - 3) Consultation as needed from other health care providers
 - 4) Initiation of referrals as appropriate
 - E. Treatment
 - 1) Administration of medications/devices or procedures
 - 2) Dietary/Activity prescription as indicated by disease process and client condition
 - 3) Consultation/Follow-up appointments as appropriate
 - 4) Allied health care referrals as appropriate
 - F. Patient/Family Education
 - 1) Provide information on diagnosis, disease course, expected outcomes, and prevention
 - 2) Provide information on medications, treatment measures, and devices
 - 3) Provide information on activities, disease prevention, lifestyle counseling, and support groups as appropriate
 - 4) Provide and educate on referrals/follow-up care as necessary
 - 5) Inform and update patient/family regarding the patient's condition, progress, and ongoing management

- 6) Obtain informed consent for treatments/procedures the CNM is authorized to perform

II. Procedures: CNM may perform any procedure for which he or she has been granted privileges by the Medical Staff.

III. Medication Management:

- See attachment for drug classes used at CCRMC.
- The CNM may initiate, alter, discontinue, and renew medications and devices in accordance with standard practice.
- The CNM may consult as needed.

IV. Supervision:

The CNM is authorized to perform any and all standardized procedures, without direct or immediate supervision of a physician, except where otherwise mentioned in this document.

V. Evaluation:

- Per Medical Staff rules, regulations and bylaws.
- A procedure log *may* be kept by the certified nurse midwife for the purposes of requesting new privileges.

VI. Consultation:

Consultation with supervising physician should take place when:

- Emergencies occur, after initial stabilization of the patient
- a situation goes beyond the intent of these guidelines or the scope of practice/experience of the certified nurse midwife
- the patient fails to respond to the management plan in an expected amount of time
- the patient, physician, or certified nurse midwife places a request

Appendix II:**Setting: Inpatient Perinatal Unit**

CNMs are registered nurses, licensed by the California Board of Registered Nursing, who have acquired additional training in the field of obstetrics and are certified by the American Midwifery Certification Board. The practice of midwifery authorizes the licensee to attend cases of normal, low risk pregnancy and childbirth. CNMs will be expected to coordinate care with the existing medical staff including obstetricians, family medicine physicians, nurse practitioners, pediatricians, anesthesiologists, resident physicians and other trained medical staff involved in the care of maternity patients within Contra Costa Health Services. CNMs will also be expected to participate in the education of the family medicine residents, medical students, nursing students and other ancillary personnel at Contra Costa Regional Medical Center and Health Services.

II. Minimum Qualifications for Certified Nurse Midwives working on the Perinatal Unit

- 1) Current valid and unrestricted licensure as a registered nurse in California
- 2) Completion of a nurse-midwifery program approved by the American Midwifery Certification Board Certification by examination by the American Midwifery Certification Board Current valid and unrestricted license as a nurse-midwife in California
- 3) Competency, as measured by training, experience and demonstrated skills are consistent with the standards of CCRMC and CCHS.
- 4) Arrangements, in writing, with two physicians representing the OB/GYN Department and the Chair of the Department of Obstetrics and Gynecology indicating that any and all the members of the CCRMC Department of Obstetrics and Gynecology will provide consultation, supervising care and receive transfers of care when required by the patient's condition as determined by either the supervising physician or nurse-midwife and any previously determined policies.
- 5) Maintain a valid BRN furnishing license and DEA number to furnish medications as normally required in obstetrical care at CCRMC and clinics.

III. Responsibilities of Consulting and Supervising Physicians Scope of Practice and Guidelines

A CNM is expected to provide care within the areas of the ACNM scope of practice as described on the ACNM website <http://www.midwife.org/Our-Scope-of-Practice>

The CNM must function within the scope of practice of the supervising CCHS physicians.

- A. **Independent CNM Management:** The CNM uses knowledge, skills, judgments, and authority to provide care for healthy women experiencing normal pregnancy and childbirth. Independent should not be misunderstood to mean alone since certain clinical situations warrant assistance from other practitioners.

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- B. **Consultation:** The CNM retains primary responsibility for the woman's care and seeks the advice or opinion of a physician or consultant. This consultation must be documented in the medical record either by the consultant or by the CNM.
 - C. **Collaborative CNM/MD Management:** The CNM and physician co-manage the patient according to a mutually agreed upon plan of care. The goal of collaboration is to share authority while providing quality care within each individual's scope of practice. Either providers or their resident designee will document care provided in the chart.
 - D. **Transfer of care:**
 - 1. When the scope of care for a given patient is largely outside of the usual scope of the practice for the CNM, e.g. primarily surgical care is indicated, the case may be transferred via a hand-off from the CNM to the physician. Then the CNM may continue to participate in the care under the direction of the physician accepting the transfer.
 - 2. The primary obstetric attending covering the perinatal unit or their designee may request transfer at any time they feel that care is best handled by the physician staff. If the CNM disagrees with this transfer, she may request a second opinion from another fully privileged obstetric physician or the obstetric department chair or, at a later time ask that the department review the case. If no other obstetric attending is willing to provide back-up to the satisfaction of the primary obstetric attending, the care must be transferred to the primary obstetric attending.
 - 3. When a patient being managed by a physician falls within the usual scope of care of the CNM, the physician may, by mutual agreement, transfer care to the CNM.
 - 4. When accepting a transfer due to a change in patient status, the transfer should be noted in the medical record by the receiving care provider.
 - E. **Supervising Physician -** The supervising physician will have privileges in the area that the CNM is working. The physician will be responsible for the overall supervision of the CNM furnishing activities. For the purposing of furnishing/ordering medication, no physician will supervise more than four (4) advance practice RNs at one time. For the purpose of Medi-cal, no physician will supervise more than 3 CNMs. It shall be the responsibility of the Dept Chair or his/her designee to evaluate the CNMs that work in his/her dept. For the purpose of repair of episiotomies and lacerations, no physician will supervise more than four (4) midwives at one time.

IV. General Policies

- A. The CNM will follow guidelines established by the American College of Nurse Midwives and conform to the Standards of the Board of Registered Nursing.

- B. Any order by a CNM, if written within the scope of usual midwife practice, will receive the same attention by the nursing staff as if written by a physician. The history and physical, delivery note and discharge summary will be reviewed and co-signed by the supervising attending physician on call at the time of the care provided.
- C. When the care required falls outside the usual scope of the obstetric physicians on the unit, the obstetric physician, or CNM will consult Perinatology or other specialties per the usual protocol at CCRMC and CCHS.
- D. Proctoring of care and procedures by CNM will follow the same guidelines for each privilege as for the physicians providing obstetric care at CCRMC and CCHS. Final sign off will be granted by the Chair of the Department of Obstetrics and Gynecology. A record of CNMs who are authorized to perform standardized procedures, will be kept at the medical staff office.
- E. Evaluation of Advance Practice RNs authorized to perform standardized procedure functions occurs via Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE) as outlined in the Medical Staff bylaws. All Evaluations should be performed by the Dept or division Chair (or his/her designee) and should be documented in the employees file in the Medical Staff Office. Evaluations are based on peer review, quality assurance chart reviews, focused professional practice evaluation, and attendance of Dept meetings.

V. Standard Procedures

- A. Standard antepartum, intrapartum, postpartum and neonatal care will follow the usual standards at CCRMC as defined by the medical staff and Departments of Obstetrics, Family Medicine, and Pediatrics.
- B. Orders and Medications
 - 1. The CNM will utilize standard order sets from the CCRMC inpatient service(s) and the CNM is approved to order any medication on the standard order set. Verbal consultation with the attending will be requested for any significant deviation from the usual orders in each set or if the usual protocol is not clear to the CNM. Additional patient-specific medications may also be ordered in accordance with usual medical practice.
 - 2. Format for orders will follow the standard hospital format.
 - 3. The CNM will be expected to prescribe the usual medications as indicated or a reasonable alternative if indicated for a maternal situation such as medication allergy or intolerance. Medications generally prescribed include, but not limited to:
 - a) For induction of labor: misoprostol vaginal or oral, cervidil, pitocin and foley balloon.
 - b) For augmentation of labor: pitocin
 - c) For fever in labor: ampicillin, gentamycin, clindamycin, cephalexin and acetaminophen

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- d) For GBS prophylaxis: penicillin, cephalixin, clindamycin, vancomycin
 - e) For pain control: fentanyl, stadol, hydrocodone, acetaminophen, oxycodone, morphine, hydromorphone, ibuprofen, ketorolac or other similar alternative
 - f) For hemorrhage: methergine, hemabate, pitocin, misoprostol
 - g) For constipation: DSS, milk of magnesia, ducolax suppository or other similar medication
 - h) Continuation of medications for maternal or neonatal medical conditions such as medications for hypertension, thyroid disease, mental health disorders, chronic infections including herpes and HIV, etc.
- C. Performing Episiotomies and Repair of first and second degree lacerations (California Business and Professions Code 2746.52 Authority to perform episiotomies and repair lacerations of the perineum)
- 1. CNMs with unsupervised privileges at CCRMC for repair of 1st and 2nd degree lacerations of the perineum are authorized to perform and repair episiotomies and to repair first-degree and second-degree lacerations of the perineum independently on the Perinatal Unit at CCRMC. All CNMs with unrestricted privileges will be supervised until the CNM has been proctored for a minimum of three repairs and signed off by the Obstetric Department chair as independent.
 - 2. A CNM with unrestricted privilege may train resident and staff physicians by supervising them in the performance of these same procedures.
 - 3. A supervising staff physician will be readily available for consultation and surgical assistance when the CNM is performing these procedures.
 - a. Any concerns or complications related to performance of episiotomy, episiotomy repair or laceration repair will be referred to a physician or surgeon immediately and reported to the Obstetric Department Chair for review and/or departmental review.
 - b. The performance of these procedures, including a description, will be documented by the CNM in the medical record.
 - c. Specific Procedures:
 - 1. Medial and medial lateral episiotomy may be performed to facilitate delivery when indicated by concern for fetal well-being or by prolonged second stage with the fetal vertex crowning. Additionally, a medial lateral episiotomy may be performed in order to prevent an anticipated 3rd or 4th degree laceration.
 - 2. Repair of first and second degree lacerations generally should be performed in the following fashion although modifications may be necessary depending on patient condition.
 - A. Using sterile technique and equipment as possible in the delivery room.
 - B. Using local and regional anesthesia supplemented by IV medications including fentanyl, morphine sulfate, ketorolac, ibuprofen as necessary so that the patient has reasonable comfort during the performance of these procedures.
 - C. Using appropriate absorbable sutures.
 - D. Attaining hemostasis at the repair site.

- E. Re-approximating tissues in an anatomical manner to facilitate healing.
 - F. Informing the patient and if appropriate, their support persons, about the repair, care of the area, and any required follow-up.
3. The responsible obstetric physician must be informed at the time of the repair of any concern about a complicated laceration, inability to re-approximate tissue with minimal deformity, inability to attain hemostasis, or extension to a 3rd or 4th degree laceration.
 4. Repair of more complicated lacerations, including 3rd and 4th degree lacerations will be performed by the CNM with the supervising physician. The CNM may assist with the repair if appropriate under the circumstances as determined by the supervising physician.

VI. Urgent Procedures

CNMs are authorized to perform the following procedures that arise unexpectedly during routine intrapartum care. They are expected to request assistance from the supervising obstetric physician, pediatrician, or anesthesiologist and to document the performance of these procedures in the medical record. If additional staff members are not immediately available the CNM should proceed with what is, in their judgment, the safest care possible for mother and baby pending the arrival of additional assistance.

Urgent procedures to be carried out while awaiting physician consultation include:

- A. Decision for transport to the operating room for possible urgent or emergent cesarean delivery to be reassessed and carried out by the available supervising physician;
- B. Decision to prepare for possible urgent operative vaginal delivery to be reassessed and carried out if appropriate by the available supervising physician;
- C. Removal of a retained placenta concurrent with maternal hemorrhage or immediately following rupture of the umbilical cord;
- D. Resolution of a fetal shoulder dystocia using the usual maneuvers including McRoberts, suprapubic pressure, Woodscrew maneuver, delivery of the posterior shoulder, and performance of episiotomy;
- E. Neonatal resuscitation including positive pressure ventilation and CPR per the guidelines of the CCRMC Department of Pediatrics and the Neonatal Resuscitation Program.

MEDICATIONS FOR USE AT CCRMC

The following is a listing of the classes of medications for use by certified nurse-midwives at CCRMC. The specific drugs listed below are examples only and should not be construed as the only medications/drugs available for use.

I. Alternatives	<i>Herbal products, probiotics</i>
II. Anti-infective	<i>Antifungal, amebicides, antibiotics, antimalarial, antiviral</i>
III. Anti-neoplastic	<i>Monoclonal antibodies, antimetabolites, alkylating agents, Hormone and hormone antagonists, miscellaneous</i>
IV. Biologicals	<i>Recombinant human erythropoietin, Anti TNF agents</i>
V. Cardiovascular agents	<i>Anti-arrhythmic, antihypertensive, diuretics, antihyperlipidemics</i>
VI. Central Nervous System Agents	<i>Antipyretic, analgesics, anticonvulsants, antiemetic</i>
VII. Coagulation Modifiers	<i>Lovenox, heparin</i>
VIII. Gastrointestinal	<i>Laxatives, anticholinergic, PPI, H2-blockers</i>
IX. Genitourinary	<i>Tocolytics, impotency</i>
X. Hormones	<i>Sex hormones, thyroid, adrenal cortical steroids, ovulation stimulants</i>
XI. Immunologic Agents	<i>Immunoglobulins, vaccines</i>
XII. Immunosuppressive agents	<i>Interleukin inhibitors, TNF alpha inhibitors</i>
XIII. Metabolic Agents	<i>Insulin, sulfonylureas, Other anti-diabetic agents</i>
XIV. Nutritional Products	<i>Formula, vitamins</i>

XV. Psychotherapeutic	<i>Antidepressants, anti-anxiety, antipsychotics</i>
XVI. Radiological Agents	<i>Contrast</i>
XVII. Respiratory Agents	<i>Antitussives, bronchodilators</i>
XVIII. Topical agents	<i>Topical antifungals, emollients, topical antibiotics, steroids, vitamin D analogues, analgesics, exfoliates</i>
XIX. Nasal Preparations	<i>Antihistamines, steroids, mast cell stabilizers</i>
XX. Ophthalmic Preparations	<i>Steroids, mydriatics, antibiotics</i>
XXI. Otic Preparations	<i>Cerumen lytics, otic anesthetic, antibiotics</i>
XXII. Vaginal Preparations	<i>Vaginal anti-infectives , hormones</i>

DOCUMENTS

- **MEC APPROVAL AND AGREEMENT**
- **INTERDISCIPLINARY PRACTICE COMMITTEE AGREEMENT**
- **CERTIFIED NURSE MIDWIFE APPROVAL AND AGREEMENT**

**Contra Costa Regional Medical Center
and
Health Centers**

The Medical Executive Committee, on behalf of the Medical Staff, the Nursing Department, and the Administration of Contra Costa Regional Medical Center and Health Centers, hereby approve the Contra Costa Regional Medical Center and Health Centers' Standard Policies and Procedures for Certified Nurse Midwives document dated October 2014.

By approval, the Medical Executive Committee agrees that CNM when providing medical care in this facility shall function in accordance with these Standardized Procedures. Accordingly, Contra Costa County Regional Medical Center and Health Centers agree to provide the appropriate level of physician consultation.

Chair, Medical Executive Committee

Date

**Contra Costa Regional Medical Center
and
Health Center**

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Chair, Interdisciplinary Practice Committee

Date

Approved IPC 03/30/2015 Krista Farey, MD, Acting Chair

