

**DELINEATION OF CLINICAL PRIVILEGES - CERTIFIED NURSE MIDWIFE**

For use of this form, see AR 40-68; the proponent agency is OTSG.

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. FACILITY
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**INSTRUCTIONS:**  
**PROVIDER:** Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.  
**SUPERVISOR:** Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	SUPERVISOR CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification requested <i>(Justification attached)</i>	2 - Modification required <i>(Justification noted)</i>
3 - Supervision requested	3 - Supervision required
4 - Not requested due to lack of expertise	4 - Not approved, insufficient expertise
5 - Not requested due to lack of facility support/mission	5 - Not approved, insufficient facility support/mission

**SECTION I PROCEDURES**

Requested	Approved	Primary Care
		a. Perform patient screening to determine need for medical care
		b. Supervise immunizations (AR 40-562)
		c. Recommend temporary profiles to include pregnancy profiles for the duration of pregnancy and standard postpartum profiles
		d. Diagnose and treat acute/minor and chronic illnesses
		e. Treat minor primary care problems in accordance with Nurse-Midwifery guidelines
<b>Adolescent and Adult Women</b>		
		f. Diagnose and treat gynecologic illnesses
		g. Manage care of uncomplicated obstetric and postpartum clients
		h. Perform history and physical examinations
		i. Prescribe and administer P&T committee approved medications
		j. Order routine laboratory tests
		k. Order routine x-rays and imaging studies
		l. Order other diagnostic tests (e.g., EKG, Holter monitor, 24-hr BP monitoring, sleep studies)
		m. Initiate referral to other medical, nursing, and social services
		n. Provide health maintenance and disease preventive care
		o. Perform health teaching and counseling
		p. Place outpatients in observation status
		q. Evaluate, examine and admit patients to Labor Ward
		r. Conduct postpartum ward visits and examinations
		s. Manage the care of normal (low-risk) labor and delivery patients per Nurse-Midwifery guidelines
		t. Manage the care of and discharge uncomplicated postpartum patients
		u. Manage the care of medically non-complicated women seeking contraceptive advice and interconceptual well-women care
		v. Participate in preparation for childbirth and breast feeding classes
		w. Co-manage other than low-risk labor and delivery patients in need of both medical and midwifery care
		x. Provide well women care for peri- and post-menopausal women

**SECTION II PROCEDURES**

Ambulatory					
Requested	Approved		Requested	Approved	
		a. Incision and drainage (I&D) of abscess			d. Skin/vulvar/perineal biopsies
		b. Local anesthesia			e. Cyst removal
		c. Cryosurgery to dermatological growths			f. Clinical pelvimetry

Requested	Approved	Ambulatory (Continued)	Requested	Approved	Inpatient (Continued)
		g. Pap smear for cytology			u. Normal spontaneous delivery from OA or OP positions
		h. Microscopic examinations			v. Cervical inspection
		i. Conduct and interpret electronic fetal monitoring (e.g., NST, OCT, intrapartum surveillance)			w. Manual removal of placenta
		j. Perform and interpret limited third trimester obstetrical ultrasound tests			x. Uterine exploration and gauze "curettage"
		k. Select and insert intrauterine contraceptive device for parous women			y. Bimanual compression for postpartum hemorrhage
		l. Insert and remove Norplant (or comparable) device			z. Resuscitation to include intubation of newborn
		m. Remove intrauterine device			aa. Repair lacerations:
		n. Measure for amniotic fluid index			(1) Cervical
					(2) Third degree
					(3) Fourth degree
					(4) Vaginal
					(5) Labial and periurethral
					ab. Provide lactation education and support
					ac. First assist for Cesarean section (C-section)
COMMENTS					
			SIGNATURE OF PROVIDER		DATE (YYYYMMDD)
<b>SECTION II - SUPERVISOR'S RECOMMENDATION</b>					
Approval as requested <input type="checkbox"/> Approval with Modifications (Specify below) <input type="checkbox"/> Disapproval (Specify below) <input type="checkbox"/>					
COMMENTS					
DEPARTMENT/SERVICE CHIEF (Typed name and title)			SIGNATURE		DATE (YYYYMMDD)
<b>SECTION III - CREDENTIALS COMMITTEE/FUNCTION RECOMMENDATION</b>					
Approval as requested <input type="checkbox"/> Approval with Modifications (Specify below) <input type="checkbox"/> Disapproval (Specify below) <input type="checkbox"/>					
COMMENTS					
COMMITTEE CHAIRPERSON (Name and rank)			SIGNATURE		DATE (YYYYMMDD)