The Ohio State University Wexner Medical Center

**Department of Family Medicine**

**Application for Privileges**

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| **BASIC MATERNITY CARE**  **Please cross out any privilege that you are unable to perform or do not wish to request** | **I request privileges at the following entities: (Check appropriate box)** | |
|  | **OSUWMC** | |
| Requested by applicant | Recommended  By Chair |
| **Category 1**: Privileges: Prenatal care of low risk obstetrical patients up until delivery. |  |  |
| **Category 2: Requires Continued Competency Requirement (Documentation of requirements must be submitted with appointment application)**   1. **A minimum of 20 deliveries /two years is required in order to request any maternity privileges. (documentation of training and/or experience required).** 2. **Certification by ALSO® (Advanced Life Support in Obstetrics)** 3. **Must seek appropriate consultation or referral for problems as agreed upon by the Department of Family Medicine and the Department of Obstetrics and Gynecology.**   **Privileges:** .   * Management of labor and vaginal delivery, which may include augmentation of term labor, fetal monitoring, artificial rupture of the membranes, application of fetal scalp electrode, insertion of intrauterine pressure catheter, amnioinfusion, , use of pudendal or local anesthesia, episiotomy with repair, vertex vaginal delivery, repair of 1st and 2nd degree perineal lacerations, and repair of simple vaginal wall lacerations. * The following procedures may be done with obstetrical notification - induction of term or post-term labor and manual removal of retained placenta. * The following require obstetrical consultation – vaginal birth after cesarean section (VBAC), tocolysis of preterm labor (<36 weeks), vacuum assisted delivery, and repair of 3rd and 4th degree and cervical lacerations * Electronic fetal monitoring (requires certification by the National Certification Corporation for electronic fetal monitoring (C-EFM) |  |  |
| **ADVANCED MATERNITY CARE** (each procedure must be requested individually with specific documentation of training and/or experience) |  |  |
| Delivery-low outlet forceps (minimum number of cases = 5) |  |  |
| First-assist with Cesarean section (minimum number of cases = 5) |  |  |
| Obstetric ultrasound-basic applications of labor and delivery (must complete form) |  |  |
| Obstetric ultrasound-Level 1 (must complete form) |  |  |

\*Supervision of a trainee performing the procedure will count as an experience