

**CAROLINAS HEALTHCARE SYSTEM
 DELINEATION OF PRIVILEGES
 SPECIALTY OF FAMILY MEDICINE
 OBSTETRICS PRIVILEGES**

Print Name _____

PLEASE NOTE: THE PRIVILEGES LISTED BELOW ARE INTENDED FOR PHYSICIANS WHO HAVE NOT COMPLETED AN ACGME APPROVED OBSTETRICS AND GYNECOLOGY RESIDENCY (THESE PROCEDURES WOULD BE INCLUDED IN THE CORE PRIVILEGES FOR OBSTETRICS AND GYNECOLOGY PHYSICIANS.)

To be eligible for “Core” privileges in Family Medicine Obstetrical Privileges the applicant must meet the following qualifications:

1. The Applicant must apply for and meet the eligibility criteria for “CORE” FAM-2 General Adult Family Medicine Complex privileges, **AND**;
2. Demonstrate successful completion of a Family Medicine Residency Training Program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) within the previous two (2) years which included an obstetrical rotation during family medicine residency, with verification from the residency Director of competence in Obstetric care and current Advanced Life Support in Obstetrics (ALSO) certification. **OR**;
2. For applicants who have completed an ACGME or AOA approved Family Practice Residency Program more than twenty-four (24) months ago, must demonstrate the performance of at least fifteen (15) obstetrical deliveries in the past two (2) years and current Advanced Life Support in Obstetrics (ALSO) certification.

CMC	Pineville	University	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		FAMILY MEDICINE OBSTETRICAL CORE PRIVILEGES
	*	*	*		*	*	N/A	*	N/A	FAM-OB	Privileges to admit, evaluate, and manage female patients with normal term pregnancy, with an expectation of non-complicated vaginal delivery, management of labor and delivery, and procedures related to normal delivery, including medical diseases that are complicating factors in pregnancy in conjunction with appropriate consultation as needed. May provide care to patients in the intensive care setting in conformation with hospital policies and management of high risk patients in conjunction with appropriate consultation as needed. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures listed below and such other procedures that are the extensions of the same techniques and skills.
<p>Privileges also include performance of history and physical exam; amniotomy; augmentation of labor; excision of vulvar lesions at delivery; external and internal fetal monitoring (fetal scalp electrode placement); medical induction of labor in low-risk term infants; initial management of pre-term labor and postpartum hemorrhage; investigative OB ultrasound for AFI, fetal life, or for presentation only; management of prenatal and postpartum care; management of uncomplicated labor; manual rotation of occiput posterior; manual removal of placenta, post-delivery; normal spontaneous vaginal delivery of a term vertex presentation, including ante, intra- and postpartum care; oxytocin challenge testing; postpartum endometritis; pudendal anesthesia; repair of vaginal and cervical lacerations 1st – 3rd degree; vacuum-assisted delivery; midline episiotomy and repair; evaluation for rupture of membranes, insertion of IUPC and use for amnioninfusion, first assist with C-Section, non-stress test antepartum, contraction stress test and management of intrauterine fetal demise; circumcisions.</p>											

** Applicants must discuss call schedule and coverage with the Chief upon submitting a request for privileges.*

Print Name _____

Maintenance Criteria for Continued Privileges – FAM-OB

The Physician must demonstrate performance of ten (10) deliveries over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Family Medicine Obstetrical Core Privileges (FAM-OB). The Physician must provide a current Advanced Life Support in Obstetrics (ALSO) certification. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold Family Medicine Obstetrical Core privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	Pine.	Univ.	Lin.	NE	Union	Stanly	Anson	Cle.	KM	OBSTETRICAL PRIVILEGES		Minimum Number Required	Number Performed Within The Past 2 Years	Location
	*	*	*		*	*	N/A	*	N/A	OB-6	Outlet forceps vaginal delivery	5		
	*	*	*		*	*	N/A	*	N/A	OB-17	Management of breech delivery with OB consult	5		
	*	*	*		*	*	N/A	*	N/A	OB-18	Management of multiple gestation with OB consult	5		
	*	*	*		*	*	N/A	*	N/A	OB-19	Induction of VBAC with OB consult	5		
	*	*	*		*	*	N/A	*	N/A	OB-20	Repair of 4 th degree laceration	5		
	*	*	*		*	*	N/A	*	N/A	OB-21	External Cephalic Version	5		
	*	*	*		*	*	N/A	*	N/A	OB-22	Diagnostic Cervical Dilation and Uterine Curettage (including for incomplete abortion)	5		

Maintenance Criteria for Continued Privileges – OB-6 – OB-22

The Physician must perform a minimum of five (5) of each Family Medicine Obstetrical special procedure held over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Family Medicine Obstetrical special privileges (OB-6 – OB-22). This will be reviewed at the time of reappointment. Physicians who would like to continue to hold Family Medicine Obstetrical special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

** Applicants must discuss call schedule and coverage with the Chief upon submitting a request for privileges.*

Print Name _____

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	Pine.	Univ.	Lin.	NE	Union	Stanly	Anson	Cle.	KM	OBSTETRICAL PRIVILEGES		Minimum Number Required	Number Performed Within The Past 2 Years	Location
	*	*	N/A			N/A	N/A	N/A	N/A	OB-23	Cesarean Section – Primary Operator	50		
<p>Maintenance Criteria for Continued Privileges – Cesarean Section – Primary Operator (OB-23)</p> <p>The Practitioner must perform a minimum of ten (10) Cesarean Sections as the primary operator over the past two (2) year period to be eligible to reapply for Cesarean Section – Primary Operator privileges (OB-23). This will be reviewed at the time of reappointment. Physicians who would like to continue to hold Cesarean Section – Primary Operator privilege but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.</p>														
	*	*	N/A			N/A	N/A	N/A	N/A	OB-24	Postpartum Tubal Ligation	25		
<p>Maintenance Criteria for Continued Privileges – Postpartum Tubal Ligation (OB-24)</p> <p>The Practitioner must perform a minimum of five (5) Postpartum Tubal Ligations over the past two (2) year period to be eligible to reapply for Postpartum Tubal Ligation privileges (OB-24). This will be reviewed at the time of reappointment. Physicians who would like to continue to hold Postpartum Tubal Ligation privilege but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.</p>														

** Applicants must discuss call schedule and coverage with the Chief upon submitting a request for privileges.*

PRIVILEGES REQUESTED BY:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Carolinas HealthCare System 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Name	Date

I have reviewed the requested clinical privileges and supporting documentation for the above named applicant and recommend action on the privileges as noted above.