



STATE OF NEW YORK
DEPARTMENT OF HEALTH

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Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

June 16, 2006

Dear Chief Executive Officer:

The New York State Department of Health is issuing this letter to provide clarifying information with regard to the healthcare professionals qualified to perform the following:

- Assessment of a patient for labor, in accordance with State and Federal requirements (definition of “Qualified Medical Personnel/Practitioner,” or QMP).
- Initiation of pharmacological induction or augmentation of labor, in accordance with newly revised State regulations (definition of “Qualified Practitioner”)

Assessment of Labor

When a patient presents to the hospital emergency department, a medical screening examination must be performed, consistent with the patient’s presenting symptoms. For pregnant women, the medical screening examination may be conducted in the emergency department, the labor and delivery unit, or other appropriate location as designated by the hospital, in accordance with hospital policies and procedures.

When a woman presents with symptoms consistent with possible active labor, she must receive a medical screen by a Qualified Medical Personnel/Practitioner (QMP). If so designated by a hospital as a QMP, it is acceptable for an appropriately trained and credentialed obstetric registered nurse to perform a nursing assessment of the patient.

If so designated by the hospital, the appropriately trained and credentialed obstetrical registered nurse will serve as the QMP, with the understanding there will be contact with a physician or licensed midwife for rendering of a medical diagnosis, based on the nursing assessment provided.

Hospitals should develop policies and procedures regarding the credentialing of obstetrical nurses in their facility. When developing credentialing policies, hospitals may want to consider using existing credentialing processes for registered nurses in obstetrical care. For example, the American Nurses Credentialing Center certifies registered nurses in

perinatal care. Nurses may also be credentialed through advance practice graduate – level programs through colleges and universities. For example, Masters-prepared clinical nurse specialist programs exist for this specialty.

- If the nursing assessment indicates the patient is not in active labor AND the patient has a history of pre-natal care, the appropriately trained and credentialed obstetric registered nurse is to contact the designated physician or licensed midwife and report the nursing assessment findings including the fetal heart rate assessment, as documented in the medical record. If no other presenting conditions are indicated, the physician or licensed midwife will make a medical determination as to discharge. If the physician or licensed midwife discharges the patient by telephone, the verbal order is to be authenticated in accordance with the hospital policy for confirmation of telephone orders, and compliant with the requirements of Section 405.10 of the State Hospital Code. The conversation between the nurse and the physician or licensed midwife, including the determination of the physician or licensed midwife, must be documented by the nurse in the medical record and include a discharge plan addressing appropriate follow up with her physician and/or licensed midwife.
- If the history taken for the presenting patient identifies that the woman has had no prenatal care and the nursing assessment indicates false labor, the patient must be physically evaluated by a physician, physician assistant, nurse practitioner, or licensed midwife (as determined by the Executive Committee of the Medical Staff and recorded in the Medical Staff Bylaws) for further treatment or effectuation of the patient discharge.
- If the assessment indicates the woman appears to be in labor, the Qualified Medical Personnel/Practitioner should proceed with treatment in accordance with hospital policy and procedures.

Pharmacological Initiation When Used to Induce or Augment Labor

As you may know, Section 405.21 of the State Hospital Code was revised effective September 2005. Language in the section of the new regulations dealing with pharmacological or surgical induction or augmentation of labor has been broadened to allow a “Qualified Practitioner” credentialed by the hospital to manage labor and delivery and to order the induction or augmentation of labor, e.g., oxytocin or prostin. The following process should be followed, with the appropriate staff person(s), as indicated, assuming responsibility for that step.

Induction/Augmentation of Labor

Process	Authorized Individual
<p>Step 1 Evaluation and Ordering. Qualified Practitioner evaluates the woman and assesses the fetal status to determine the need for induction or augmentation of labor. Such evaluation should be done within an appropriate time frame prior to ordering induction/augmentation as established by hospital policy. Indications should be recorded in the chart, and informed consent obtained. Prospective plan of management acceptable to the woman should be established and noted.</p>	<p>“Qualified Practitioner” means a licensed professional acting within his or her scope of practice who is privileged and credentialed by the hospital for management of labor and delivery, e.g., OB-GYN who has privileges to perform cesarean deliveries, other physician, licensed midwife.</p>
<p>NOTE: If the Qualified Practitioner does not have privileges to perform cesarean deliveries, a physician with such privileges shall be contacted prior to initiation of induction or augmentation and a determination made that he or she is readily available when the induction/augmentation is started. “Readily available” shall be defined by the hospital, but must be within 30 minutes. If the woman is attempting a vaginal birth after cesarean section (VBAC), a physician qualified and privileged to perform c-sections must be <i>immediately</i> available when the induction/augmentation is started.</p>	
<p>Step 2. Initiation/Administration. Administering the induction or augmentation agent, e.g., starting the IV drip</p>	<p>OB-GYN with privileges to perform cesarean deliveries; other physician; licensed midwife; physician assistant; an appropriately trained and credentialed nurse practitioner; or an appropriately trained and credentialed obstetric registered nurse.</p>
<p>Step 3. Monitoring. Observing the woman and monitoring the fetus for signs of maternal or fetal intolerance or adverse effects.</p>	<p>OB-GYN with privileges to perform cesarean deliveries; other physician; licensed midwife; physician assistant; an appropriately trained and credentialed nurse practitioner; or an appropriately trained and credentialed obstetric registered nurse.</p> <p>If observation is conducted by someone not privileged and credentialed to manage labor and delivery, i.e., not a physician or midwife, the physician or midwife who ordered the induction/augmentation is to be kept apprised of the progress of labor and any signs that the medication is not being well tolerated.</p>

Changes to §405.21

Section 405.21(e)(ii)(a) states a “[q]ualified practitioner as referred to in this section shall mean a practitioner functioning within his or her scope of practice according to State Education law who meets the hospital's criteria for privileging and credentialing practitioners in management of labor and delivery in accordance with the hospital's policies and procedures.” Section 405.21(e)(ii)(b) goes on to say “[p]harmacological or surgical induction or augmentation of labor may be initiated only after a Qualified Practitioner has evaluated the woman, determined that induction or augmentation is medically necessary for the woman or fetus, recorded the indication, obtained informed consent for induction or augmentation of labor, and established a prospective plan of management acceptable to the woman. If the Qualified Practitioner initiating these procedures does not have privileges to perform cesarean deliveries, a physician who has such privileges shall be contacted directly prior to initiation of the induction or augmentation and a determination made that he or she shall be available within 30 minutes of determination of the need to perform a Cesarean delivery. If the patient has had a previous cesarean delivery, a physician with cesarean privileges must be immediately available (on-site) during pharmacological induction or augmentation of labor.” For the purpose of writing the medical order to administer the oxytocic agent, a Qualified Practitioner is defined, as noted above, as an obstetrician-gynecologist who has privileges to perform cesarean deliveries or appropriately credentialed and privileged other physician, licensed midwife or physician's assistant.

Once ordered, the individual administering the induction or augmentation (start the flow of the intravenous oxytocic agent) and monitoring the patient following medication administration, may be a clinical staff person operating within his/her scope of practice who is authorized and credentialed by the hospital to perform this function, e.g., a physician, physician's assistant, licensed midwife, appropriately trained and credentialed nurse practitioner or appropriately trained and credentialed obstetric registered nurse. As per Section 405.21(e)(ii)(c), "a physician capable of managing any reasonably foreseeable complications from the induction or augmentation of labor shall be available within a timeframe appropriate to the woman's needs.”

If monitoring, or observation, is conducted by someone who is not privileged and credentialed by the hospital to manage of labor and delivery, that is, one who is not a physician or midwife, the physician or midwife who ordered the induction/augmentation is to be kept apprised of the progress of labor and any signs that the medication is not being well tolerated.

The regulations also require that when labor is induced, a physician who has privileges to perform cesarean deliveries should be readily available. “Readily available” is to be defined by each institution within the context of its resources and geographic location, but should not be defined as more than 30 minutes. If the patient has had a previous Cesarean delivery, a physician with Cesarean privileges must be immediately available during pharmacological induction or augmentation of labor.

With regard to both obstetric screening for false labor or pharmacological initiation of induction/augmentation of labor, it is expected that a hospital's polices and procedures

specifically delineate the requirements and process for designating the healthcare professional authorized to perform these activities, including training and competencies necessary to ensure quality patient care.

It is my hope the above information clarifies hospital requirements with regard to these two issues. Should you have further questions, please contact the Bureau of Hospital and Primary Care Services at (518) 402-1004.

Sincerely,

A handwritten signature in cursive script that reads "Martin J. Conroy". The signature is written in a dark ink and is positioned above the printed name.

Martin J. Conroy
Director
Bureau of Hospital and Primary Care Services.