



DEPARTMENT OF THE NAVY  
NAVAL MEDICAL COMMAND  
WASHINGTON, D.C. 20372-5120

IN REPLY REFER TO

NAVMEDCOMINST 6550.2

MEDCOM ~~5414~~ *5346*

6 Feb 85

*534 Jan 86  
DONE REVIEW  
per 590  
review*

NAVMEDCOM INSTRUCTION 6550.2

From: Commander, Naval Medical Command

Subj: UTILIZATION GUIDELINES FOR NURSE-MIDWIVES

- Ref: (a) Functions, Standards, and Qualifications for the Practice of Nurse-Midwifery, American College of Nurse-Midwives  
(b) OPNAVINST 6320.3  
(c) NAVPERS 158390, Manual of Navy Officer Manpower and Personnel Classification (NOTAL)  
(d) Handbook X-118, Qualification Standards for Positions Under the General Schedule, Nurse Series GS-610  
(e) BUMEDINST 5512.2C  
(f) NAVMEDCOMINST 6320.7  
(g) MANMED chapter 21  
(h) NAVMEDCOMINST 6320.8

1. Purpose. To establish guidelines for the utilization of nurse-midwives in the naval health care delivery system.

2. Background. Comprehensive maternity care is most efficiently and effectively delivered by interdependent health care disciplines. Specialty trained nurse-midwives have been a part of the obstetrical care team for many years.

3. Definition. A nurse-midwife is a registered professional nurse who has successfully completed an educational program recognized by the American College of Nurse-Midwives and approved by the Director of Naval Medicine that results in certification as a nurse-midwife. A nurse-midwife functions in an expanded and specialized area of nursing. This practitioner possesses the knowledge and clinical skills required to accept and provide for the interdependent management of women with essentially normal pregnancies and management of essentially normal newborns.

4. Scope of Practice. Nurse-midwifery practice is the interdependent management of care of essentially normal newborns and women, antepartally, intrapartally, postpartally, and gynecologically occurring within a health care system. It provides for medical consultation, collaborative management, or referral as defined in references (a) and (b).

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5. Utilization. Certain utilization policies have been established regarding nurse-midwives.

a. The nurse-midwife is assigned to the commanding officer of a naval medical activity in a specialty coded billet (reference (c)), or civilian position (reference (d)), and performs such other collateral duties assigned by the commanding officer which are within the scope of practice as defined by the American College of Nurse-Midwives. The nurse-midwife is professionally responsible to the Head, Obstetrics and Gynecology Department. Professional supervision at the patient care level may be delegated, in writing, to a staff physician in the department per reference (b).

b. Direct lines of communication shall remain open between the nurse-midwife and the nursing service in order to keep abreast of current policies. This is best accomplished by attendance at staff, charge nurse, or area coordinator meetings.

c. Watch standing shall be determined by the needs of the specific command and qualifications of the certified nurse-midwife. Watch standing shall be approved by the Head, Obstetrics and Gynecology Department and the commanding officer. Such assignments shall be contingent on having obstetrical specialty support immediately available. The details shall be included in the nurse-midwife's position description specific for that command.

d. The nurse-midwife shall wear a name tag at all times as required by reference (e). The tag shall have the words "nurse-midwife" imprinted below the name.

e. A billet (position) description detailing the areas of responsibilities, functions, and limitations appropriate to that command, as directed by reference (b), shall be promulgated for each nurse-midwife and approved by the commanding officer via the chain of command. It should include, but is not limited to, specific clinical privileges, circumstances which require consultation or referral, and a written listing of those drugs which the nurse-midwife is authorized to dispense.

f. Questions regarding State laws and regulations on scope of practice shall be handled by contacting the legal service office of the geographic naval medical command.

6. Medical Records. Legibility and accuracy of all entries on medical records are the responsibility of the nurse-midwife.

a. The records of patients seen by the nurse-midwife shall be selected at random for review in accordance with Joint Commission

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on Accreditation of Hospitals standards and other standards adhered to by the department (references (b) and (f)). Peer review committees shall include nurse-midwives if possible.

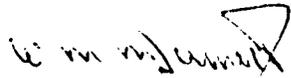
b. Orders written on inpatient medical records by nurse-midwives shall be cosigned by the department head or physician appointed per reference (b).

7. Ordering and Administering of Medication. The ordering and administration of all medications shall be carried out as directed in reference (g).

8. Credentials. The nurse-midwife must possess a current license to practice professional nursing. Clinical privileges shall be granted per reference (h). Certification by the American College of Nurse-Midwives is required.

9. Continuing Education. The nurse-midwife must comply with the continuing education requirements necessary to maintain State licensure and American College of Nurse-Midwives certification. Nurse-midwives shall attend departmental teaching conferences, rounds, and appropriate command and community education offerings. They shall be afforded the opportunity to attend at least one professional meeting each year. Commands shall maintain records on all continuing education credits obtained by the nurse-midwife.

10. Action. This instruction shall be effective upon receipt. Commanding officers shall promulgate necessary amplifying directives.

  
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