

Maternal-Fetal Medicine Department of OB/GYN

Name:		
	(Please print)	

- ' Initial privileges (initial appointment)
- ' Renewal of privileges (reappointment, on 2 year specialty cycles)
- ' Modification of privileges (request for any additional privileges beyond those previously granted)

Basic Education: MD or DO

Minimal formal training: Successful completion of an ACGME or AOA accredited residency in OBGYN, followed by successful completion of an ABOG or AOA approved fellowship in MFM. Current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years of training completion) leading to subspecialty certification in MFM by the ABOG or the AOBOG.

Current BLS strong recommended.

Required current experience: Inpatient or consultative services for at least 25 patients, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME or AOA accredited MFM clinical fellowship within the past 12 months.

Core Maternal-Fetal Medicine Privileges: Core privileges for MFM include the ability to admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult female patients with medical and surgical complications of pregnancy, such as maternal cardiac, pulmonary, and metabolic complications; connective tissue disorders; and fetal malformations, conditions, or disease. MFM physicians may provide care to patients in the intensive care setting in conformance with unit policies. Privileges also include the ability to 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 on the following procedures list and such other procedures that are extensions of the same techniques and skills:

Amnioreduction

Breech delivery (spontaneous, assisted, application of forceps)

Cephalocentesis

Chorionic villus sampling Complicated cesarean delivery Delivery of multiple gestations Genetic amniocentesis Intrauterine fetal therapy (thoracentesis, paracentesis, administration of medications, placement of shunts including thoracic, bladder, abdominal, and placement of urinary catheter) Interoperative support to obstetrician as requested, including operative first assist Laparoscopic enterolysis Manual removal of placenta Percutaneous umbilical blood sampling Rotational forceps delivery Transvaginal cervical cerclage Abdominal cerclage Version of second twin Facility (Check ALL that are applicable to your request) Children's** Baroness* North East Bledsoe/Sequatchie * Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics

Special Maternal-Fetal Medicine Non-Core Privileges: None

Cesarean hysterectomy

Request for Privilege Not Listed in Core or Special Non-Core (please list the privilege a	and provide ju	stification
as well as any accompanying certifications or case logs)		

^{**}Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

Department Chief Recommendation:

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

Recommended as Requested
Recommended with Modifications (See comments below)

Not Recommended (See comments below)

Chief Comments:

Provider Signature

Date

Date

Rev. 04/24

Chief Signature