STANDARDIZED PROCEDURE
CNM FIRST ASSIST DURING CESAREAN SECTION,
TUBAL LIGATION, AND LACERATION REPAIR (Adult)

These procedures are intended to describe procedures performed by Certified Nurse-Midwives at UC San Diego Health System. Deviations from these standardized procedures should be documented in a procedure or operative note.

I. Definition
By virtue of added knowledge and skill gained through an organized program of study, the Certified Nurse-Midwife First Assistant (CNM-FA) is capable of acting as a first assistant at obstetrical surgery (for example, cesarean section with or without tubal ligation). The CNM-FA carries out functions during the surgical procedure to assist the primary surgeon in performing a safe operation with optimal results for the patient. While independent midwifery and nursing skill and judgment are essential to this practice, CNM-FA intraoperative activities must be directly supervised by the obstetrician.

II. Background Information
A. Setting:
UC San Diego Health System locations.

B. Supervision:
Under direct supervision of the surgeon.

C. Indications:
To provide additional surgical support in the Operating Room to the attending obstetrician.

D. Precautions / Contraindications:
1. In the event the operating surgeon, during surgery, becomes incapacitated or needs to leave the OR due to an emergency, the responsibility of the CNM-FA is to:
   a. Maintain hemostasis, according to the approved standardized procedure.
   b. Keep the surgical site moistened, as necessary, according to the type of surgery.
   c. Maintain the integrity of the sterile field.
   d. Remain scrubbed in appropriate attire (gown, mask, gloves, cap).
   e. Remain at the field while a replacement surgeon is being located.
   f. Direct the RN circulator to initiate the procedure for obtaining a surgeon in an emergency.
2. It is recommended that midwives not assist in the following cases or in anticipated difficult or complicated operative deliveries, except emergent or urgent situations:
   a. Placenta previa
   b. Profound anemia
   c. Suspected DIC
   d. Multiple gestation delivery
   e. Gestation less than 32 weeks

III. CNM-FA Duties
The CNM-FA will act as surgical first assistant for cesarean sections (with or without tubal ligation), minor procedures and laceration repair when requested by the primary surgeon and in accordance with the experience and education of the individual CNM-FA. The performance of these activities is dependent on the ability of the CNM-FA to perform the activities, under the direction of the primary surgeon, and includes the following skills:

A. Provide good visualization by:
   1. closely observing the field at all times.
   2. retaining retractors with regard to surrounding tissue.
   3. managing instruments in the operative field to prevent obstruction of the surgeon’s view.
   4. anticipating retraction needs with knowledge of anatomical structures and c-section procedure.
   5. using suction or sponging to remove blood and fluids that may obscure the field

B. Provide hemostasis by:
   1. applying the electrocautery to clamps or vessels in a safe and knowledgeable manner as directed by the surgeon.
   2. sponging and utilizing pressure as necessary.

C. Under supervision, assist in the dissection performed by the surgeon, with dissection to include the layers of skin, subcutaneous fat, fascia, rectus muscle, peritoneum, bladder flap and uterus.

D. Assist in the delivery of the infant including fundal pressure when applicable.

E. Collect cord blood.

F. Assist in the delivery of the placenta by controlled cord traction or manual removal.

G. Assist in closure of layers by:
   1. correctly approximating the layers under the direction of the surgeon.
   2. demonstrating knowledge of the different type of closures including, but not limited to: interrupted, continuous, locked, subcuticular, and staples.
3. tying knots with knowledge of appropriate basic techniques
4. correctly approximate skin edges when utilizing skin staples.

H. Assist the surgeon at the completion of the surgical procedure by:
   1. applying the dressing per physician preference.
   2. expressing clots from the uterus.

I. If appropriately qualified, the CNM may first assist at minor procedures incidental to the cesarean section, i.e. BTL, post-placental IUD insertion, adnexal cyst removal, fibroid removal, and bladder repair. The CNM-FA may also assist the physician with complicated obstetrical laceration repair, postpartum D&C and hematoma evacuation.

V: Documentation
The physician is responsible for documenting the procedure and outcome. The CNM-FA is not required to document on the performed procedure.

VI: Patient Education
The CNM-FA is not required to provide immediate post-operative patient education. The postpartum RN will consult with the physician regarding post-op status and progress. The CNM should be knowledgeable in post-operative care if called upon to examine or counsel the patient while waiting for the physician response.

VII: CNM Qualifications / Requirements:
A. Education & Training: The CNM-FA must meet the following requirements:
   1. Full privileges as a Certified Nurse-Midwife at UC San Diego Health System.
   2. Successful completion of an approved CNM Cesarean Section First Assistant training program.

B. Competency as measured by training, experience and demonstrated skills which are consistent with UC San Diego Health System Standards including (but not limited to), aseptic technique, infection control, anatomy, physiology and relevant operative technique. Demonstrated skill in recognizing surgical hazards and initiating appropriate corrective action.

C. The CNM shall participate in two cases as standby/second assistant to a first assistant physician or experienced CNM, and shall be proctored for three cases as first assistant by an obstetrician.

D. CNM-FA privileges will be kept on file at the Medical Staff Office. On successful completion of the training program, the Chief of OB/Gyn will review the records and grant First Assistant privileges if they are recommended by the proctoring providers as appropriate.
VIII. RESPONSIBILITY

Please contact the Advanced Practice Council if you need help. The administrative assistant for the Chief Nursing Officer can direct you. Call: 619-543-3438

IV. HISTORY OF PROCEDURE

Reviewed by the Committee on Interdisciplinary Practice 3/27/2019
Medical Staff Credentials Committee 4/03/2019
Approved by the Medical Staff Executive Committee 4/18/2019
Executive Governing Body 4/23/2019