

ADVANCED PRACTICE PROVIDER STANDARDIZED PROCEDURE
The Certified Nurse Midwife as First Assistant at Surgery (Adult, Peds)



The Certified Nurse Midwife as First Assistant at Surgery

I. Definition

This standardized procedure is to allow the Nurse Midwife to safely serve as the surgical first assistant at a cesarean section. The “Midwife as Surgical First Assistant” is an expanded practice area for the certified nurse midwife (CNM) and certified midwife (CM). The midwife who serves as first assistant in surgery, functions as a perinatal and birth professional in the perioperative setting. The midwife provides continuity of care for clients, shortens ‘decision to incision’ time, and improves collaboration with physicians. The CNM first assistant directly assists the surgeon by controlling bleeding, providing wound exposure, suturing, and other surgical tasks. The CNM first assistant may provide other advanced assistance, such as mobilization of tissue, patient positioning, and directing other surgical team members with specific individual tasks. The CNM first assistant practices perioperative nursing and must have acquired the necessary specific knowledge, skills, and judgment in accordance with the Association of PeriOperative Registered Nurses (AORN). The midwife first assistant practices under the supervision of the surgeon during the intraoperative phase of the perioperative experience.

II. Background Information

A. Setting

The setting and population for the CNM is determined by the approval of the privileges requested on the APP Privilege Request Form. If the procedure is being done on a pediatric patient, involve Child Life and/or a legal adult guardian and use age-appropriate language and age-appropriate developmental needs, as appropriate to the situation.

B. Supervision

The necessity of this procedure will be determined by the midwife in collaboration with the attending surgeon for the surgery or procedure. Direct supervision is by the supervising physician or designee. Designee may be another attending physician within the department. Direct supervision will not be necessary if competency is established and maintained, as outlined in this standardized procedure. The midwife will notify the attending surgeon immediately upon being involved in any emergency or resuscitative events or under the following circumstances:

1. Patient decompensation or intolerance to the procedure
2. Bleeding that is unresolved
3. Outcome of the procedure other than expected

C. Indications:

To provide additional surgical support (exposure, hemostasis, suturing, etc.) in the operating room to the surgeon.

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D. Precautions/Contraindications:

1. As indicated by patient condition (potential for hazardous conditions)
2. In the event the operating surgeon, during surgery, becomes incapacitated or needs to leave operating room (OR) due to an emergency, the CNM is to:
 - a. Maintain hemostasis
 - 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

III. Materials

Materials may be used directly or indirectly. Materials include but not limited to:

- a. Suture material
- b. Surgical instruments (retractors, forceps, scalpel, etc.)
- c. Suction tip and equipment
- d. Electrocautery unit
- e. Dressings
- f. Tape and steri-strips
- g. Surgical sponges
- h. Draping materials
- i. Hemoclips
- j. Staplers

IV. Midwife First Assistant Duties

There are seven (7) processes that encompass the midwife first assistant in the operating room:

1. Assist with positioning, prepping, and draping of the patient or perform independently, if so directed by the surgeon. Participating in the time out prior to the procedure when applicable.
2. Provide retraction by:
 - a. Closely observing the operative field at all times.
 - b. Demonstrating stamina for sustained retraction.
 - c. Retaining manually controlled retractors in the position set by the surgeon with regard to surrounding tissue.
 - d. Anticipating retraction needs with knowledge of anatomical structures and the surgeon's preferences.
 - e. Provide retraction by the following measures including retracting tissues or organs by the use of the hand, placing and holding surgical retractors, packing sponges or laparotomy pads into body cavities to hold tissues and organs out of the operative

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field, managing all instruments in the operative field to prevent obstruction of the surgeon's view.

3. Provide hemostasis by:
 - a. Applying electrocautery tip to clamps or vessels in a safe and knowledgeable manner as directed by the surgeon.
 - b. Sponging and utilizing pressure as necessary.
 - c. Utilizing suction techniques.
 - d. Applying clamps on superficial vessels and then tying off or electrocoagulation of the vessels as directed by the surgeon.
 - e. Placing suture ligatures in the muscle, subcutaneous, and skin layers.
 - f. Placing hemoclips on bleeders as directed by the surgeon.
4. Perform knot tying by:
 - a. Having knowledge of the basic techniques.
 - b. Tying knots firmly to avoid slipping.
 - c. Avoiding undue friction to prevent fraying of suture.
 - d. Carrying knot down to the tissue with the tip of the index finger and laying the strands flat.
 - e. Approximating tissue rather than pulling tightly to prevent necrosis.
5. Provide closure of layers by:
 - a. Correctly approximating the layers under the direction of the surgeon.
 - b. Demonstrating knowledge of different types of closure.
 - c. Correctly approximating skin edges when utilizing skin staples.
6. Intraoperative Tissue Manipulation
The midwife will manipulate tissue and use surgical instruments during a surgical procedure as directed by the surgeon:
 - a. Expose and retract tissue
 - b. Clamp and sever tissue
 - c. Grasp and fixate with screws, staples, and other devices
 - d. Drill, ream or modify bone/tissue
 - e. Cauterize and approximate tissue
7. Assist the surgeon at the completion of the procedure by:
 - a. Affixing and stabilizing all drains
 - b. Cleaning the wound
 - c. Assist with applying casts, plaster splints or other devices as indicated

Pre-procedure

May pend the pre and post cesarean section smart set orders for physician approval.

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Post-Procedure

Assist moving the patient from the operating room to the recovery room as needed for room turnover.

V. Documentation

A. Written record by the attending surgeon reflects the presence and role of the CNM in the operating room.

B. All abnormal or unexpected findings are reviewed with the supervising physician.

VI. Competency Assessment

A. Initial Competency

1. The CNM will be instructed on the efficacy and indications of this procedure.
2. The CNM will demonstrate knowledge of the following:
 - a. Medical indications and contraindications of participation in this procedure
 - b. Risks and benefits of this procedure
 - c. Related anatomy and physiology
 - d. Informed consent process
 - e. Steps in performing this procedure
 - f. Documentation of this procedure
 - g. Ability to interpret results and their implications for this procedure
3. Completion of an approved registered nurse first assistant (RFNA) course or American College of Nurse Midwives (ACNM) first assistant course.
4. The CNM will observe this procedure in its entirety **THREE** times and perform the procedure **THREE** times under direct supervision of the supervising physician, another attending physician within the department, or a qualified CNM/RNFA (actively privileged for this standardized procedure or RNFA standardized procedure).
5. These cases must be entered in [UC Me](#) e-logs. This participation must be entered in the operative note.
6. Prior to the CNM performing this procedure without direct supervision, the supervising physician must document the CNM's competency, and the Office of Medical Affairs and Governance must notify the CNM that this privilege has been granted.
7. The CNM is responsible for ensuring all competency sign of documents are complete and sent to the Office of Medical Affairs and Governance.

B. Continued Proficiency

1. The CNM will demonstrate competence by successful completion of the initial competency (VI. A.) above.
2. The CNM must perform this procedure at least **SIX** times per **2-year reappointment cycle**. In cases where this minimum is not met, the CNM must again complete the criteria for initial competency (VI. A.).
3. Demonstration of continued proficiency shall be monitored through the procedure e-Log submitted to OMAG via [UC Me](#) with each renewal of credentials and privileges.

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4. The procedure e-Log must include the minimum of **SIX** cases per 2-year reappointment cycle with the patient's initials, medical record number, date, and documentation of any complications. If a complication occurred, a copy of the procedure note must be submitted with the e-Log.

VII. Responsibility

Questions about this procedure should be directed to the Chief Nursing and Patient Care Services Officer at 353-4380 and/or Chief of Advanced Practice Providers at advancedpractice@ucsf.edu.

VIII. History of the Procedure

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Reviewed January 2023 by the APP Standards and Compliance Committee

Approved February 2023 by the OR Committee

Approved February 2023 by the Committee on Interdisciplinary Practice

Approved February 2023 by the Executive Medical Board

Approved March 2023 by the Governance Advisory Council

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