

Administration of
local and pudendal
anesthesia by a
Certified Nurse
Midwife

Miss Diane Palmer's letter of February 21, 1981 had been circulated prior to the meeting. Also circulated were Sister Lucie's response, copies of a document from the A.C.N.M., Arizona and New Hampshire's rules and regulations relative to nurse midwife and Utah's amended/proposed rules and regulations. Miss Palmer is requesting "information contained [in] the Nurse Practice Act, Section 930 as it related to these issues.

- 1) The administration of local and/or pudendal anesthesia (Pudendal anesthesia will not be administered in any home birth situation, but I am requesting a ruling on this procedure in the event that I eventually would be practicing in a birthing room or hospital birth situation.)
- 2) Repair of episiotomies or perineal lacerations.
- 3) Administration of Pitocin or Methergine (intramuscularly) in an emergency to control post-partum hemorrhage. (Is a direct phone order required from the consulting obstetrician or may it be given before contacting him if the patients condition demands immediate action?)
- 4) Initiation of intravenous fluids (Lactated Ringers, D5W, or D5LR) prior to transport of patient to a medical facility."

Discussion ensued. The rules and regulations for the Certified Nurse Midwife and Nurse Practice Act were reviewed.

Motion

by Mrs. Gibbs seconded and carried that the Board's interpretation of Section 930 prohibits the administration of any form of anesthesia by a R.N. who does not meet the requirements specified in the Act.

It was suggested that the certified nurse midwives might wish to approach the Louisiana Association of Nurse Anesthetists in a joint effort to amend this section so the the CNM is an exception.

Motion

by Mrs. Gibbs seconded and carried that it be the opinion of the Board that the functions outlined in Miss Palmer's letter under 2, 3 and 4 are inherent in the role of the Certified Nurse Midwife.

It is understood certain precautions and observations would be pointed out to Miss Palmer; such as, the problem of anesthesia in the repair of episiotomies or perineal lacerations; properly signed protocols are tantamount to a physician's order and meet the requirements of R.S. 37:913; protocols should be reviewed periodically and revised as necessary. Further rule R.N. 1.061 (2) (h) 7) which reads,

"Performing duties and assuming responsibilities within the scope of the definition of nursing practice when competency has not been achieved or maintained, or where competency has not been achieved or maintained in a particular specialty."

be called to Miss Palmer's attention as this rule is a cause for disciplinary action against a licensee.