

## Underwritten by a Curi Company

## **OBSTETRICAL SERVICES** CERTIFIED NURSE MIDWIVES QUESTIONNAIRE

Medical Mutual Insurance Company of North Carolina MMIC Insurance, Inc. | UMIA Insurance, Inc. Arkansas Mutual Insurance Company Medical Security Insurance Company MMIC Risk Retention Group, Inc.

## curi.com

## Please complete this questionnaire if you provide obstetrical services as a certified nurse midwife.

Provider Name:		Curi Policy Number:	
1.	Specify total number of deliveries in the past two (2) years:		
2.	Where do deliveries occur? 🔲 Level I Hospital 🗌 Level II Hospital 🗌 Level III Hospital 🗌 Level IV Hospital		
3.	At the hospital(s) where you deliver, can a c-section be performed in thirty (30) minutes or less from decision to incision?		🗌 Yes 🗌 No
4.	At the hospital(s) where you deliver, are cord blood gases obtained for every delivery and appropriate placental pathology protocols established?		🗌 Yes 🗌 No
5.	Have you completed certification in both Advanced Life Support in Obstetrics (ALSO) and Neonatal Resuscitation Program (NRP)?		🗌 Yes 🗌 No
6.	Do you manage only low-risk pregnancies?		🗌 Yes 🗌 No
7.	Do you manage patients attempting TOLAC/VBAC deliveries?		🗌 Yes 🗌 No
8.	Is there an established written protocol for transferring care to an obstetri	cian?	🗌 Yes 🗌 No
9.	Is a physician always available for back-up?		🗌 Yes 🗌 No
FETAL HEART RATE MONITORING			
	. Is electronic fetal monitoring performed on all patients in active labor?		🗌 Yes 🗌 No
11.	Does the entire OB team where deliveries are performed know and apply the National Institute of Child Health and Human Development (NICHD) three-tier fetal heart rate interpretation system to categorize and react to fetal heart rate tracings during labor?		🗌 Yes 🗌 No
12.	Are all obstetrical staff where deliveries are performed (including CNMs and RN's) required to maintain current certification in electronic fetal monitoring?		🗌 Yes 🗌 No
COMMENTS			

I declare the information provided herein is complete and accurate. Providing false or misleading information may result in limiting or voiding coverage. I acknowledge a duty to timely inform you of any changes to answers provided herein.

Applicant Signature

Print Signature

Date