



OBSTETRICAL SERVICES

CORPORATE HEALTHCARE

QUESTIONNAIRE

Please complete this questionnaire if obstetrical services are being provided by any provider within the practice.

Policyholder/Applicant:	Curi Policy Number:
1. Where do deliveries occur? <input type="checkbox"/> Level I Hospital <input type="checkbox"/> Level II Hospital <input type="checkbox"/> Level III Hospital <input type="checkbox"/> Level IV Hospital <input type="checkbox"/> Other (outside of hospital) describe:	
2. Are TOLAC/VBACs performed? If yes, are anesthesia and surgical staff in-house?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Can a c-section be performed in thirty (30) minutes or less from decision to incision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are cord blood gases obtained for every delivery and appropriate placental pathology protocols established?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are all physicians who perform deliveries board certified or board eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have all physicians who perform deliveries completed certification in both Advanced Life Support in Obstetrics (ALSO) and Neonatal Resuscitation Program (NRP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
FETAL HEART RATE MONITORING	
7. Is electronic fetal monitoring performed on all patients in active labor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are all obstetrical staff where deliveries are performed (including CNMs and RN's) required to maintain current certification in electronic fetal monitoring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
FAMILY PRACTICE PHYSICIANS	
10. Are there family practice physicians providing obstetrical care? If yes, answer the following questions. If no, proceed to the next question.	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) Did each of the family practice physicians receive training as recommended by ACGME (at least 400 hours, or four months, dedicated to training on labor and delivery and perform or directly supervise at least 80 deliveries)? If no, explain the training received in the Comments section.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Do any family practice physicians perform c-sections? If yes, have they completed a fellowship recognized by the Board of Certification in Family Medicine Obstetrics (BCFMO).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
c) Are all family practice physicians required to maintain competency by performing a minimum of 15 deliveries within a 24-month period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Do family practice physicians manage only low-risk pregnancies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Do family practice physicians manage patients attempting TOLAC/VBAC deliveries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CERTIFIED NURSE MIDWIVES	
11. Are certified nurse midwives (CNMs) part of the medical staff? If yes, answer the following questions. If no, proceed to the next section.	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) Do CNMs manage only low-risk pregnancies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Do CNMs manage patients attempting TOLAC/VBAC deliveries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Is there an established written protocol for transferring care to an obstetrician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Is an obstetrician always available for back-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Do CNMs serve as on call coverage for physicians?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

Title

Date

Print Signature