

## Privileges in Obstetrics and Gynecology

**Applicant's Name:**

**Instructions:**

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.
5. To have **Administration of Sedation** privileges you must complete LPCH Sedation Privilege form (contact your medical staff coordinator for the form)

Required Qualifications	
<b>Initial Core Criteria Education/Training</b>	Obstetrics and/or Gynecology - Successful completion of an ACGME or AOA accredited Residency training program in Obstetrics and/or Gynecology or foreign equivalent training. Family Practice - Successful completion of an ACGME or AOA accredited Residency training program in Obstetrics and Gynecology or Family Medicine (with training in obstetrics) or foreign equivalent training.
<b>Obstetrics</b>	Current certification or active participation in the examination process leading to certification in Obstetrics and Gynecology by the American Board of Obstetrics and Gynecology or in Obstetrics and Gynecology by the American Osteopathic Board of Obstetrics & Gynecology or foreign equivalent training/board. Applicants must become board certified within 5 years of completion of residency and be recertified as required by the American Board of Obstetrics and Gynecology (ABOG) Documentation or attestation of the management of obstetrical and gynecological problems for at least 100 inpatients or outpatients as the attending physician (or senior resident), required during the past 2 years Completion of the LPCH Required Electronic Fetal Heart Rate Monitoring Course taken every two years
<b>Gynecology</b>	Current certification or active participation in the examination process leading to certification in Gynecology or Obstetrics by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology or foreign equivalent training/board. Applicants must become board certified within five (5) years of completion of residency and be recertified as required by ABOG. Documentation or attestation of the management of obstetrical and gynecological problems for at least 100 inpatients or outpatients as the attending physician (or senior resident), required during the past 2 years
<b>Reproductive Endocrinology and Infertility</b>	Subspecialty board certification or active candidacy with full subspecialty certification required within five (5) years or completion of fellowship, and ongoing recertification or foreign equivalent training/board.
<b>FPPE</b>	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF

## DURING THE APPROVAL PROCESS

## Core Privileges

Request	<b><i>Request all privileges listed below.</i></b> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	<b>Obstetrics: Privileges include, but are not limited to:</b> (Complex Procedures Requiring Additional Training are not Included in the Core Privileges)	
	Privileges to admit, evaluate, consult, perform history and physical exam, and provide treatment for female patients in any condition or stage of pregnancy	
	Management of ante-, intra-, and post-partum patients	
	Surgical procedures such as evacuation of the uterus in 1st, 2nd, and 3rd trimester fetal loss; cesarean delivery; instrumental vaginal delivery	
	Repair of genital tract lacerations including vaginal, cervical, and uterine lesions	
	Hysterectomy and adnexal surgery	
	Fetal assessment using basic level I ultrasound and standard techniques of electronic fetal monitoring	
	Management of medical and surgical complications of pregnancy such as hypertensive disorders, diabetes, appendicitis and pyelonephritis	
	Management of pregnancy complications including incompetent cervix, pre-term labor, pre-term rupture of the membranes, and post partum hemorrhage and infection	
	Management of malpresentations and multiple gestations	
	<b>Gynecology:</b> (Complex Procedures Requiring Additional Training are not Included in the Core Privileges)	
	Privileges to evaluate, diagnose, consult, perform history and physical, and provide pre-, intra-, and post-operative care necessary to correct or treat female patients presenting with illness, injuries, and disorders of the gynecological or genitourinary system, and non-surgical treatment of illnesses and injuries of the mammary glands. Includes use of laparoscope; hysteroscopy, diagnostic or operative.	
	First trimester surgical evacuation of the uterus	
	Management of abnormal uterine bleeding and menstrual disorders	
	Management of gynecologic tumors, excluding malignancies	
	Management of gynecologic infections	
	Laparoscopy, hysteroscopy, hysterectomy, dilatation and curettage	
	<b>Reproductive Endocrinology and Infertility</b>	
	Special procedures required for in vitro fertilization, and microsurgery related to infertility	

### Qualifications

<b>Renewal Criteria</b>	Obstetrics - Minimum of 40 Core obstetric cases required during the past 2 years; Completion of the LPCH Required Electronic Fetal Heart Rate Monitoring Course taken every two years Gynecology - Minimum of 10 Core gynecologic cases required during the past 2 years Reproductive Endocrinology and Infertility - Minimum 5 cases each oocyte retrievals; embryo transfers; office hysteroscopy required during the past two years
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### FPPE

Core - Obstetrics  
Core - Gynecology  
Core - Reproductive Endocrinology and Infertility

## Special Privileges

**Description:** Must also meet Required Qualifications for Core Privileges

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Treatment of Patients in Outpatient Clinics at Lucile Packard Children's Hospital [Criteria - Teaching appointment required]	
	Use of Fluoroscopy Equipment (or supervision of other staff using the equipment) [Criteria - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	
	<b>Obstetric - Complex Procedures:</b>	
	Level 2 Ultrasound [Initial Criteria - Fellowship in Maternal-Fetal Medicine (MFM) or Pediatric Radiology; 300 procedures/ 2-years Applicants must become board certified within five (5) years of completion of fellowship in subspecialty of Maternal-Fetal Medicine and be recertified as required by ABOG. Documentation log required. Renewal Criteria - Minimum 300 cases required in the past two years.]	
	Invasive fetal procedures [Initial Criteria - Fellowship in Maternal-Fetal Medicine (MFM) with documented training in invasive procedures. Applicants must become board certified within five (5) years of completion of fellowship in the subspecialty of Maternal-Fetal Medicine and be recertified as required by ABOG. Renewal Criteria - A minimum of 5 cases in the last two years, either Stanford or at a collaborating institution. Privileges include but are not limited to: Genetic Amniocentesis, chorionic villus sampling (CVS), percutaneous umbilical blood sampling and in-utero fetal transfusion (PUBS/IUT), amnioreduction, amnioinfusion (not in labor), in utero fetal shunt placement, fetal cardiac needle placement, fetal reduction (multi-fetal pregnancy reduction of twins, triplets and higher order multiples), septostomy, fetal drainage of fluid from lung, pericardium, bladder, abdomen and other viscera and cavities, Ex Utero Intrapartum Treatment(EXIT).]	
	Invasive fetoscopic-assisted procedures [CRITERIA - Initial: Completed fellowship in Maternal-Fetal Medicine (MFM) and/or Pediatric Surgery. Must have completed additional specialized training in fetal fetoscopic procedures following subspecialty training. Applicants must become board certified within five (5) years of completion of fellowship in the subspecialty of Maternal-Fetal Medicine or Pediatric Surgery and be recertified as required by their respective boards. Renewal: A minimum of 5 cases in the last two years, either at Stanford or at a collaborating institution. Privileges include but are not limited to: Fetal endotracheal balloon occlusion (FETO), fetoscopic laser photocoagulation of communicating placental vessels of twins and other higher order multiples, fetal cystoscopic procedures, fetoscopic assisted neural tube defect repair, fetoscopic excision of amniotic bands, bipolar umbilical cord occlusion and ablation of the umbilical cord through radiofrequency technique, Ex Utero Intrapartum Treatment (EXIT).]	
	Management of gynecologic cancer [Initial Criteria - Fellowship in GYN Oncology; 100 procedures/ 2 years Applicants must become board certified within five (5) years of completion of fellowship in subspecialty of Gynecologic Oncology and be recertified as required by ABOG. Documentation log required. Renewal Criteria - Minimum 50 cases required in the past two years.]	
	Termination of pregnancy by dilatation and evacuation - 2nd trimester [Initial Criteria - Documentation of OBG residency, number of cases performed; letter from Residency Director; 5 cases/ 2 years Documentation log required. Renewal Criteria - Minimum 5 cases required in the past two years.]	
	<b>Gynecology - Complex Procedures:</b>	

	Management of gynecologic cancer - medical and surgical [Initial Criteria - Fellowship in GYN Oncology; 60 cases/ 2 years Applicants must become board certified within five (5) years of completion of fellowship in subspecialty of Gynecologic Oncology and be recertified as required by ABOG. Documentation log required. Renewal Criteria - Minimum 50 cases required in the past two years.]	
	Radical hysterectomy, lymphodenectomy, and other radical surgery [Initial Criteria - Fellowship in GYN Oncology; 10 cases/ 2 years. Applicants must become board certified within five (5) years of completion of fellowship in subspecialty of Gynecologic Oncology and be recertified as required by ABOG. Documentation log required. Renewal Criteria - Minimum 10 cases required in the past two years.]	
	Construction of neo-vagina, and surgical remodeling of genetalia [Initial Criteria - Fellowship in GYN Oncology, UroGynecology, or documented experience; 5 cases/ 2 years Applicants must become board certified within five (5) years of completion of fellowship in subspecialty of Gynecologic Oncology and be recertified as required by ABOG. Documentation log required. Renewal Criteria - Minimum 5 cases required in the past two years.]	
	Fistula repair [Initial Criteria - Documentation of OBG Residency, number of cases performed, letter from Residency Director; or Fellowship in UroGynecology or Gynecology; 2 cases/ 2 years. Documentation log required. Renewal Criteria - Minimum 2 cases required in the past two years.]	
	Laser procedures [Initial Criteria - Must provide documentation of training which meets the basic requirements of laser physics, tissue interactions, dosimetry, laser safety, delivery systems, and applications for specific lasers; provide documentation of experience with the specific laser for which you are requesting privileges. Renewal Criteria - Minimum 10 cases required in the past two years.]	
	<b>SHC Emergency Medicine Physicians:</b>	
	Assist only in care of OB patients under supervision by OB Faculty doing Exams, Deliveries and C-Sections. [Initial Criteria - Meeting Core Privilege criteria for OB training or equivalency is not required. Current active privileges at SHC in Emergency Medicine. Renewal Criteria - Minimum 10 cases required in the past two years.]	

#### FPPE

Level 2 Ultrasound  
 Invasive fetal procedures  
 Invasive fetoscopic-assisted procedures  
 Management of gynecologic cancer  
 Termination of pregnancy by dilatation and evacuation - 2nd trimester  
 Management of gynecologic cancer - medical and surgical  
 Radical hysterectomy, lymphodenectomy, and other radical surgery  
 Construction of neo-vagina, and surgical remodeling of genetalia  
 Fistula repair  
 Laser procedures  
 SHC Emergency Medicine Physicians

#### Acknowledgment of Applicant

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Children's Health. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

Labor and Delivery - I attest that as part of my medical education I completed training and competency evaluation to perform pH testing (waived test category) for patient care.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this  
privilege request

Date

### Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

### Service Chief Recommendation - FPPE Requirements


Service Chief/Designee - By clicking on the 'Submit' button below, I have  
electronically signed, dated and approved this privilege request

Date