OBSTETRICS (MATERNITY CARE)
PGY-1
(Two 1-Month Rotations)

Description of Rotation or Educational Experience

This Obstetrics/Maternity Care rotation intends to provide Family Medicine residents with essential experience in maternity care, including the principles and techniques of prenatal care, management of labor and delivery, and postpartum care. Family physicians are often required to evaluate and manage medical conditions affecting pregnant women and/or women in their child-bearing years. It is essential for the Family Medicine physician to develop an appropriate level of knowledge and application of that knowledge in the care of these patients.

The structure of the experience entails two one-month rotations on the Obstetric service at the Mount Carmel St Ann’s Hospital during the PGY-1 year.

Goals

Upon completion of the two 1-month rotations, residents should be able to:

1. Demonstrate an appropriate level of knowledge (biomedical, cognitive and clinical) and the application of that knowledge in the care of the obstetric patient.
2. Develop a scholarly approach to each patient using evidence-based medicine.
3. Demonstrate an understanding of the role of the Family Medicine physician in the provision of obstetrical care and call on resources as needed in the system.
4. Demonstrate skill in communicating with patients, families, and colleagues regarding obstetrical issues.
5. Recognize the limits of one’s abilities and know when to seek appropriate consultation from the obstetrical specialist.

Patient Care

Goal

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Competencies

Residents are expected to:

1. Communicate effectively.
2. Demonstrate caring and respectful behaviors when interacting with patients and their families.
3. Gather essential and accurate information about patients.
4. Make informed decisions about diagnostic and therapeutic interventions.
5. Develop and carry out patient management plans.
6. Counsel and educate patients and their families.
7. Use information technology to support patient care decisions and patient education.
8. Perform all medical procedures considered essential to the specialty of Family Medicine.
9. Provide preventive health care consistent with the philosophy of health maintenance and disease prevention.
10. Work with health care professionals to provide patient-focused care.

Objectives
At the conclusion of the rotation, residents will be able to:

- Demonstrate ability to perform a pre-pregnancy evaluation and counseling.
- Manage an intrauterine pregnancy from prenatal counseling through labor and delivery and postpartum, recognizing any deviation from normal and obtaining appropriate consultation as needed.
- Perform an appropriate risk assessment for the pregnancy
- Perform a thorough initial pregnancy clinical assessment, including detailed history, appropriate physical examination, laboratory and diagnostic studies, and determine an accurate Estimated Date of Confinement (EDC).
- Perform gestational-age appropriate clinical assessment including history, appropriate physical examination, laboratory and diagnostic monitoring and counseling throughout the pregnancy.
- Monitor pregnancy for any evidence of adverse developments.
- Perform noninvasive evaluation of fetal gestational age and fetal-placental adequacy and development.
- Perform appropriate management of labor, including:
  - Fetal assessment antepartum and intrapartum
  - Internal fetal monitoring
  - Pudendal block and local anesthesia
  - Induction and augmentation of labor
  - Management of common intrapartum problems (e.g., hypertension, mild pre-eclampsia, fever, infection, nonreassuring fetal status, unanticipated shoulder dystocia, manual removal of placenta).
  - Failure of dilatation and arrest of descent
  - Normal cephalic delivery including use of vacuum extraction
  - Episiotomy and repair, including 2nd degree repair
  - Exploration of vagina, cervix and uterus when appropriate
- Perform appropriate management of common postpartum problems:
  - Hemorrhage
  - Endometritis
  - Uterine Atony
- Perform appropriate management of vaginal delivery after previous cesarean delivery (VBAC)
- Demonstrate ability to first assist at cesarean delivery
- Demonstrate ability to perform neonatal resuscitation
### Medical Knowledge

**Goal**
Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

**Objectives**
By the end of the rotation the resident will have the knowledge to:

- Demonstrate clear understanding of the basic principles for the management of a normal pregnancy and delivery.
- Demonstrate knowledge of basic anatomy and physiology in regards to fertility and pregnancy.
- Demonstrate an appropriate level of knowledge and application of that knowledge in the care of the obstetric patient.
  - Ability to explain normal maternal-fetal physiology.
- Discuss the role of anesthesia in labor:
  - Ability to discuss the role of cesarean section as both an elective and emergent option in the management of labor.
- Discuss pre-pregnancy planning and counseling
- Discuss the essential aspects of prenatal care, including risk assessment and genetic counseling
- Discuss the management of threatened spontaneous abortion
- Identify and discuss management of conditions that are obstetrical emergencies:
  - Preterm Contraction & Labor
  - Preterm Spontaneous Rupture of Membranes
  - Pre-eclampsia
  - Placenta Abruption
  - Chorioamnionitis/Endometritis
  - Postpartum Hemorrhage
- Discuss normal labor and delivery:
  - Fetal Monitoring
  - Analgesia and anesthesia
  - Dysfunctional labor
  - Obstetric complications
  - Indications for cesarean section
- Discuss normal postpartum care and common postpartum complications
- Discuss care of the normal newborn
- Discuss and manage common neonatal problems.
### Practice-Based Learning and Improvement

**Goal**
Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning.

**Competencies**
Residents are expected to develop skills and habits to be able to:
- Identify and perform appropriate obstetrical techniques and activities
- Incorporate formative evaluation feedback into daily practice.
- Locate, appraise and assimilate evidence from related obstetrical literature and journal clubs related to patients’ health situation and daily practice.
- Use information technology to optimize learning.

**Objectives**
At the conclusion of this rotation the Family Medicine PGY-1 will be able to:
- Utilize evidence-based medicine to determine appropriate strategies for obstetrics.
- Demonstrate the ability to investigate and evaluate the care of the obstetric patient to improve outcomes.
- Understand the importance of patient education and demonstrate the ability to facilitate the learning of others.

### Systems Based Practice

**Goal**
Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

**Competencies**
Residents are expected to:
- Work effectively in various health care delivery settings and systems relevant to surgical care
- Demonstrate an understanding of the role of the family physician in the provisions of obstetric care and call on resources as needed in the system.
- Coordinate patient care within the health care system and seek obstetric consultation as appropriate.
- Incorporate considerations of cost awareness and risk-benefit analysis in patient care

**Objectives**
- Demonstrate the ability to work as part of a team with other physicians, nursing and ancillary staff to provide comprehensive care to the obstetrical patient.
- Identify the role of the Obstetrician and obstetrical sub specialists as consultants.
- Discuss the importance of Family Medicine physician and Obstetricians/Gynecologists collaborating as partners in the evaluation, management and decision making for the care of the obstetrical patient.
Professionalism

Goal
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Competencies
Residents are expected to demonstrate:
- Compassion, integrity, and respect for others
- Responsiveness to patient needs that supersedes self-interest
- Respect for patient privacy and autonomy
- Demonstrate professionalism and top ethical standards in the care of diverse obstetric populations
- Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation

Objectives
By the end of the rotation, the resident will be able to:
- Demonstrate compassion and understanding to the diverse patient population while showing respect for the patients privacy and autonomy at all times.
- Define the ethical and legal issues involved with obstetrics.

Interpersonal and Communication Skills

Goal
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates.

Competencies
Residents are expected to:
- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds
- Communicate effectively with physicians, other health professionals, and health related agencies
- Work effectively as a member of leader of a health care team or other professional group
- Maintain comprehensive, timely, and legible medical records

Objectives
At the conclusion of the rotation, the residents will be able to:
- Discuss the importance of Family Medicine physician and Obstetricians/Gynecologists collaborating as partners in the evaluation, management and decision making for the care of the obstetrical patient.
• Legibly and thoroughly document the findings, impression, and plan for each obstetrical patient, using the problem-oriented patient care system
• Identify the role of the Obstetrician and obstetrical sub specialists as consultants.
• Demonstrate ability to accurately and concisely present the findings to the obstetrical attendings.
• Demonstrate skill in communicating with patients and families in the obstetrical setting.
• Effectively and compassionately communicate with patients and their families, being sensitive to multicultural beliefs and habits.
• Demonstrate sensitivity to the patient’s and family’s concerns and anxieties regarding the potential need for emergent obstetrical surgical intervention.

Teaching Methods

Teaching methods will include clinical real-time teaching, practice, and supervision by Obstetrical and Family Medicine Obstetrical teaching faculty and senior residents, as well as teaching conferences such as Grand Rounds, M&M, case presentations, teaching rounds, and journal clubs. The Obstetrics rotation will consist of a night float schedule with rotation shifts Sunday, Monday, Tuesday, and Thursday nights. The PGY-1 resident will work under the supervision of the OB/GYN PGY-2 resident and the OB/GYN Faculty Attending. The PGY-1 resident will be the first called for all obstetrical patient issues, including antepartum, intra-partum, postpartum along with vaginal and cesarean deliveries. The PGY-1 resident will have office hours one half day per week on Wednesday afternoons.

Additional educational components will be derived from mandatory review of specific modules on Procedures Consult, which is available through the MCHS Library. This program demonstrates with video and text techniques utilized in obstetrics and postpartum management. The residents will be given time during their rotation to complete these modules prior to the end of their month.

In addition, the PGY-1 resident will be responsible for the management of their own continuity patient in the Family Medicine Center after they complete their second month of the Obstetrics rotation. Longitudinal learning experiences also include obstetrical lectures as part of our core curriculum lecture schedule. Specific obstetrical procedural workshops are included in this lecture schedule. Other resources available to the resident include online computer resources and obstetrical reference materials in the residency library and hospital learning center.

Assessment Method (Residents)

1. At the end of the rotation, the Obstetrics and Family Medicine Obstetrics teaching faculty and attending Obstetricians on the service will provide an evaluation of the residents’ performance, using the evaluation form developed by the Family Medicine residency program. To successfully complete this rotation, the resident will demonstrate competence in all areas outlined in the curriculum. Cognitive competence must include not only familiarity with the factual aspects of Obstetrics, but also the ability to integrate
such factual knowledge into the daily practice of Family Medicine.

2. At the end of the rotation, the resident will perform a self-assessment, using the goals and objectives in the rotation description, to assess competency and to determine areas which still need further training and/or exposure.

3. The annual Family Medicine in-training examination will also assess the cognitive aspects of Obstetrics and Maternity Care.

**Assessment Method (Program Evaluation)**

1. The resident will evaluate the faculty and the Obstetrics rotation upon its completion by using the evaluation form developed by the Family Medicine residency program.

2. Both residents and faculty will complete the annual standard program evaluation.

**Level of Supervision**

Supervision of residents is carried out by both direct and indirect observation by the Obstetrics and Family Medicine Obstetrics faculty on the Obstetrics service.

**Administrative Information for the Obstetrics Rotation**

**Length:** Two 4-week rotations  
**Status:** Required  
**PGY:** 1

**Responsibilities to the Department of Family Medicine during this Rotation**

- # of half-days each week in the FM center: 1
- FM journal club required? Yes
- FM call required? No
- Primary Responsibility for hospitalized FM continuity patients? No
- Responsible for own FM obstetrical patients? Yes after first month of rotation completed
- Departmental Meeting (Every other month)? Yes
- Geriatric Rounds? No

**Responsibilities to the Obstetric and Family Medicine/Obstetric Attendings during this Rotation**

- Rounds: Daily, as determined by the attendings & Senior OB resident
- Conferences: as determined by the attendings & Senior OB resident
- Shifts required: 13.5 hour shifts Sunday, Monday, Thursday & Friday nights
- Supervising responsibilities? None
- Presentations: as assigned by attendings and Senior OB resident
## Educational Resources

### READINGS
- Lyons, P. *Obstetrics in Family Medicine,* Humana Press 2006
- *American Journal of Obstetrics & Gynecology*

### Normal Delivery
- [ACOG Updates Recommendations on Vaginal Birth After Previous Cesarean Delivery](#) [Practice Guidelines] (01/15/2011)
- [Upright vs. Recumbent Maternal Position During First Stage of Labor](#) [Cochrane for Clinicians] (02/01/2010)
- [Spontaneous Vaginal Delivery](#) (08/01/2008)
- [Preventing Postpartum Hemorrhage: Managing the Third Stage of Labor](#) (03/15/2006)
- [Should Active Management of the Third Stage of Labor Be Routine?](#) [Cochrane for Clinicians] (05/15/2003)
- [Predicting the Likelihood of Successful Vaginal Birth After Cesarean Delivery](#) [Point-of-Care Guides] (10/15/2007)
- [Examination of the Placenta](#) (03/01/1998)

### Abnormal Delivery
- [Instruments for Assisted Vaginal Delivery](#) [Cochrane for Clinicians] (07/01/2011)
- [Vacuum-Assisted Vaginal Delivery](#) (10/15/2008)
- [Dystocia in Nulliparous Women](#) (06/01/2007)
- [ACOG Recommends that Physicians Restrict Use of Episiotomy](#) [Practice Guidelines] (12/01/2006)
- [ACOG Issues Recommendations on Assessment of Risk Factors for Preterm Birth](#) [Practice Guidelines] (02/01/2002)

### Preterm Labor/Preterm Premature Rupture of the Membranes
- [Preterm Labor](#) (02/15/2010)
- [Are Oral Betamimetics Effective Maintenance Therapies After Threatened Preterm Labor](#) [Cochrane for Clinicians] (03/01/2007)
- [Preterm Premature Rupture of Membranes: Diagnosis and Management](#) (02/15/2006)

### Procedures/Monitoring
- [Spending Time with Patients in Labor](#) [Curbside Consultation] (11/01/2010)
<table>
<thead>
<tr>
<th>Topic</th>
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<tr>
<td>Intrapartum Fetal Monitoring</td>
<td>12/15/2009</td>
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<td>Repair of Obstetric Perineal Lacerations</td>
<td>10/15/2003</td>
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<td>Methods for Cervical Ripening and Induction of Labor</td>
<td>05/15/2003</td>
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<td>Transcervical Amnioinfusion</td>
<td>02/01/1998</td>
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<td>Emergencies</td>
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<td>Prevention and Management of Postpartum Hemorrhage</td>
<td>03/15/2007</td>
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<td>Shoulder Dystocia</td>
<td>04/01/2004</td>
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<td>Uterine Rupture: What Family Physicians Need to Know</td>
<td>09/01/2002</td>
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<td>Common Peripartum Emergencies</td>
<td>10/01/1998</td>
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<tr>
<td>ACOG Recommendations on Shoulder Dystocia [Clinical Briefs]</td>
<td>02/15/2003</td>
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<td>Management of Labor Pain</td>
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<td>Epidural Analgesia During Labor</td>
<td>10/15/1998</td>
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<td>Postpartum Care and Complications</td>
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<td>CDC Updates Recommendations for Contraceptive Use in the Postpartum Period [Practice Guidelines]</td>
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<td>An Approach to the Postpartum Office Visit</td>
<td>12/15/2005</td>
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<td>Screening for Depression Across the Lifespan: A Review of Measures for Use in Primary Care Settings</td>
<td>09/15/2002</td>
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<td>Breastfeeding</td>
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<td>Primary Care Interventions to Promote Breastfeeding: Recommendation Statement [U.S. Preventive Services Task Force]</td>
<td>05/15/2010</td>
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<td>Primary Care Interventions to Promote Breastfeeding [Putting Prevention into Practice]</td>
<td>05/15/2010</td>
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<td>Strategies for Breastfeeding Success</td>
<td>07/15/2008</td>
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<td>Why Can't I Get My Patients to Exclusively Breastfeed Their Babies? [Curbside Consultation]</td>
<td>07/15/2008</td>
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<tr>
<td>AAP Releases Updated Breastfeeding Recommendations [Practice Guidelines]</td>
<td>05/01/2005</td>
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<tr>
<td>Initial Management of Breastfeeding</td>
<td>09/15/2001</td>
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<tr>
<td>Promoting and Supporting Breast-Feeding</td>
<td>04/01/2000</td>
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<td>Procedures Consult Modules: Amniotomy, Cesarean Section, First and Second Degree Repair of the Perineum, First-Trimester Obstetric Ultrasound, Forceps Delivery, Intrauterine Pressure Catheter Insertion, Scalp Lead Placement, Third and Fourth Degree Repair of the Perineum, Third-Trimester Obstetric Ultrasound, Vacuum-Assisted Delivery, Vaginal Delivery</td>
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Last revised: 2/27/12 (TPG)
I, ________________________ hereby attest I have read the above goals and objectives of the Obstetrics (Maternity Care) Rotation and have reviewed them with ____________________________, who acts as my faculty advisor. I hereby attest that I understand these goals and objectives, how they relate to the 6 core competencies set forth by the ACGME, and agree to work diligently within their constructs.

________________________________________               _____________
resident signature                                                                                        date

________________________________________               _____________
faculty advisor signature                                                                             date