

Rotation: **Maternity Care**

Duration of Rotation (hours): 2 month; 60-80 hours/wk at The Christ Hospital

Contact Person: Dr. Montiel Rosenthal (TCH)

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Address: 2139 Auburn Avenue, Cincinnati, OH 45219

Faculty oversight: Montiel Rosenthal and Maternity Services Faculty

Supervision: (How it occurs):

All residents are directly supervised by an attending during labor, and indirectly supervised with direct supervision immediately available for all maternity care.

ACGME Requirements

must demonstrate competence in their ability to provide maternity care, including: (Outcome)

- distinguishing abnormal and normal pregnancies; (Outcome)
- caring for common medical problems arising from pregnancy or coexisting with pregnancy; (Outcome)
- performing a spontaneous vaginal delivery; and, (Outcome)
- demonstrating basic skills in managing obstetrical emergencies. (Outcome)

Content Areas Covered:

1. Preconception counseling
2. Nutrition and self-care in Pregnancy
3. Genetic Testing in Pregnancy
4. Routine laboratory screening and testing in pregnancy
5. HTN/ Pre-eclampsia during pregnancy
6. Gestational Diabetes Mellitus
7. Medical comorbidity in pregnancy (asthma, thyroid disease, epilepsy)
8. Antenatal testing/fetal monitoring
9. GBS management
10. Induction of labor/labor dystocia
11. Preterm Labor
12. Evaluation of Abruption
13. Evaluation and management of Placenta previa
14. PROM/PPROM
15. Macrosomia/Shoulder Dystocia
16. IUGR
17. NRFHT
18. Abdominal Blunt Trauma
19. First trimester bleeding
20. Breastfeeding/breast care
21. Post-partum depression
23. Domestic violence in pregnancy
24. Intrapartum anesthesia
25. Obesity in pregnancy

Specific Educational Strategies:

First year resident:

The first-year resident is limited to 80 hours of work per week averaged over 4 weeks with an average of one day off in seven days, and one evening off in each M-F period of time.

The first-year resident will be in prenatal clinic or Centering Pregnancy as scheduled throughout the week.

Home call will be taken outside of clinic duties. The first-year resident will not be on OB call during scheduled FMC patient care with their own patients. The first-year resident will be available for all deliveries or with the attending as long as there is no violation of duty hours. All patient encounters in the July - December period of the first-year or residency will be precepted face to face by Maternity Services Faculty before the patient leaves the clinic, emergency room, or OB triage area.

The first-year resident is responsible for keeping track of his or her duty hours and documenting these on New Innovations to avoid any violations.

The Duty Hour Guidelines permit residents to exceed the duty hour limits for experiences with significant educational value. The RRC in Family Medicine considers continuity of care to be a core principle of Family Medicine, and will permit residents to violate duty hours for continuity deliveries if the resident is not deemed impaired. Dr. Bernheisel must be notified if the resident elects to violate duty hours for continuity, and the resident is to not report this as a Duty Hour Violation.

Upper level resident (PGY2-5):

The second-year resident is limited to 80 hours of work per week averaged over 4 weeks with an average of one day off in seven days, and one evening off in each M-F period of time.

The second-year resident will be in prenatal clinic or Centering Pregnancy as scheduled throughout the week.

Home call will be taken outside of clinic duties. The second-year resident will not be on OB call during scheduled FMC patient care with their own patients. The second-year resident will be available for all deliveries either as backup for the first-year resident or with the attending as long as there is no violation of duty hours.

The second-year resident is responsible for keeping track of his or her duty hours and documenting these on New Innovations to avoid any violations.

The Duty Hour Guidelines permit residents to exceed the duty hour limits for experiences with significant educational value. The RRC in Family Medicine considers continuity of care to be a core principle of Family Medicine, and will permit residents to violate duty hours for continuity deliveries if the resident is not deemed impaired. Dr. Bernheisel must be notified if the resident elects to violate duty hours for continuity, and the resident is to not report this as a Duty Hour Violation.

Teaching Methods & Venues: Residents to complete all Maternity Care Canvas modules and tests and ABFM Knowledge Self-Assessment, prior their second month on their OB Rotations; Precepting in L&D, TCH Prenatal Clinic/Centering Pregnancy group visit prenatal sessions and FPC; Women's Health Core Lecture ten months out of the academic year from resident and faculty cases; resident presentation of higher risk and soon to deliver prenatal patients at monthly Prenatal Rounds with Maternity Services Faculty and Extramural Family Physicians; bedside teaching; didactic specialty lectures; core FM lectures; procedure workshops (Episiotomy, 3rd and 4th Degree Perineal Laceration repair, Colposcopic and LEEP Cervical Biopsy, Intracervical Block,

Pudendal Nerve Block, Neonatal Circumcision, and Dorsal Penile Nerve Block); maternity track longitudinal perinatal care and related QI projects; ALSO and NRP Courses

Evaluation Methods and Timing: Residents must maintain ALSO and NRP certification during residency; Maternity Services Faculty real time evaluation and feedback from inpatient perinatal care, outpatient prenatal care and continuity deliveries at The Christ Hospital; The Christ Hospital-Prenatal Clinic and TCHMA-FMC chart reviews with resident feedback.

Recommended Resources for the Rotation:

Ratcliff, et.al., Family Medicine Obstetrics. Mosby Elsevier, 2008

Up to Date

ACOG Bulletins

Canvas Maternity Care Curriculum

ALSO Provider text

Goals: (address, broad over reaching needs in a curriculum)

1. Provide independent, evidence based prenatal care for uncomplicated pregnancy.
2. Competently manage uncomplicated labor and delivery.
3. Recognize signs of fetal and maternal distress.
4. Engage in team care of the pregnant patient, including specialists, midwives, nurses, community health resources, and the patient.

Objectives/Evaluation Tools: (written as specific measurable, outcome based statements encompassing knowledge, skills, and attitudes)

Patient Care

1. Obtain complete, focused obstetric history, including relevant FH, PMH, and gynecologic history. Intern Year
2. Perform a complete obstetric evaluation at presentation for initial prenatal care, follow-up visits, and presentation in labor deliver. Skills include:
 - a. Pelvic adequacy evaluation Second Year
 - b. Evaluation of cervix (dilation, effacement) Intern Year
 - c. Assessment of station Intern Year
 - d. Fundal Height Measurement Intern Year
 - e. Fetal Heart Tones Intern Year
 - f. Assessment of fetal position and lie. Intern Year
3. Order and interpret routine prenatal laboratory data, including routine screening studies. Intern Year
4. Manage labor induction utilizing cervical ripening agents and oxytocin. Second Year
5. Placement of fetal monitoring devices (external and internal monitors) and interpret results for fetal well being:
 - a. Fetal heart monitoring during labor Intern Year
 - b. NST Intern Year
6. Perform and interpret Modified BPP for fetal well being. Second Year
7. Perform 10 continuity deliveries and either 20 vaginal deliveries or 30 total deliveries. Third (Fifth)Year
8. First assist C-sections. Intern Year

9. Recognize the signs and symptoms of pre-eclampsia, performing indicated laboratory studies and consulting obstetric support as indicated. Second Year
10. Evaluate and perform indicated laboratory and imaging test for first trimester and third trimester bleeding. Second Year
11. Perform a complete post-partum evaluation, including a complete history, screening for common complications of pregnancy, and obtaining and interpreting appropriate laboratory data. Intern year
12. Recognize and treat variants of normal, pregnancy complications and medical diseases associated with pregnancy (i.e. HTN, DM, Thyroid Disease, Asthma). Second Year
13. Recognize and treat depression antenatally and post partum. Intern Year

Medical Knowledge

1. List the routine laboratory and imaging screening recommendations for routine prenatal care, including:
 - a. Routine initial prenatal laboratory data Intern Year
 - b. Gestational diabetes screening Intern Year
 - c. GBS screening Intern Year
 - d. Vaccination recommendations Intern Year
2. Define the following:
 - a. Preterm labor
 - b. IUGR
 - c. PROM
 - d. PPRM
3. Define pre-eclampsia, differentiating mild from severe and list the laboratory and fetal monitoring recommendations. Intern Year
4. List the indications for induction of labor, and explain the different methods for induction. Second Year
5. Describe the normal progression of labor. Intern Year
6. List the differential for first and third trimester bleeding. Intern year
7. Describe the nutrition recommendations for prenatal and post-partum patients. Intern Year

Interpersonal and Communication Skills

1. Counsel patients on fetal testing for genetic abnormalities. Second Year
2. Counsel patients with a new diagnosis of pregnancy. Intern year
3. Provide pre-conception counseling. Intern Year
4. Create and sustain a therapeutic and ethically sound relationship with patients. Intern Year
5. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills. Intern Year
6. Work effectively with others as a member or leader of a health care team or other professional group. Intern Year

Practice-based Learning and Improvement

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

1. analyze practice experience and perform practice-based improvement activities using a systematic methodology. Second Year

2. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems. Intern Year
3. Obtain and use information about their own population of patients and the larger population from which their patients are drawn. Intern Year
4. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness. Intern Year
5. Use information technology to manage information, access on-line medical information; and support their education. Intern Year
6. Facilitate the learning of students and other health care professionals. Second Year

Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

1. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitments to excellence and on-going development. Intern Year
2. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices. Intern Year
3. Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities. Intern Year

Systems-Based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

1. Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice. Second Year
2. Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources. Third Year
3. Practice cost-effective health care and resource allocation that does not compromise quality of care. Second Year
4. Advocate for quality patient care and assist patients in dealing with system complexities. Intern Year
5. Know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance. Intern Year