

**University of Iowa Family Medicine Residency Program Rotation Curriculum
Goals and Objectives**

Title of Rotation: Family Medicine Maternal and Newborn Medicine (9024)

Contact Person: Dr. Sarah Jorgensen

Rotation Director: Dr. Sarah Jorgensen

Location(s) and Where to Report: Morning sign out in the Check-out Room; Labor and Delivery Workroom after receiving turnover.

Rotation Week Schedule

Time	Weekdays*
0645	Morning Sign Out
0730	Multidisciplinary Team Sign Out (0700 on Tuesdays)
0800-0830	Pre-Rounding
0830	OB Day Call Faculty Rounding
0646-1759	OB Service
1730	Multidisciplinary Team Sign Out
1800	Evening Sign Out
SATURDAY AM	Round on Newborn and PP Patients

Multidisciplinary Team Sign Outs: MBU conference room, 6JPP. Led by OB senior resident, attended by providers from Peds, Anesthesia, Family Medicine and OB, and nurse from LDR, MBU, NICU and NNSY.

Report Absences to: Faculty member on service **AND** Family Medicine absence phone: 319-384-7776 **AND** Family Medicine absence email: FamilyMedicineAbsenceLine@healthcare.uiowa.edu

Goal

To appropriately triage and treat pregnant women, manage labor, both spontaneous and induced, and perform vaginal deliveries. Additionally, the resident will develop skills in managing obstetrical emergencies such as postpartum hemorrhage, shoulder dystocia and assisted vaginal delivery. The resident will also provide postpartum and newborn care as well as care for any family medicine babies less than 3 months of age needing admission.

Curriculum Overview

- OB/Newborn Census- update inpatient list (deliveries, newborn admissions, OB admissions, OB triage)
- Triage Family Medicine Obstetrical patients presenting to Labor and Delivery.
- Manage labor for Family Medicine patients. May also deliver patients if continuity provider is not available.
- Round on postpartum patients and newborns.

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- Perform circumcisions on newborns who parents desire the procedure performed on their child.
- Provide newborn follow up after discharge if appointment is needed.
- OB Chart Review- list will be provided by Dr. Walter and review will be completed with faculty. Problem list and pink sticky note should be updated. Inform continuity provider of any deficiencies found and/or any recommendations.
- Brief (5-10 minute) presentation during the OB faculty meeting on recent ACOG article summarizing key points and review of existing related institutional and departmental policy or guideline.
- Present end of month statistics at noon conference. Presentation will include statistics, strip review and ACOG bulletin review. (see attached PowerPoint)

Rotation Description: The Maternal and Newborn rotation provides coverage of our Family Medicine obstetrical and newborn (<3 months old) patients in the Family Care Center, Scott Blvd Iowa City clinic, IRL-East clinic, North Liberty Clinic, River Crossing and Muscatine. This rotation will allow residents to develop obstetrical skills to provide comprehensive, continuous, and patient focused care over time.

Any pregnant patient or patient with postpartum complication and any newborn (≤ 3 months) whose PCP is from the Department of Family Medicine and who requires inpatient care for any obstetrical and/or medical condition consistent with Family Medicine privileging will be admitted to and cared for by the resident and faculty on the Family Medicine Maternal-Newborn Service.

Competency Based Objectives

1. Patient Care

- a. Provide compassionate, culturally sensitive care for women, their support team and newborn.
- b. Seek appropriate consultation from obstetrician, maternal fetal medicine specialist, pediatrician, or other specialists when necessary to further patient care.

2. Medical Knowledge

- a. Understand the indications for and become competent in performing routine procedures involved in labor and delivery, including:
 - i. Use of epidurals and administration of local anesthetics
 - ii. Induction and/or augmentation of labor
 - iii. Cervical exams
 - iv. Cook catheter placement
 - v. Amniotomy
 - vi. Fetal scalp electrode and Intrauterine pressure catheter placement
 - vii. Vaginal deliveries
 - viii. Repair of vaginal and perineal lacerations
- b. Evaluate and assist in treating patients for common pregnancy conditions including:
 - i. Rupture of membranes
 - ii. Gestational hypertension and preeclampsia

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- iii. Labor dystocia
- iv. Postpartum hemorrhage
- 3. Practice-Based Learning and Improvement**
 - a. Access current clinical practice guidelines for management of the obstetrical patient.
 - b. Function as part of the team.
- 4. Systems-Based Practice**
 - a. Coordinate patient care in the Labor and Delivery and Newborn nursery setting.
 - b. Be familiar with algorithms used on labor and delivery and in the newborn nursery when evaluating common complaints and/or conditions.
 - c. Work effectively in interprofessional teams to enhance patient safety and improve quality of care.
- 5. Professionalism**
 - a. Demonstrate a commitment to carrying out professional responsibilities.
 - b. Able to educate patients and their families in a manner respectful of gender, cultural, religious, economic, and educational differences.
 - c. Be receptive and responsive to feedback.
- 6. Communication and Interpersonal Skills**
 - a. Use communication skills to build rapport with patients, families, and other healthcare professionals.
 - b. Provide timely documentation in the electronic medical record.
 - c. Facilitate collaboration with patients, families, and other health professionals.

ACGME Requirements

Residents must demonstrate competence in their ability to provide maternity care, including:
IV.B.1.b).(1).(c).(i) distinguishing abnormal and normal pregnancies; (Core)
IV.B.1.b).(1).(c).(ii) caring for common medical problems arising from pregnancy or coexisting with pregnancy; (Core)
IV.B.1.b).(1).(c).(iii) performing a spontaneous vaginal delivery; (Core)
IV.B.1.b).(1).(c).(iv) demonstrating basic skills in managing obstetrical emergencies. (Core)

Program Requirements

Residents are required to have 40 deliveries (30 of which need to be vaginal deliveries), including 5 continuity deliveries, prior to graduation. Continuity delivery is defined as seeing the patient for at least two prenatal visits, participating in the management of labor as well as the delivery, and seeing the patient on postpartum rounds and/or for the six-week postpartum delivery.

Recommend Reading/Viewing

Obstetrics:

ACOG Practice Bulletin 106: Intrapartum Fetal Heart Rate Monitoring: Nomenclature, Interpretation, and General Management Principles
ACOG Practice Bulletin 107: Induction of Labor
ACOG Practice Bulletin 178: Shoulder Dystocia
ACOG Practice Bulletin 183: Postpartum Hemorrhage
ACOG Practice Bulletin 190: Gestational Diabetes

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ACOG Practice Bulletin 198: Prevention and Management of Obstetric Lacerations at Vaginal Delivery
ACOG Practice Bulletin 203: Chronic Hypertension in Pregnancy
ACOG Practice Bulletin 217: Prelabor Rupture of Membranes
ACOG Practice Bulletin 219: Operative Vaginal Delivery
ACOG Practice Bulletin 222: Gestational Hypertension and Preeclampsia

Newborn:

Lewis ML. A comprehensive newborn exam: part I. General, head and neck, cardiopulmonary. Am Fam Physician. 2014 Sep 1;90(5):289-96.
Lewis ML. A comprehensive newborn exam: part II. Skin, trunk, extremities, neurologic. Am Fam Physician. 2014 Sep 1;90(5):297-302.
Muchowski KE. Evaluation and treatment of neonatal hyperbilirubinemia. Am Fam Physician. 2014 Jun 1;89(11):873-8.
Omole F, Smith W, Carter-Wicker K. Newborn Circumcision Techniques. Am Fam Physician. 2020 Jun 1;101(11):680-685.
Hermansen CL, Mahajan A. Newborn Respiratory Distress. Am Fam Physician. 2015 Dec 1;92(11):994-1002.
Barreto T. Pulse Oximetry Screening for Critical Congenital Heart Defects in Newborns. Am Fam Physician. 2019 Apr 1;99(7):421-422.

References

ACOG Practice Bulletins and Clinical Practice Guidelines
ACGME Program Requirements for Graduate Medical Education in Family Medicine
FPINFO Obstetrics
UIHC Family Medicine OB Policies
Competency Based Objectives adapted from Community Memorial Health System Residency Program