

FAMILY MEDICINE RESIDENCY MATERNAL & NEWBORN MEDICINE (“9024”)

The University of Iowa Hospitals & Clinics

Rotation Director: Dr. Alka Walter
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Contact Person: Dr. Alka Walter

Report Absences to: Family Medicine Acute Absence Line (384-4776)
and Family Medicine Absence email

FamilyMedicineAbsenceLine@healthcare.uiowa.edu

and the faculty member on the service.

Goal: The purpose of this rotation is to gain experience in the triaging of pregnant patients, providing usual intrapartum and postpartum care, managing intrapartum and postpartum complications and providing care to newborn infants, both healthy and ill.

Curriculum Overview:

Brief 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 Boulevard Iowa City Clinic, Iowa River Landing East Clinic, North Liberty Clinic, River Crossing Clinic, Muscatine Clinic and Cedar Rapids Clinic. 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** 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.

Resident Schedule

Morning Sign Out: 6:45 AM

Evening Sign Out: 6:00 PM

OB Multidisciplinary Sign out: 7:30 AM (7:00 AM on Tuesdays)

OB Multidisciplinary Sign out: 5:30 PM

Rounding with faculty: 8:30 AM

- If you have an active laboring patient, sign out will occur on Labor & Delivery.

- The EPIC sign out report must be completed and updated by the resident taking care of the patient before sign out is given.
- You will round on one weekend day (Saturday or Sunday morning) on newborns and postpartum patients. Active laboring patients and new admissions will be handled by the on-call team
- This is an inpatient rotation and you will be required to work on holidays
- You will not have your COC clinic during your 2 weeks on 9024
- You and/or OB day call faculty will try to attend the **OB simulation** run on the Tuesday mornings once per month from 9 AM-10 AM at MBU conference. Please contact Lauren Coyne to let you know that you are going.
- **OBGYN lectures** are on **Tuesday morning at 7:30 AM** in Melrose Conference Room 1 & 2 and the expectations are for you to attend those unless busy with patient care. (Skype link and Attendance Code available from Dr Walter or your FMOB day call staff)

Responsibilities

- Meet with current 9024 resident **BEFORE** your rotation begins to review specific details of daily routines (EPIC order entry, note templates, etc).
- Review the 9024 EPIC patient list the day before rotation begins and each Sunday to become familiar with patients on service
- Resident carries the 9024 pager and Voalte phone 80556 (OBFP with password 11111)
- Resident is responsible for every OB patient in L&D, antepartum and postpartum care
- Resident is responsible for every newborn infant (up to 3 months old) admitted to the service.
- You will present at OB Case Presentation. Schedule will be sent to you via Medhub. For more information, please see below.

Dress Attire

- When on Land D, please wear the burgundy scrubs.

Admission Policies

- Please review Admission Protocols on FPINFO under “Dept Fam Med” prior to beginning the rotation
 - DFM Admissions Algorithms/DFM OB Policies
 - DFM Faculty Notification of OB Patient

FMOB Day Call Faculty Supervision & Evaluations

- The **OB day Call Faculty** will usually be your faculty for one week at a time. There are some weeks that the OB day faculty will be shared among different faculty. We would like for you to share any ideas you have about how to make this rotation better for you (education, experience, hands-on). At the same time, you will get feedback from faculty via Medhub and in person.

You will receive a hemostat, scissors, needle holder, suture material and a pick-up to be able to practice suturing and knot tying. At the end of the rotation, ***it is your

responsibility to disinfect instrument and bring those back to Dr Walter by the last Friday of your rotation.

Suggested References & Readings

- **To carry in your lab coat:** ALSO cards, EFM interpretation card (yellow card), NRP card, Category II Management card, Pink card
- Please review the Newborn/Maternal Care Objectives and Readings. You may find these in Medhub under Resources/Documents and then Curriculum Objectives and then Newborn/Maternal Care-9024.
- There is an **ABFM SAM Module on Maternity Care** that you may consider completing as well. Please contact Cinda Blake if you need help recalling your log in information.
- The AAFP has a great resource –AFP Topics: Family Planning & Contraception, Labor Delivery & Postpartum Issues, Neonatology/Newborn Issues and Prenatal. <http://www.aafp.org/afp/topicModules/viewAll.htm>
- **Ratcliffe et al. (2008). *Family Medicine Obstetrics* 3rd edition. Philadelphia:** Mosby Elsevier. You may access this through Hardin Library—Clinical Key and search under books. This is a great resource.
- Cunningham, F.G. [and others]. *Williams obstetrics*. 25th ed. Stamford, CT: Appleton & Lange, 2018. This can be accessed via Hardin Library.
- Gabbe, S. G., Niebyl, J. R., Simpson, J. L., & Anderson, G. D. (2020). *Obstetrics: Normal and problem pregnancies 8th edition*. New York: Churchill Livingstone. This can be accessed via Hardin Library.
- FPINFO Obstetrics
- FPINFO Neonatology
- Iowa Nursery Handbook (Found in FPInfo>Neonatology>Neonatology Tools>Iowa Nursery Handbook)
- Iowa Neonatology Handbook (Found in FPInfo>Neonatology>Neonatology Tools> Iowa Neonatology Handbook)

Daily Workflow

- ***Rounding***: You will discuss with OB day call Faculty time for rounding (usually rounding starts at 8:30 AM unless busy in L&D). Pre-round yourself by reviewing patients charts and examining patients to know about the case, collect vitals, pertinent labs, any overnight events and think about management plan for the day. During rounding, you are expected to give full presentation of patient every day.
- **Multidisciplinary team Sign out**: every morning at 7:30AM (except Tuesday AM, which will be at 7AM), and every evening at 5:30PM, there is multidisciplinary sign out at the MBU conference room on 6JPP, which is led by OB senior resident, attended by providers from Peds, Anesthesia, Family Medicine and OB, and also nurse from LDR, MBU, NICU and NNSY. You are required (unless busy in L&D) to attend if we have active labor patients or antepartum patients on service. You will

present our patients in the format of signing out. Please review the case(s) with your OB faculty before attends.

- **9024 Pink Skills card:** To be filled out by the FMOB Faculty at the time of skill performed and topic discussed. Topic to discuss can found on the other side of the pink card and needs to be checked off by faculty. *Please submit card to Dr.Walter at the end of rotation*
- **OB Chart Review:** to be done with the faculty (at the same time or discussing the case after review):
 1. You will review the following OB charts during your 9024 rotation
 - a. Patients scheduled for IOL during your assigned block (list will be given to you). Review indication, method, etc.
 - b. Patients who are 28w0d to 32w0d on the assigned patient shared list given to you. Please start with the 32w0d patients.
 - c. Patients who are identified as higher OB risk
 2. We will document when a chart has been reviewed in the comments section of the outpatient Epic OB list.
 3. During chart review the elements of the OB problem list will be independently verified and updated.
 4. The Overview Tab in the Pregnancy /prenatal visit tab
 5. If an OB problem list has not been started, then one will be created during chart review. The PCP is still primarily responsible for creating the OB problem list for their patient after the OB work-up visit.
 6. When a deficiency is noted during chart review, we will use the following process to inform the PCP and track response.
 - a. The 9024 resident will create a staff message in Epic with listed deficiencies that will be sent to the resident and/or faculty who is following the patient
 - b. The 9024 resident will CC the staff message to them self
 7. At the end of the month the 9024 resident will create a combined list of deficiencies from the CCed messages to be given to the next month's resident who will confirm that the deficiencies have been addressed by the PCP
- **ACOG article review:** at the beginning of rotation, Dr. Thoma /Dr Shen will send 1-3 most recent ACOG articles. You will pick one of them and present at the FMOB faculty meeting, as scheduled. The presentation is informal, 5-min, including brief summary of the article and related evidence and review of existing related institutional and/or departmental policy or guideline if there is any.
- **OB/Newborn census:** Keep the inpatient list (deliveries, newborn admissions, OB admissions, OB triage, etc) up to date for OB Presentation. You can make your own list in Epic. Make sure to add the patients that are on the service even during the days you are not on.

- **OB-newborn follow up:** Sometimes during the rotation, you may get page from the clinic to ask you if you could see an OB/newborn patient. IF you are not busy with inpatient care or didactic learning, you are encouraged to go see those patients.
- **Residents COC list:** The 9024 resident is in charge of keeping this list up to date. You will receive an e-mail from Cinda with the current OB COC patient list. Please, follow the steps to make this list accurate and report back to Cinda.
- **Circumcisions:** When scheduling a newborn circumcision, please determine day and time with the faculty, communicate with the nurse taking care of the baby so they can give Tylenol to the baby at the appropriate time and put the name, day and time in the white board located in the Peds workroom next to the nurse station on MBU 6th floor. If the circumcision is going to be done on the 3rd floor, there is no white board there so good communication with nurses is KEY!!!. If the baby will return for the circumcision as an outpatient procedure, an encounter needs to be created by the MBU clerk, the MBU charge nurse informed and time/date/name to be written on the white board.
- **Labor and Delivery:** You will be involved with the care of all the FM-OB patients. You will be the resident to assess all the OB patients that come to L&D. If one of the residents' COC patients is in the hospital for induction or labor, **you will manage the patient with the resident.**
- **FM Clinic Pediatric visits:** When the service has a low census, you are also encouraged to see any pediatric visits in faculty COC clinic and staff with them. Your FMOB day call faculty can assist you with this.
- As part of team effort to facilitate discharging patients from MBCU in a timely manner, here are some of the things recommended by the postpartum units:
 - Enter vaccines as needed when placing postpartum order
 - Anticipate discharge needs (prescriptions, follow up appointments) prior to the discharge day, especially if the discharge day falls on weekends.
 - Plan for procedures to be done the day before discharge when possible, such as Nexplanon placement and circumcision.
 - Round on the patients who will be discharged that day **first.**

Important order sets:

OBG: LABOR ADMISSION

OBG: OB TRIAGE

OBG: Postpartum Vaginal Delivery

OBG: Postpartum Discharge orders

OBG: LDR SCHEDULED VISITS (for ordering US/AFI on labor and delivery as well as return nurse visits for BP checks etc)

PED: Newborn Nursery Admission

PED: NNSY: NEWBORN CIRCUMCISION

PED: GLUCOSE PROTOCOL

PED: NNSY: SEPSIS

Common Newborn nursery diagnoses:

Search with using following terms:

“liveborn infant” vaginal or cesarean

“newborn infant”

“neonatal” sepsis/hypoglycemia

Sign-out documentation:

.fammothersignout

.fambabysignout

Before printing out the handoff, please ensure you are in the following context:

‘Family Medicine Obstetrics’

Hospital documentation: the templates to use during this rotation are:

FAMLABOR (admission note for triage and labor)

FAMLNDSOAP (progress note in labor)

FAMOBDELIVERY

FAMOBSHOULDER

FAMPPPROGRESS

FAMPPDISCHARGE

FAMNEWBORNRESUCITATION

FAMNNADMIT

FAMNNSYPROGRESS

FAMCIRCUMCISION

FAMNNSYDISCHARGE

- When completing the delivery procedure note, please place an order for “delivery” and then click on procedure documentation. In the note space, you

may use the appropriate dot phrase to bring in the template (ie DELIVERYNOTE).

- **The resident rounding on patients is responsible for completing the daily progress note by 11pm (preferably before end of shift).**
- **The resident rounding is responsible for completing the discharge note on patients by 11pm the day of discharge (preferably completed at time of discharge).**
- ***When possible, the delivering physician will start the discharge summary for both mom and baby. If this is not done, it is still the person discharging the patient to be responsible for completing the discharge summaries.***

OB Case Presentation

You are responsible to present and lead the OB Case Presentation (15 minutes) at the end of the month. You will receive an e-mail with the date. This conference is intended to highlight the OB/ Newborn inpatient cases that occurred during the month.

You should present:

- a) OB census, vaginal/operative deliveries, antepartum inpatient cases if any.
- b) Newborn census: admissions, newborn procedures.
- c) FH tracing: please identify a FH monitoring from one of the patients you or any other residents had during the month and present it at the conference. The objective of doing that is to improve FH monitoring reading, assessment and patient's management.
- d) Learning experiences you or any resident had during the month (case presentation if appropriate).

9024 ROTATION MISCELLANEOUS RESOURCES

SCRUB ACCESS

Any resident that wants scrub access needs to:

1. Swipe their badge at a scrub ex machine and write down the numbers that pop up
2. Pick a scrub size from the list on the machine
3. Send email of steps 1-2 and their name to heidi-bernard@uiowa.edu

PRACTICE KITS AVAILABLE

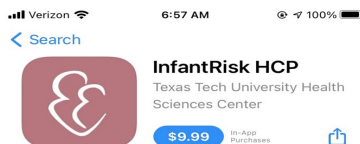
1. IUPC/FSE/Cook catheter
2. Perineal Laceration model
3. Infant CPR
4. Suture kit
5. Yarn for hand tie practice
6. Nexplanon practice kit

BREAST FEEDING/LACTATION RESOURCES/FORMULA FORTIFICATION

We are developing a lactation curriculum with the Breastfeeding Group at UIHC- in progress.

Feel free to reach out to lactation consultants on the floor and look through Mary Johnson's smart phrases on how to advise patients.

1. Kellymom: <https://kellymom.com/>
2. Stanford Getting started with Breastfeeding videos: <http://med.stanford.edu/newborns/professional-education/breastfeeding.html>
3. Lactmed: <https://www.ncbi.nlm.nih.gov/books/NBK547435/> (unfortunately the App has been retired)
4. Infant risk (Texas tech University): <https://www.infantrisk.com/categories/breastfeeding>



5. Practical formula fortification: [https://www.childrensmn.org/references/pfs/nutr/formula-adjustment-\(standard-20-cal-oz\).pdf](https://www.childrensmn.org/references/pfs/nutr/formula-adjustment-(standard-20-cal-oz).pdf)
6. Outpatient Lactation resource: Consult IRL- Pediatric Lactation Services

NEONATAL RESUSCITATION

You will be able to practice this either in the Peds Simulation Room on 6th floor of the Children's Hospital or will participate in a simulation that will be organized in Labor and Delivery.

INSTRUMENT TIE AND SURGICAL KNOTS (VIDEO LINKS)

1. Instrument Tie:
<https://www.youtube.com/watch?v=jCx192DPdz0>
2. Two handed surgical Knot:
<https://www.bing.com/videos/search?q=two+handed+tie+video+ethicaon&docid=607999899543605084&mid=D2AF7B1C957773BB121ED2AF7B1C957773BB121E&view=detail&FORM=VIRE>
3. One-Handed surgical knot:
<https://www.bing.com/videos/search?q=edje09+one+handed+knot+video&docid=608016903268337614&mid=24CF5540CDC3DA5AF49224CF5540CDC3DA5AF492&view=detail&FORM=VIRE>
4. Second degree perineal laceration repair:
<https://www.youtube.com/watch?v=R4o4KSY4MMY>
<https://www.youtube.com/watch?v=m5Vm8ZT24HM&t=128s>

ACOG PRACTICE BULLETINS (Find in Pubmed at Hardin Library Website)

***In PubMed search box, enter:
ACOG practice bulletin No. ******

Number 222, June 2020: Gestational Hypertension and Preeclampsia

Number 217, March 2020: Prelabor Rupture of Membranes

Number 209, March 2019: Obstetric Analgesia and Anesthesia

Number 205, February 2019: Vaginal Birth After Cesarean Delivery

Number 203, January 2019: Chronic Hypertension in Pregnancy

Number 196, July 2018: Thromboembolism in Pregnancy

Number 190, February 2018: Gestational Diabetes Mellitus

Number 171, October 2016: Management of Preterm Labor

Number 145, July 2014: Antepartum Fetal Surveillance

Number 116, November 2010: Management of Intrapartum Fetal Heart Rate Tracings

Number 107, August 2009: Induction of Labor

Obstetric care consensus no. 1: safe prevention of the primary cesarean delivery.

American College of Obstetricians and Gynecologists; Society for Maternal-Fetal Medicine.
Obstet Gynecol. 2014 Mar;123(3):693-711. doi: 10.1097/01.AOG.0000444441.04111.1d. PMID: 24553167

June 2015 Census

- Admissions: 17
 - NSVD: 13
 - C-sec: 2 (prev shoulder dystocia, prev C-sec)
 - Tx OB: 1 (24 w6/7 days; abruption)
 - In labor: 1
- Triage: 10
- Inductions: 2
- OB/CNM babies: 5
- Tx NICU: 1 (resp distress)
- Circumcisions: 5

(Updated 5/2021 Walter & Thoma)