



**Mississippi Medical Education and Research Consortium
Mississippi Delta Family Medicine Residency Program**

Obstetrics and Newborn Nursery Rotation

Duration: 4 weeks, PGY1,
Supervisor: Dr. Katie Patterson
Location: South Sunflower County Hospital

Overview:

Family medicine physicians provide comprehensive care to people of all ages and stages of life, including the reproductive phases and maternity care, and this rotation will provide the uniqueness of having obstetrics training delivered by family physicians. On this rotation the resident will receive training in management of maternity patients from the prenatal to postpartum period. Residents will also be expected to see and manage patients on the labor and delivery suite during all aspects and phases of labor and delivery as well as participate in the care of the newborn. As the resident advances, responsibilities will increase with evidence of increasing competence and proficiency.

Educational Goals

On this rotation the resident will develop a basic understanding of the physiology of pregnancy and understand the principles and methods of caring for hospitalized pregnant patients. This will include recognizing the common complications of pregnancy and algorithms for their management. They will develop technical skills necessary to assist women with vaginal deliveries and manage urgencies/emergencies which may arise ante/intra/post partum. On this rotation the resident will develop proficiency in the assessment of a newborn and identify newborn abnormalities and urgencies.

Educational Objectives:

By the end of the obstetrics rotations, residents will be able to:

A. Patient Care:

1. Accurately take an appropriate and sensitive history to include menstrual, sexual, pregnancy and surgical history, assessment of exposures and risk factors, medication and treatments
2. Accurately describe the current presenting problem including presence of symptoms of active labor and any complications of pregnancy in pregnant females
3. Understand how to perform vaginal deliveries, spontaneous, induced, and vacuum-assisted, and perform perineal repairs
4. Provide appropriate post-partum care, including culturally appropriate patient education

5. Have the opportunity to be first-assist in C-sections
6. Formulate and carry out appropriate management plans for patients in labor, including accurate cervical exams, evaluation of fetal monitoring and provision of analgesia.
7. Understand management of newborn infant immediately post delivery.

B. Medical Knowledge:

1. Demonstrate medical knowledge of basic maternity care and “best practice treatment plans” suitable for the family physician
2. Describe the physiology of pregnancy, prenatal assessment and screening, and the course of normal labor
3. Describe options for the management of complications of pregnancy, including:
 - a. Prolonged labor and arrest of labor disorders
 - b. Fetal distress: diagnosis and management
 - c. Premature labor and premature rupture of the membranes
 - d. Postdate pregnancy
 - e. Intrauterine growth retardation
 - f. Vaginal bleeding, threatened miscarriage and ectopic pregnancy
 - g. Placenta previa and abruptio placenta
 - h. Hypertensive disorders of pregnancy, preeclampsia, toxemia, eclampsia
 - i. HELLP syndrome, and pregnancy-induced hypertension (PIH)
 - j. Intrauterine fetal demise
 - k. Rh disease of the newborn, detection and management
 - l. Anemia of pregnancy
 - m. Diabetes in pregnancy
 - n. Multiple gestations
 - o. Malpresentations, shoulder dystocia and fetal macrosomia
 - p. Substance abuse in pregnancy
 - q. Infections in pregnancy: viral, sexually transmitted diseases, AIDS
 - r. Postpartum hemorrhage
 - s. Common congenital anomalies
4. Describe options for analgesia and sedation in labor, along with benefits and risks
5. Describe indications for the use of ultrasound in pregnancy, and describe the findings in an ultrasound fetal anatomic survey
6. List methods of pregnancy dating, including ultrasound
7. Describe theoretical and evidence basis for antepartum fetal assessment: NST, Biophysical profile, and modified BPP
8. Describe indications and methods for induction of labor
9. List indications, risks and benefits of genetic screening and amniocentesis
10. Describe components of newborn exam.

C. Practice-Based Learning and Improvement:

1. Critically evaluate evidence basis for pregnancy-related care, and understand the differences between community standards of care, expert opinions, and evidence-based recommendations
2. Interpret and apply treatment guidelines for pregnancy management
3. Modify patient treatment plans on an ongoing basis based on patient response to therapy.

4. Develop and implement treatment plans for common pregnancy complications (prenatal, intrapartum, and postpartum) and utilize community resources when indicated.

D. Interpersonal and Communication Skills:

1. Obtain a full reproductive and pregnancy history, using effective communication skills with female patients and, if needed, their family/caregivers
2. Provide appropriate patient education and anticipatory guidance to female patients, taking into account their personal wishes and cultural expectations
3. Demonstrate the ability to communicate effectively on difficult issues such as STI's, sexuality, dyspareunia, undesired pregnancy, and postpartum depression.
4. Demonstrate effective primary care counseling skills for psychosocial, behavioral, and reproductive issues in women, as well as comprehensive wellness counseling based on the patient's age and risk factors.

E. Professionalism:

1. Coordinate care of the labor and delivery patients with the attending physician, providing patient care to the best of his/her ability in exchange for the opportunity to learn from patients and attendings
2. Demonstrating sensitivity and responsiveness to patients' experience of labor and childbirth and accommodating patients' wishes for the labor experience as much as is feasible
3. Substantively contribute to the learning community in the hospital associated with the obstetrics rotation, by attending and actively participating in educational and research presentations associated with the rotation
4. Dress appropriately based on standards present for attending physicians in the clinic and/or inpatient setting associated with obstetrics rotations
5. Demonstrate respect, compassion, confidentiality and integrity in all doctor-patient encounters

F. Systems-Based Practice:

1. When presented with a pregnant patient, describe several ways in which the family physician and obstetrician can work together to provide optimal maternity care
2. Learn to effectively utilize outside resources for self-improvement and knowledge acquisition
3. Have an awareness of state and federal laws that affect care given to pregnant patients
4. Act as patient advocate and coordinator of care for female patients across the continuum of outpatient, inpatient, and institutional care.