

Advanced Maternity Care Concentration

Family Medicine graduates from CUFMR can achieve one of three levels of competency based on the desired skill set of the resident and the knowledge needed to function as a senior on the required rotations. AMCC is open to all residents interested in advanced OB experience and formally begins in July of the PGY-2 year and continues until graduation. Three competency levels include standard program OB Requirements, Prenatal Concentration, and Comprehensive OB Concentration.

Training guidelines for each competency level:

- <u>CUFMR OB Requirements:</u> This is the expectation for all residents, and the minimum requirement is to be a senior in our inpatient service and skillfully manage obstetric patients that may appear in the outpatient setting.
- <u>Comprehensive OB Concentration:</u> This educational program is for residents who want a more robust skillset enabling them to perform low-risk vaginal deliveries upon graduation, plus prenatal care. Delivery number requirements are higher.
- <u>Prenatal Concentration:</u> This educational program is for residents who plan to provide prenatal and postpartum care only upon graduation. This includes managing common prenatal diagnoses, including GDM, HTN disorders, fetal growth restriction, TOLAC counseling, and follow-up for cesarean section patients. This level meets the ACGME requirement for comprehensive pregnancy-related care.

Number Requirements for Maternity Care Training

Skills and Procedures	CUFMR OB Requirements	Prenatal Concentration	Comprehensive OB Concentration
Continuity cases*	10	10	10
Intrapartum care	30	40	80
Vaginal Deliveries	20	40	80
Operative Vaginal Deliveries**	0	0	0
Perineal Repairs	5	10	20
3rd /4th degree laceration repairs	0	0	0
Cesarean assist	0	2	5

^{*}Continuity Delivery: The delivery counts as continuity if the resident provided patient care in 2 of 3 clinical arenas: 1. prenatal care, 2. labor or delivery, and 3. postpartum care. The AMCC resident is expected to make every effort to manage labor and perform the delivery. We recognize that residents have other responsibilities that may preclude them from managing portions of the labor and even delivering the baby. This definition of continuity delivery emphasizes labor management.



**Family Medicine physicians offering intrapartum maternity care should be trained in vacuum-assisted vaginal delivery. However, the national operative vaginal delivery rate of 3% may preclude some residents from attaining sufficient experience. We can use simulation models for training.