



AMERICAN ACADEMY OF
FAMILY PHYSICIANS



AAFP Reprint No. 261

Recommended Curriculum Guidelines for Family Medicine Residents

Maternity and Gynecologic Care

This document was originally developed by a joint task force of the American Academy of Family Physicians (AAFP) and the American College of Obstetricians and Gynecologists (ACOG). These Guidelines are endorsed by the AAFP to be used in conjunction with the recommended Curriculum Guideline for Women's Health (AAFP Reprint No. 282).

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Topic competencies, attitudes, knowledge, and skills that are critical to family medicine should be attained through longitudinal experience that promotes educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) <http://www.acgme.org>. The curriculum must include structured experience in several specified areas. Most of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center. Structured didactic lectures, conferences, journal clubs, and workshops must be included in the curriculum with an emphasis on outcomes-oriented, evidence-based studies that delineate common and chronic diseases affecting patients of all ages. Targeted techniques of health promotion and disease prevention are hallmarks of family medicine. Appropriate referral patterns and provision of cost-effective care should also be part of the curriculum.

Program requirements specific to family medicine residencies may be found on the ACGME Web site. Current AAFP Curriculum Guidelines may be found online at

<http://www.aafp.org/cg>. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies as indicated on each guideline.

Each residency program is responsible for its own curriculum. ***This guideline provides a useful strategy to help residency programs develop and review their curricula for educating family physicians.***

Preamble

While the scope of practice for family physicians continues to evolve, competency in providing high quality, evidence-based, and consistent care to women throughout their lifetimes, including during pregnancy, continues to be an important objective of residency training. Maternity care experience varies widely among training programs, but acquiring a core set of knowledge and skills is required by both allopathic and osteopathic residency accreditation councils, and is recommended to ensure that the opportunity for family physicians to offer maternity care in their practices remains widely available.

Family physicians generally offer a unique model of prenatal and intra-partum/post-partum care, where physicians attend the majority of their own patients' deliveries, and both the woman and her baby often continue to see their family doctor for ongoing gynecologic, medical, and well-child care. This unique experience continues to be essential in residency training, but must be underpinned by achievement of competency in appropriate history taking and physical exam skills, knowledge of the physiologic and psychosocial aspects of caring for women, and certain specific hands-on procedural skills. Even those family physicians that do not choose to include maternity care in their scope of practice should be comfortable and competent with the care of medical issues in women during pregnancy and lactation, as well as management of contraception and preconception counseling.

Because of the unique model family medicine offers for maternity care, family physicians often simultaneously provide care to newborns they deliver in the immediate neonatal period. This model helps support maintenance of a well-child population in the continuity clinic, and gives residents the opportunity to observe outcomes first hand in babies they deliver for the first year or two of life. While the Care of Infants and Children is covered extensively in AAFP Reprint No. 260, elements of newborn care are often included in residency Maternal Health curricula for this reason. Beyond maternity care and neonatal care, gynecologic care also involves specific knowledge and skills important to virtually all family physicians, regardless of their chosen scope of practice.

This Curriculum guideline provides an outline of the attitudes, knowledge, and skills family physicians should attain during residency training to provide high quality maternity and gynecologic care to their female patients. Broader physical and psychological gender-specific health issues of women are addressed in AAFP Curriculum Guideline Reprint No. 282: Women's Health.

Competencies

At the completion of residency training, family medicine residents should:

- Be able to communicate effectively with female patients of all ages, demonstrating active listening skills, a respectful approach to issues that may be sensitive for women, and collaborative care-planning with the patient. (Interpersonal and Communication Skills, Professionalism)
- Be able to perform comprehensive physical examinations of female anatomy with appropriate screening tests for pregnant and non-pregnant women, and be able to perform routine gynecological and obstetrical procedures (detailed below). (Patient Care, Medical Knowledge)
- Develop treatment plans for common gynecologic conditions and pregnancy complications, utilizing community resources when indicated, and demonstrate appropriate post-operative care following caesarean section or gynecologic surgery, both inpatient and for office follow-up. (Medical Knowledge, Systems-based Practice, Practice-based Learning and Improvement)
- 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. (Patient Care and Interpersonal and Communication Skills)
- Consult and communicate appropriately with obstetrician-gynecologists, maternal-fetal medicine specialists, and allied care providers to provide optimum health services for women. (Medical Knowledge, Systems-based Practice)
- Act as patient advocate and coordinator of care for female patients across the continuum of outpatient, inpatient, and institutional care. (Systems-based Practice, Professionalism)

Attitudes

The resident should develop attitudes that encompass:

- A caring, compassionate, and respectful approach to the female patient's role as an informed participant in her health care decisions and those affecting her family.
- The recognition that a woman's health and childbearing is affected not only by medical problems, but also by family, career, life cycle, relationships and community.
- A patient-centered approach to prenatal care, labor management, and post-partum care that is respectful of the wishes of women and their families for their birth experience, while ensuring safe and evidence-based care optimizing health outcomes for women and their babies

- A recognition of the impact of addiction on pregnancy outcomes, and a compassionate and supportive approach to women struggling with addiction during pregnancy
- An awareness of issues facing heterosexual, lesbian, bisexual and transgender patients, particularly with regard to reproductive health
- An awareness of the widespread and complex health effects of sexual abuse on women, including on her subsequent experience of pregnancy and the birth process
- An awareness of the issues of female circumcision/female genital mutilation when caring for females from cultures that support such practices

Knowledge

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of: (and also demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences)

I. Family-centered Maternity Care

A. Pre-conceptual counseling and planning:

1. Counseling in the areas of
 - a. Nutrition
 - b. Contraception
 - c. Prevention of birth defects
 - d. Optimizing health prior to conception
 - e. Assessment of immunization status
 - f. Screening for preconception genetic counseling
 - g. Exercise
 - h. Occupational hazards assessment
 - i. Anticipatory guidance regarding realistic assessment of expectations about work

B. Antenatal Care: First Trimester

1. Diagnosis of pregnancy, including differentiation and management or referral of abnormal gestations (e.g. gestational trophoblastic disease, ectopic pregnancy)
2. Initial prenatal history and evaluation including clinical assessment of gestational age

3. Assessment and management of complications and symptoms in the first trimester:
 - a. Spotting/bleeding
 - b. Pelvic pain
 - c. Hyperemesis gravidarum
 - d. Musculoskeletal changes and discomforts
 - e. Body image changes
 - f. Life cycle stresses and changes in family dynamics
4. Risk factor screening:
 - a. Appropriate counseling to help patients make personal decisions regarding risk factor screening and assessment, e.g.
 - (i). Options for early screening for chromosomal abnormalities including ultrasound for nuchal lucency, AFP/quadruple marker testing, and combined or sequential screening protocols
 - (ii). Cystic fibrosis and Tay Sachs screening
 - (iii). Referral for genetic counseling regarding other genetic diseases with attention to maternal age and other risk factors
 - (iv). Referral for amniocentesis
5. Counseling for prevention or treatment of substance abuse and STD's, to specifically include:
 - a. Tobacco cessation counseling in pregnancy
 - b. Alcohol abuse risks and fetal alcohol syndrome
 - c. Opiate abuse and referral for treatment with methadone or buprenorphine and counseling with regard to neonatal abstinence syndromes
 - d. Other substances of abuse and pregnancy risks
 - e. Risk factors for sexually transmitted diseases and their impact on pregnancy and fetal outcome, including viral hepatitis and HIV
6. Prenatal nutrition counseling for optimal nutrition for the developing fetus and the mother, including:
 - a. Vitamins, iron, and folic acid supplementation as needed
 - b. Appropriate weight gain counseling depending on maternal pre-pregnancy BMI, and counseling regarding increased risks of obesity (or inadequate weight gain in normal or underweight women) in pregnancy
7. Psychosocial stressors of pregnancy:
 - a. Counseling and support of the patient and her family through the multiple adjustments required for normal and complicated pregnancies, including the impact on her partner and other children in the family, and referral to psychological support services as appropriate.
8. Counseling for unintended pregnancy (including options of adoption and termination of pregnancy – also see AAFP Reprint No. 282)

9. First trimester pregnancy loss:
 - a. Diagnosis and differentiation of failed pregnancies (threatened, incomplete, complete, missed abortions) and recognition and referral of ectopic pregnancies
 - b. Management of uncomplicated spontaneous abortion
 - c. Referral for surgical intervention when indicated for spontaneous abortion complicated by infection, retained products of conception, or in otherwise high risk situations
 - d. Counseling regarding grief in event of any first trimester loss whether planned or spontaneous abortion
 - e. Appropriate medical evaluation for recurrent early pregnancy loss
 10. Breastfeeding: Early promotion and support of breastfeeding as well as support in decision making throughout pregnancy using knowledge and education of the patient as a means toward optimizing the health of the mother and newborn.
 11. Adolescent pregnancy: Special considerations with regard to nutrition requirements, confidentiality, social and psychological needs with the awareness of community resources
 12. Substance abuse in pregnancy: Special consideration for prenatal monitoring and testing, and to anticipate needs for pain management and/or withdrawal symptoms during pregnancy, intrapartum, and postpartum periods.
 13. Counseling and promotion of appropriate immunizations in pregnancy
- C. Antenatal Care: Second and Third Trimester
1. Counseling, assessment, and management regarding the discomforts and adjustments to the growing pregnancy, including musculoskeletal complaints, vaginal bleeding, and normal physiologic changes
 2. Second and third trimester screening and risk assessment for:
 - a. Gestational diabetes (including first trimester screening when appropriate based on risk factors)
 - b. Sexually transmitted diseases
 - c. Bacterial or yeast vaginitis
 - d. Group B beta-hemolytic strep screening
 - e. Asymptomatic bacteriuria, urinary tract infection and complications
 - f. Iron deficiency anemia
 3. Gestation diabetes: Management with appropriate counseling and referral for nutritional care, glucose testing, oral medication or insulin management, fetal monitoring, and obstetrical consultation if indicated

4. Obstetrical complications: Assessment and management, including indications for consultation with obstetricians or need for transfer of care
 - a. Preterm labor
 - b. Malposition
 - c. Placental abruption
 - d. Trauma/deceleration injuries
 - e. Blood factor isoimmunization
 - f. Pregnancy-induced hypertension, preeclampsia and eclampsia,
 - g. HELLP syndrome and acute fatty liver disease of pregnancy
 - h. Fetal Demise
 - i. Collaboration in management of high risk patients with obstetric consultation, develop skills for early identification of patients at high risk of morbidity or mortality to mother or fetus and appropriate, timely referral to maternal fetal medicine specialists
5. Medical complications during pregnancy, with appropriate consultation or referral to obstetricians:
 - a. Asthma
 - b. Pyelonephritis and renal calculi
 - c. Cholelithiasis and acute cholecystitis
 - d. Preexisting hypertension or diabetes
 - e. Thromboembolic disease
 - f. Dilated cardiomyopathy

D. Peripartum Care: Labor and Delivery

1. Normal labor and delivery
 - a. Understand the physiology of the three stages of labor, demonstrate effective management of prodromal labor and all three stages of labor, including active management of the third stage
 - b. Demonstrate appropriate utilization and interpretation of external electronic fetal monitoring, with knowledge of the benefits and limitations of use and respect for individual and family desires for labor
 - c. Use of appropriate obstetric analgesia and anesthesia, evaluate the need for and counsel appropriately for pain control interventions. Include family presence and awareness of labor support methods such as Lamaze and Bradley methods. Anticipate and plan for needs of special populations e.g. opiate dependent patients or other substance abusing patients; women with extreme obesity.
 - d. Understand and demonstrate methods for protecting the perineum during the second state of labor, understand indications for episiotomy
 - e. Understand the normal course of the third stage of labor, and the steps involved to prevent excessive bleeding and reduce risk of postpartum hemorrhage using the active management techniques as described in Advanced Life Support in Obstetrics (ALSO).

- f. Support and counsel patients regarding breastfeeding in the immediate postpartum period, utilizing support staff such as lactation consultants where indicated.
2. Complications during labor and delivery
 - a. Fetal malposition: understand fetal-pelvic relationships and the importance of early detection of malposition, distinguish types of malposition and understand their compatibility with vaginal delivery
 - b. Labor dystocia: understand risk factors, prevention, recognition, and management, including augmentation of labor and utilizing appropriate obstetric consultation when indicated
 - c. Post-term pregnancy: Understand indications and risk assessments for induction of post term pregnancy, including postdates monitoring, and selection of management options including cervical ripening agents, Pitocin induction, and artificial rupture of membranes. Appropriate assessment and use of Bishop's scoring for induction management
 - d. Premature and prolonged rupture of membranes: Knowledge of appropriate interventions including induction or augmentation of labor and prophylactic antibiotics when indicated
 - e. Meconium: Demonstrate awareness of the need for appropriate personnel to be present at the time of delivery and appropriate intrapartum management of the neonate born with meconium stained fluid, including counseling mothers and families about expectations for delivery
 - f. Emergencies: Recognize signs and symptoms of potentially life-threatening emergencies during the peripartum period and utilize appropriate resuscitative techniques for mothers and babies, co-manage with obstetric consultation placental abruption/hemorrhage, preeclampsia, eclampsia, amniotic fluid embolism, and DIC.
 - g. Fetal distress: Recognize early signs of fetal compromise and demonstrate appropriate interventions, including position change, tocolytics, maternal fluid and oxygen resuscitation, and amnioinfusion, as well as timely consultation when necessary
 - h. Shoulder dystocia: Risk factors, prevention, recognition and management using ALSO protocols
 - i. Assisted deliveries: Indications for and appropriate use of application of a vacuum extractor
 - j. Cesarean section: Understand indications, risks/benefits, and need for timely consultation
 - k. Stillbirth: Care for the psychological needs of patients and families experiencing stillbirth or other catastrophic medical complications of pregnancy
 - l. Neonatal resuscitation: Residents should maintain NALS certification and have experience as first responders for neonates requiring resuscitation

E. Post-Partum Care

1. Routine postpartum care including understanding of normal lochia patterns, fluid shifts, education on perineal care, support of breastfeeding and maternal-child bonding, and counseling regarding postpartum contraceptive options.
2. Recognize and appropriately evaluate and manage postpartum complications in the hospital, including:
 - a. Delayed postpartum hemorrhage
 - b. Postpartum fever and endometritis
 - c. Pain associated with normal uterine involution, episiotomy or laceration repair, epidural or spinal anesthesia related pain or headache, and musculoskeletal injury associated with labor
 - d. Thromboembolic disease
 - e. Lactation – addressing difficulties in the newborn period
 - f. Postpartum depression and other mood disorders
3. Later post-partum follow-up
 - a. Normal and abnormal post-partum lochia and bleeding patterns
 - b. Awareness of and counseling and management for common breastfeeding difficulties, including problems with milk supply, latch, nipple soreness or cracking, blocked milk ducts, engorgement, and mastitis
 - c. Continued screening, assessment, and management of post-partum mood disorders
 - d. Postpartum intimate relationships and family dynamics
 - e. Parenting education and resources
4. Interpregnancy care: counseling regarding child spacing, risks and monitoring related to prior pregnancy outcomes (e.g. gestation diabetes, pregnancy induced hypertension, prior preterm labor or birth, and thromboembolic disease) with specific knowledge of risk reduction for prevention of preterm birth

F. Newborn Care – see AAFP Reprint No. 260

G. Consultation and Referral

1. Understanding of the roles of the obstetrician, gynecologist, and subspecialist
2. Recognition of a variety of resources in women's healthcare delivery systems (WIC programs, Planned Parenthood, etc.)
3. Regionalized perinatal care for high-risk pregnancies

4. Collaboration with other healthcare providers (Childbirth education, lactation consultant, certified nurse midwife, nutritionist, dietician, parenting educator, social services, Department of Health and Human Services, providers for mental health and addiction, etc.)

II. Gynecology

A. Health Promotion and Disease prevention and Periodic Health Evaluation – see AAFP Reprint No. 282

B. Family Planning, Contraception, and Infertility -- see AAFP Reprint No. 282

C. Menstruation (also see AAFP Reprint No. 282)

1. Physiology of puberty, menarche, and menstrual cycles, including normal variations
2. Abnormal menstruation
 - a. Amenorrhea: Evaluation and management of both primary and secondary
 - b. Anovulatory bleeding
 - c. Dysfunctional uterine bleeding
 - d. Postcoital bleeding
 - e. Dysmenorrhea and menorrhagia (office evaluation and treatment options)
3. Premenstrual dysphoric disorder and premenstrual syndrome

D. Infections of the Genital Tract (also see AAFP Reprint No. 282)

1. Vaginitis and vulvitis: presenting symptoms, evaluation and treatment, both acute and recurrent
2. Cervicitis and Pelvic inflammatory disease (presentation, evaluation, and outpatient vs. inpatient management, complications including tubo-ovarian abscess)

E. Diseases of the Reproductive Tract (also see AAFP Reprint No. 282)

1. Benign and malignant neoplasms of the external and internal genitalia
2. HPV disease: Methods of prevention, current screening recommendations, and colposcopic evaluation, biopsy, and treatment of cervical dysplasia
3. Endometriosis: Presenting symptoms, diagnosis and initial management, including appropriate counseling, prognosis and referral
4. Identification and evaluation of pelvic masses in women of different ages
5. Uterine pathology, evaluation and treatment: fibroids, endometrial hyperplasia, and other benign or malignant uterine lesions

6. Pelvic pain: evaluation and differential diagnosis of acute and chronic pelvic pain, including recognition of emergencies such as ovarian torsion and awareness of association between historical or ongoing sexual or domestic abuse and chronic pelvic pain
7. Female sexual dysfunction, evaluation, counseling and management, including problems of libido, dyspareunia, and anorgasmia
8. Trauma: patient-centered, sensitive evaluation of both accidental trauma to the genital region and victims of intimate partner violence and sexual assault

F. Gynecology in Older Women (see AAFP Reprint No. 282)

G. Breast disease (also see AAFP Reprint No. 282): Evaluation and management of problems including:

1. Mastodynia
2. Galactorrhea and nipple discharge
3. Benign breast disease (fibroadenoma, fibrocystic disease)
4. Counseling and indications for referral for breast reduction surgery and breast implants
5. Counseling, referral, and primary care follow-up for breast cancer patients

H. Urogynecology

1. Urinary tract infections: Diagnosis and management of uncomplicated acute UTI as well as recurrent or complicated UTI, indications and management of prophylactic antibiotics
2. Incontinence: Screening, evaluation and treatment options for stress incontinence and overactive bladder including medications, pelvic floor therapies, behavioral modifications, and referral for surgery
3. Interstitial cystitis: presenting symptoms, evaluation and referral

Skills

- I. Core skills: In the appropriate setting, the resident should demonstrate the ability to independently perform these skills, or when this is not available or appropriate, the resident should have exposure to the opportunity to practice these skills:

A. Gynecology

1. Screening examination of the female breast and reproductive tract
2. Obtaining vaginal and cervical cytology (with HPV testing as indicated)

3. Colposcopy
4. Cervical biopsy and polypectomy
5. Endometrial biopsy
6. Cryosurgery and cauterization for benign disease
7. Microscopic diagnosis of urine and vaginal smears
8. Bartholin duct cyst management
9. Vulvovaginal biopsy
10. Vaginal foreign body removal
11. Breast cyst aspiration

B. Family planning and contraception

1. Intrauterine device insertion and removal
2. Diaphragm counseling and fitting
3. Subcutaneous implant insertion and removal

C. Pregnancy

1. History, physical examination, counseling, and laboratory and clinical monitoring, throughout pregnancy
2. Assessment of pelvic adequacy with pelvimetry
3. Assessment of estimated fetal weight by Leopold's maneuvers
4. Performance and interpretation of non-stress tests and stress tests
5. Limited obstetric ultrasound (fetal position, amniotic fluid index, placental location, cardiac activity)
6. Management of labor with accurate assessment of cervical progress and fetal presentation and lie
7. Induction and augmentation of labor including artificial rupture of membranes
8. Placement of fetal scalp electrode
9. Placement of intrauterine pressure catheter
10. Amnioinfusion
11. Pudendal and local block anesthesia
12. Spontaneous cephalic delivery
13. Vacuum extraction
14. Emergency breech delivery
15. Episiotomy

16. Repair of episiotomies and lacerations (including third-degree)
17. Management of common intrapartum problems (e.g., malpresentation, unanticipated shoulder dystocia, manual removal of placenta)
18. Active management of the third stage of labor
19. Neonatal resuscitation
20. First assisting at cesarean delivery
21. Vaginal delivery after previous cesarean delivery
22. Dilation and curettage for incomplete abortion (may be an “Advanced skill” at some programs)

D. Gynecologic Surgery

1. Assist at common major surgical procedures including hysterectomies and bilateral tubal ligation
2. Post-operative management following gynecologic or obstetrical surgery

- II. Advanced skills: For family medicine residents who are planning to practice in communities without readily available obstetric-gynecologic consultation and who will need to provide a more complete level of obstetric-gynecologic services, additional, intensified experience is recommended. This experience should be agreed on by the maternity operations committee (defined below) and be tailored to the needs of the resident's intended practice. This additional training may occur within the three years of residency. Family medicine residents planning to include the following procedures in their practices should obtain additional experience taught by appropriately skilled family physicians. In programs where appropriately skilled family physicians are not available, these skills should be taught by or in collaboration with obstetrician-gynecologists. Due to variance in availability of training, some of these skills may be considered “core” skills at some residency programs, particularly those offering advanced obstetrical fellowships.

A. Gynecology

1. Loop electrosurgical excision procedures with paracervical block
2. Culdocentesis

B. Family planning and contraception

1. Voluntary interruption of pregnancy up to 10 weeks of gestation
2. Bilateral tubal ligation
3. Hysteroscopic sterilization

C. Pregnancy

1. Ultrasound-guided amniocentesis during mid and third trimesters
2. Conduction anesthesia and analgesia (not routinely taught by obstetrician-gynecologists)
3. Management of early preterm labor or preterm rupture of membranes
4. Management of multiple gestation
5. Management of planned breech delivery
6. External cephalic version
7. Forceps delivery
8. Fourth-degree laceration repair
9. Management of severe pre-eclampsia or eclampsia
10. Management of complications of vaginal birth after previous cesarean delivery

D. Surgery

1. Performance of Cesarean delivery
2. Postpartum tubal ligation with and without Cesarean delivery

Implementation

Core knowledge and skills should require a minimum of three months of experience in a structured obstetric-gynecologic educational program, with adequate emphasis on ambulatory and hospital care. Residents will obtain substantial additional experience in maternity care and gynecology throughout the three years of their continuity practices. Ideally residencies should have several core family medicine faculty skilled in performing and teaching comprehensive maternity care in addition to a supportive role of OB-GYN specialists.

Programs for family medicine residents should have a collaborative relationship between family medicine faculty and obstetrician gynecologists at the training institution, who may be formally part of the faculty or may be collaborative consultants. Depending on the setting, challenges may exist where the training of ob-gyn residents is privileged over that of family physicians, or where practice styles may differ among the physicians involved in training residents. Therefore, it is recommended that an operational committee be established with regard to the practice of maternity care at any institution involved in graduate medical education, which as part of its mission should be the training of family medicine residents. Members of the committee should represent both family medicine and obstetrics and gynecology departments as well as involve community family physicians who practice maternity care where they exist, and

members should be approved by chairs of the respective departments in the sponsoring educational institution. These physicians should collaborate in the design, implementation, and evaluation of the training of family medicine residents in obstetrics-gynecology. It shall be the responsibility of this operations committee to develop objectives commensurate with the goals of the training program, to monitor resident experiences and to assist in the evaluation of faculty teaching skills. Educational institutions sponsoring graduate medical education should assume corporate responsibility for the overall program. A curriculum in obstetrics-gynecology for family medicine residents should incorporate knowledge of diagnosis, management, core skills, and advanced skills. In this document, management implies responsibility for and provision of care and, when necessary, consultation and/or referral.

This Curriculum Guideline in maternity care for family medicine residents is intended to aid residency directors in developing curricula and to assist residents in identifying areas of necessary training. Following these recommendations, which are designed as guidelines rather than as residency program requirements, should result in graduates of family medicine residency programs who are well prepared to provide quality medical care in the areas of maternity care, labor and delivery. These guidelines are not intended to serve as criteria for hospital privileging or credentialing. The assignment of hospital privileges is a local responsibility and is based on training, experience, and current competence.

Resources

American Academy of Pediatrics, American College of Obstetricians and Gynecologists, March of Dimes Birth Defects Foundation. *Guidelines for Perinatal Care* (AAP/ACOG). Elk Grove Village, Ill: American Academy of Pediatrics 2012.

Creasy RK, Resnik R, Iams JD. *Maternal-Fetal Medicine: Principles and Practice*. 6th ed. Philadelphia, Pa: Saunders, 2008.

Cunningham F, Williams JW. *Williams Obstetrics*. 23rd ed. New York, NY: McGraw-Hill Medical, 2009.

Danforth DN, Scott JR. *Danforth's Obstetrics and Gynecology*. 10th ed. Philadelphia, Pa: Lippincott Williams & Wilkins, 2008

Clark SL, Karel DJ, Johns MG, Gitu AC. Care of Pregnant Patients. *FP Essentials* Edition 382, AAFP Home Study. Leawood, Kan: American Academy of Family Physicians, 2011.

Gabbe SG, Niebyl JR, Simpson JL. *Obstetrics: Normal and Problem Pregnancies*. 6th ed. Philadelphia, Pa: Saunders, 2012.

Kelly B, Sicilia J, Forman S, et al. Advanced procedural training in family medicine: a group consensus statement. *Family Medicine* 2009;Vol 41, No 6:398-404.

Kirkham C, Harris S, Grzybowski S. Evidence-based prenatal care: part I. General prenatal care and counseling issues. *Am Fam Physician* 2005;71:1307-16. Review.

Kirkham C, Harris S, Grzybowski S. Evidence-based prenatal care: part II. Third-trimester care and prevention of infectious diseases. *Am Fam Physician* 2005;71:1555-60. Review.

Lu, Michael; Recommendations for Preconception Care. *American Family Physician* 2007 76(3):397-400

Pecci C, Leeman L, Wilkinson J. Family medicine obstetrics fellowship graduates: training and post-fellowship experience. *Family Medicine* 2008; 40 (5):326-332.

Speroff L, Fritz MA. *Clinical Gynecologic Endocrinology and Infertility*. 8th ed. Philadelphia, Pa: Lippincott Williams & Wilkins, 2008.

Zoorob RJ. Women's health: selected topics. *Prim Care* 2010; 37(2):367-87

Web Sites

American Academy of Family Physicians Topic Modules: [Prenatal Care and Labor, Delivery, and Postpartum Issues](http://www.aafp.org/afp/topicModules/viewAll.htm) (collections of best current information)
<http://www.aafp.org/afp/topicModules/viewAll.htm>

The American Congress of Obstetricians and Gynecologists. <http://www.acog.org/>.

Association of Maternal & Child Health Programs. <http://www.amchp.org/>.

The Centers for Disease Control and Prevention. <http://www.cdc.gov/women/>.

The Centers for Disease Control and Prevention.
<http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/>.

National Guideline Clearinghouse. <http://www.guideline.gov/>

Published 7/1980

Reformatted 7/1988

Revised and Re-titled 3/1998

Revised 2/2008

Revised 11/2009 by Hinsdale Family Medicine Residency

Revised 09/2012 by Eastern Maine Medicine Center Family Medicine Residency

AAFP--ACOG Joint Statement Cooperative Practice and Hospital Privileges

This document was developed by a joint task force of the American Academy of Family Physicians and the American College of Obstetricians and Gynecologists.

Access to maternity care is an important public health concern in the United States. Providing comprehensive perinatal services to a diverse population requires a cooperative relationship among a variety of health professionals, including social workers, health educators, nurses and physicians. Prenatal care, labor and delivery, and postpartum care have historically been provided by midwives, family physicians and obstetricians. All three remain the major caregivers today. A cooperative and collaborative relationship among obstetricians, family physicians and nurse midwives is essential for provision of consistent, high quality care to pregnant women.

Regardless of specialty, there should be shared common standards of perinatal care. This requires a cooperative working environment and shared decision-making. Clear guidelines for consultation and referral for complications should be developed jointly. When appropriate, early and ongoing consultation regarding a woman's care is necessary for the best possible outcome and is an important part of risk management and prevention of professional liability problems. All family physicians and obstetricians on the medical staff of the obstetric unit should agree to such guidelines and be willing to work together for the best care of patients. This includes willingness on the part of obstetricians to provide consultation and support for family physicians who provide maternity care. The family physician should have the knowledge, skills and judgment to determine when timely consultation and/or referral may be appropriate.

The most important objective of the physician must be the provision of the highest standards of care, regardless of specialty. Quality patient care requires that all providers should practice within their degree of ability as determined by training, experience and current competence. A joint practice committee with obstetricians and family physicians should be established in health care organizations to determine and monitor standards of care and to determine proctoring guidelines. A collegial working relationship between family physicians and obstetricians is essential if we are to provide access to quality care for pregnant women in this country.

1. Practice privileges

The assignment of hospital privileges is a local responsibility and privileges should be granted on the basis of training, experience and demonstrated current competence. All physicians should be held to the same standards for granting of privileges, regardless of specialty, in order to assure the provision of high quality patient care. Prearranged, collaborative relationships should be established to ensure ongoing consultations, as well as consultations needed for emergencies.

The standard of training should allow any physician who receives training in a cognitive or surgical skill to meet the criteria for privileges in that area of practice. Provisional privileges in primary care, obstetric care and cesarean delivery should be granted regardless of specialty as long as training criteria and experience are documented. All physicians should be subject to a proctorship period to allow demonstration of ability and current competence. These principles should apply to all health care systems.

2. Interdepartmental relationships

Privileges recommended by the department of family medicine shall be the responsibility of the department of family medicine. Similarly, privileges recommended by the department of obstetrics-gynecology shall be the responsibility of the department of obstetrics-gynecology. When privileges are recommended jointly by the departments of family medicine and obstetrics-gynecology, they shall be the joint responsibility of the two departments.