



Family Centered Maternity Care
August 10-13, 2016
Madison, WI

Wednesday – August 10, 2016

Schedule and Invited Faculty

7:00 – 7:45 a.m.	Breakfast
7:45 – 8:00 a.m.	Welcome and Overview – <i>Stephen Ratcliffe, MD, MSPH, Chair</i>
8:00 – 8:30 a.m.	Updates in Prevention and Maternity Care: Preconception and Interconception Care – <i>Daniel J. Frayne, MD</i> <ol style="list-style-type: none">1. Implement a method for preconception screening of reproductive age patients into regular routine visits.2. Educate patients desiring pregnancy on the general recommendations to promote healthy pregnancy including nutrition (folic acid intake, healthy weight and activity), smoking cessation, avoidance of alcohol and illicit drugs, STI prevention, environmental exposures, immunizations, etc.3. Counsel pregnant and postpartum patients on interconception health care needs including needed immunizations, new and ongoing risk factors for future pregnancies, and contraception options to prevent unintended pregnancy.
8:30 – 9:00 a.m.	Prevention in Pregnancy – <i>Kerry Watrin, MD</i> <ol style="list-style-type: none">1. Provide prenatal counseling to pregnant patients on important teratogenic, fetal toxic agents and environmental exposures to avoid.2. Prescribe recommended vaccines for pregnant women in accordance with the most current CDC guidelines, including Tdap, MMR, varicella and flu.3. Provide evidence based prevention methods for common pregnancy related complications according to the most current guidelines.
9:00 – 9:30 a.m.	Updates in Prenatal Care Part 1: Genetic Screening – <i>Susanna R. Magee, MD, MPH, FAAFP</i> <ol style="list-style-type: none">1. Use the concepts of pre-test probability; and positive and negative predictive values as they apply to testing for fetal aneuploidy.2. Compare and contrast differing approaches to first-trimester and second-trimester screening, and invasive diagnostic testing for Down Syndrome3. Explain the evidence behind and recommendations for non-invasive diagnostic /cell-free fetal DNA testing.4. Choose appropriate genetic screening for pregnant patients based upon current recommendations.
9:30 – 10:00 a.m.	Infections in Pregnancy Part 1 – <i>Stephen Ratcliffe, MD, MSPH</i> <ol style="list-style-type: none">5. Explain the epidemiology and natural history of common viral and bacterial infections, including: varicella, CMV, and herpes.6. Develop evidence-based strategies to prevent, diagnose and manage these common infections: varicella, CMV, and herpes.7. Implement a screening process for all pregnant women or those considering pregnancy as recommended by the most recent CDC guidelines.
10:00 – 10:15 a.m.	Question and Answer/Panel Discussion
10:15 – 10:30 a.m.	Break



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	Updates in Prenatal Care Part 2:
10:30 – 11:00 a.m.	Infections in Pregnancy – Part 2 (Zika Virus Epidemic) – Brian Stafeil, MD <ol style="list-style-type: none">1. Determine appropriate fetal surveillance for pregnant women with possible exposure to infection from Zika virus.2. Describe the epidemiology and natural history of the Zika virus as it pertains specifically to pregnancy and fetal development.3. Implement a screening process for all pregnant women or those considering pregnancy as recommended by the most recent CDC guidelines.
11:00 – 11:30 a.m.	Hypertensive Disorders in Pregnancy – Jessica Taylor-Goldstein, MD <ol style="list-style-type: none">1. Differentiate the diagnosis and management of gestational hypertension, preeclampsia (with and without severe features), and essential hypertension in pregnancy.2. Explain the 2013 changes from the American College of Obstetricians and Gynecologists (ACOG) Hypertension Disorder Guidelines with emphasis on diagnosis of preeclampsia with severe features.3. Explain the potential duration of disease presentation, with treatment and follow-up recommendations of patients with preeclampsia with severe features.
11:30 – 11:45 am.	Question and Answer/Panel Discussion
11:45 – 1:00 p.m.	Lunch On Your Own
Choose one of the following to attend:	
1:00 – 2:00 p.m.	Preconception Care of Women with Chronic Medical Conditions – Daniel J. Frayne, MD; Sarina Schrager, MD, MS <ol style="list-style-type: none">1. Point out the effect of common chronic conditions on fetal development and risk for fetal and maternal morbidity and mortality.2. Develop an individualized preconception care plan for women with or at risk for chronic diseases (diabetes, hypertension, obesity, epilepsy, etc), including review of current medications and disease management. Shoulder Dystocia – Johanna Warren, MD; Kerry Watrin, MD; Martha Carlough, MD, MPH; Jennifer Y.C. Edgoose, MC, MPH; Ann E. Evensen, MD, FAAFP <ol style="list-style-type: none">1. Evaluate existing evidence for prenatal diagnosis of macrosomia related to risk determination of shoulder dystocia.2. Explain the team management of shoulder dystocia and apply to your home environment.3. Develop evidence-based strategies for emergency management of shoulder dystocia.4. Determine the best maneuver to utilize when shoulder dystocia does not resolve with McRoberts maneuver and suprapubic pressure. Management of Persistent Occiput Posterior (OP) Malposition – Stephen Ratcliffe, MD; Lee T. Dresang, MD; Jessica Taylor Goldstein, MD; Jill Mallory, MD, IBCLC; Ildi Martonffy, MD, IBCLC <ol style="list-style-type: none">1. Identify the presence of the occiput posterior (OP) position during late pregnancy, and during first and second stages of labor.2. Diagnose a persistent OP using ultrasound.3. Teach women with persistent OP position up to three position changes that may provide relief of back pain, and possibly assist in correction of the malposition.4. Explain non-pharmacologic measures to assist women with “back labor” including intradermal sterile water injections5. Demonstrate proper techniques of manual rotation of the persistent OP position during stage two when the fetus is at a +2 station and vertex presentation. Genetic Case-Studies: Shared Decision Making – Susanna R. Magee, MD, MPH, FAAFP; Sara G. Shields, MD, MS, FAAFP; Paul Koch, MD, MS <ol style="list-style-type: none">1. Articulate a culturally sensitive, patient-centered approach to genetic counseling that incorporates patient’s health literacy.2. Translate important medical terminology common to genetic screening tests, such as positive predictive value, sensitivity and specificity, so that patients can understand this terminology and make informed decisions.3. Apply the principles of shared decision making to genetic counseling issues.4. Generate examples of phrases to use when counseling patients regarding genetic concerns.



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Medical Malpractice Realities – *Richard Roberts, MD, JD, FAAFP, FCLM, FPAFP (Hon), FRACGP (Hon), FRCGP (Hon), CPPS*

1. Develop a plan in collaboration with risk management to prevent malpractice.
2. Explain the steps involved in a medical malpractice suit.
3. Formulate a strategy for handling lawsuits.
4. Explain the role and responsibilities of an expert witness.

Management of First Trimester Pregnancy Loss – *Nicole Yonke, MD, MPH; Larry Leeman, MD, MPH*

1. Apply evidence-based criteria to determine fetal viability in the first trimester.
2. Compare the risks and benefits of expectant management vs. medical or surgical intervention.
3. Provide medical management of miscarriage using vaginal or buccal misoprostol.
4. Describe and demonstrate the use of manual vacuum aspiration for early pregnancy loss.

Break

Prenatal Care Part 1 – *Matthew K. Cline, MD, FAAFP; Jacqueline Gerhart, MD*

Screening

First Trimester Conditions

Medication Use

1. Implement evidence-based prenatal care prevention and management strategies for concerns common to the first 20 weeks gestation for women with routine and high risk pregnancies.
2. Compare and contrast differing approaches to first and second trimester screenings for trisomy disorders.
3. Explain the current recommendations for cystic fibrosis testing and the importance of residual risk.
4. Distinguish when, how, and which patients should be screened for hemoglobinopathy.

Breakouts Repeated:

Preconception Care of Women with Chronic Medical Conditions

Shoulder Dystocia

Management of Persistent Occiput Posterior (OP) Malposition

Genetic Case-Studies: Shared Decision Making

Medical Malpractice Realities

Management of First Trimester Pregnancy Loss

Break

3:15 – 3:30 p.m.



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3:30 – 4:30 p.m.

Prenatal Care Part 2 – *Matthew K. Cline, MD, FAAFP; Adrienne R. Hampton, MD*

Third Trimester Screening

Childbirth Preparation

Antenatal Fetal Surveillance

1. Implement evidence-based prenatal care prevention and management strategies for concerns common to the second half of pregnancy
2. Develop shared management prenatal care strategies that encourage patient adherence to medical recommendations.
3. Develop an outline of steps toward preparation for childbirth including antenatal fetal surveillance.

4:30 – 5:30 p.m.

Keynote Presentation: Advanced Life Support in Obstetrics: A Remarkable 25 Year Journey – *Lee T. Dresang, MD; Larry Leeman, MD, MPH; Jim Damos; John Beasley*

1. Explain the origins of ALSO and its evolution over the past 25 years.
2. Show how ALSO teaches teamwork and communication skills
3. Identify evidence regarding how ALSO improves patient safety and medical outcomes.
4. Summarize future goals for ALSO

5:30 p.m.

Recess

5:30 – 6:30 p.m.

“Welcome Reception” - Celebrating the 25th Anniversary of the Advanced Life Support in Obstetrics® (ALSO) Program *(registrants only)*



Thursday, August 11, 2016

7:00 – 7:45 a.m.	Breakfast
	Biopsychosocial Updates in Pregnancy
7:45 – 8:15 a.m.	Depression Disorders: Screening, Diagnosis, Management – <i>Martha C. Carlough, MD, MPH</i> <ol style="list-style-type: none">1. Discuss when and how to perform depression screening using validated tools to diagnose depression.2. Discuss the evidence linking the use of antidepressant medication with adverse maternal-infant outcomes.3. Review treatment options for mild, moderate, and major depression.4. Describe the recognition and treatment for depression complicated by substance use, post-traumatic stress disorder, and postpartum psychosis.
8:15 – 8:45 a.m.	Substance Use and Abuse in Pregnancy – <i>Nicole Yonke, MD, MPH</i> <ol style="list-style-type: none">1. Review the epidemiology of substance abuse in pregnancy.2. Discuss adverse outcomes associated with substance abuse in pregnancy3. Implement evidence-based drug abuse and addiction (including tobacco and alcohol) screening protocols for preconception and prenatal care.4. Provide counseling and resources to motivate patients to decrease or eliminate use of harmful substances (tobacco, alcohol, illicit drugs, etc.).5. Review treatment options for opioid dependence in pregnancy and neonatal and obstetric outcomes.6. Address recommendations for breastfeeding in women with a history of substance abuse during pregnancy.
	Updates in Third Trimester Care
8:45 – 9:15 a.m.	Prematurity Prevention and Treatment – <i>Lee T. Dresang, MD</i> <ol style="list-style-type: none">1. Identify evidence-based approaches to reduce the incidence of preterm delivery (PTD) including indications for vaginal and IM progesterone2. Determine the indications for cervical length screening, and evidence-based interventions to prevent PTD in women with a short cervix (cerclage vs. vaginal progesterone)3. Evaluate and treat a patient presenting with possible preterm labor.
9:15 – 9:45 a.m.	Intrauterine Growth Restriction – <i>Johanna Warren, MD</i> <ol style="list-style-type: none">1. Explain the natural history and different etiologies of symmetric vs. asymmetric IUGR.2. Identify the criteria to determine a pregnancy at risk for IUGR including clinical findings, and serum and ultrasound markers.3. Develop a surveillance plan that includes indications for early delivery vs. expectant management.
9:45 – 10:00 a.m.	Question and Answer/Panel Discussion
10:00 – 11:00 a.m.	Break – Poster Session (non CME)
11:00 – 11:30 a.m.	Diabetes: Pre-gestational and Gestational – <i>Jessica Taylor Goldstein, MD</i> <ol style="list-style-type: none">1. Implement a preconception screening and counseling protocol for patients with risk factors for Type 2 DM, with specific guidance on the impact of maternal and fetal outcomes related to poor glycemic control.2. Using shared decision making, develop individualized management plans to assist patients in achieving optimal glycemic control before and during pregnancy.3. Identify the need and timing for antenatal fetal surveillance for patients with PGDM and GDM.4. Explain the evidence-based recommendations regarding timing of delivery.



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11:30 a.m. – 12:00 p.m.

Optimal Time of Delivery – *Larry Leeman, MD, MPH*

1. Analyze the indications of late preterm and early term delivery (prior to 39 weeks).
2. Compare and contrast neonatal care and outcomes for late preterm vs. term infants.
3. Discuss approaches to decrease the incidence of spontaneous and induced late preterm and early term births.

12:00 – 12:15 p.m.

Question and Answer/Panel Discussion

12:15 – 1:30 p.m.

Lunch On Your Own

Choose one of the following to attend:

1:30 – 2:30 p.m.

Medical Conditions in Pregnancy (Part 1) – *Lee T. Dresang, MD; Stephen Ratcliffe, MD, MSPH*
(Epilepsy, Headaches, Thyroid Conditions)

1. Contrast the natural history of epilepsy and headaches during and after pregnancy.
2. Identify medications safe to use for epilepsy and headache conditions
3. Develop management strategies for epilepsy and headaches during pregnancy.
4. Explain diagnostic and management strategies of thyroid conditions in pregnancy

Osteopathic Methods to Treat Common Discomforts in Pregnancy – *Sarah James, DO; Deborah A. Raehl, DO, Julianne Falleroni, DO, MPH*

1. Describe the use of manipulative medicine technique to treat pregnancy related low back and pelvic pain through a case based approach.
2. Demonstrate manipulative techniques to assist women with the discomforts of pregnancy
3. Review documentation, and billing and coding for osteopathic manipulation treatment.

Non-pharmacologic Management of Labor – *Jessica Taylor Goldstein, MD; Sara G. Shields, DO; Denise K. Fryzelka, PhD, CNM, APNP, C-EFM*

1. Describe the nature of pain as it relates to the stages and phases of labor.
2. Compare and contrast the psycho-emotional and basic physiologic measures that provide comfort and reduce maternal stress for women in labor.
3. Demonstrate evidence-based strategies for reducing pain and stress for women in labor.
4. Integrate at least four non-pharmacologic techniques for reducing maternal stress and pain in labor into practice.

Get LARC: Evidence and Systems – *Nicole Yonke, MD, MPH; Jessica Dalby, MD*

1. Summarize the benefits and risks of LARC devices.
2. Explain the evidence-based recommendation for the provision of immediate postpartum LARC.
3. Explain proper technique in IUD and Nexplanon insertion.
4. Implement strategies to mitigate side effects of LARCs such as breakthrough bleeding.
5. Address barriers of immediate postpartum LARC.
6. Demonstrate insertion of immediate postpartum IUD using models.



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Clinician's Role in Successful Breastfeeding – *Martha C. Carlough, MD, MPH; Susana Magee, MD, MPH, FAAFP; A. Ildi Martonffy, MD, IBCLC*

1. Educate women and their partners regarding benefits of breastfeeding.
2. Develop an understanding of a team approach to breastfeeding support, including the role of lactation consultants, clinicians and breastfeeding support groups.
3. Identify resources for accurate information on the safety of OTC and prescription medications, including hormonal contraceptives, during breastfeeding.
4. Diagnose and manage common complications of breastfeeding such as cracked/sore nipples, blocked milk ducts, tongue-tied infants, functional pain and vasospasm, and mastitis.
5. Develop an understanding of steps necessary to becoming a Baby-Friendly facility/practice using the Ten Steps to Successful Breastfeeding¹² (core component of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) Baby Friendly Hospital Initiative) to boost breastfeeding initiation and duration.

1:30 – 3:45 p.m.

Cesarean Section Training

Serving as a First Assistant – *Larry Leeman, MD, MPH; Johanna Warren, MD*

1. Relate the steps leading to cesarean delivery of a fetus and the specific role of the first assistant
2. Relate the anatomy and physiology relevant to cesarean delivery
3. Identify key times to involve surgical consult.

Anticipating and Responding to Intraoperative Complications - *Larry Leeman, MD, MPH; Johanna Warren, MD*

1. Explain the complications related to cesarean delivery and strategies to lower morbidity.
2. Summarize strategies for caring for women with morbid obesity, adhesions, hemorrhage, and lacerations
3. Apply techniques of uterine artery ligation and B-Lynch on simulation surgical models
4. Implement evidence-based strategies to decrease the incidence of post-operative wound infections.
5. Diagnose and manage post-operative wound infections.
6. Identify prevention strategies, diagnostic criteria, and treatment of venous thromboembolism after cesarean delivery.

2:30 – 2:45 p.m.

Break

2:45 – 3:45 p.m.

Medical Conditions in Pregnancy (Part 2) – *Daniel J. Frayne, MD*

(Cholestasis of Pregnancy, Acute Fatty Liver, Hepatitis B&C)

1. Contrast the natural history of cholestasis of pregnancy, acute fatty liver, and hepatitis during and after pregnancy.
2. Identify medications safe to use for cholestasis of pregnancy, acute fatty liver, and hepatitis.
3. Develop management strategies for cholestasis of pregnancy, acute fatty liver, and hepatitis during pregnancy.

Breakouts Repeated:

Osteopathic Methods to Treat Common Discomforts in Pregnancy

Non-pharmacologic Management of Labor

Get LARC: Evidence and Systems

Clinician's Role in Successful Breastfeeding

3:45 – 4:00 p.m.

Break

4:00 – 5:00 p.m.

Medical Conditions in Pregnancy (Part 3) Pulmonary – *Matthew K. Cline, MD, FAAFP; Kerry Watrin, MD*

(Asthma, Pneumonia, Influenza, Musculoskeletal and Rheumatology Conditions)

1. Contrast the natural history of asthma, pneumonia, influenza, and rheumatology conditions during and after pregnancy.
2. Identify medications safe to use for asthma, pneumonia, influenza, and rheumatology conditions.
3. Develop management strategies for asthma, pneumonia, influenza, and rheumatology conditions during pregnancy.



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New Breakout Topic:

Cesarean Section Training: Obtaining Skills and Privileging Issues – *Larry Leeman, MD MPH; Robert Gobbo, MD*

1. Develop a plan to obtain advanced procedural training, competence, and experience in performing cesarean deliveries.
2. Determine local privileging requirements to perform cesarean deliveries.

Breakouts Repeated:

Osteopathic Methods to Treat Common Discomforts in Pregnancy

Non-pharmacologic Management of Labor

Get LARC: Evidence and Systems

Clinician's Role in Successful Breastfeeding

5:00 p.m.

Recess



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Friday, August 12, 2016

7:00 – 7:45 a.m.	Breakfast
	Updates in Intrapartum Care (Part 1)
7:45 – 8:15 a.m.	Induction of Labor – <i>Sara G. Shields, MD, MS, FAAFP</i> <ol style="list-style-type: none">1. Identify evidence-based techniques to decrease the incidence of prolonged pregnancy.2. Compare techniques of cervical ripening and their relative efficacy, including the placement of the Foley/Cook catheter.3. Utilize the AMOR-IPAT protocol to estimate an upper limit of the optimal time of delivery and management with the use of preventive induction of labor.
8:15 – 8:45 a.m.	Trial of Labor after Cesarean Section (TOLAC) – <i>Larry Leeman, MD, MPH</i> <ol style="list-style-type: none">1. Present the evidence-based risks and benefits of TOLAC to patients.2. Explain the current practice guidelines regarding TOLAC.3. Counsel patients regarding their risk for uterine rupture and their likelihood of a successful vaginal birth after cesarean.4. Discuss labor management of the woman having a trial of labor after cesarean.
	Updates in Intrapartum Care (Part 2)
8:45 – 9:15 a.m.	The New Stage Two Paradigm – <i>Matthew K. Cline, MD, FAAFP</i> <ol style="list-style-type: none">1. Examine the most up-to-date evidence concerning Stage Two obstetric patient management.2. Describe methods of integrating new evidence into second stage management including the use of a second stage partogram.3. Outline potential areas for future research into the management of the second stage of labor.
9:15 – 9:45 a.m.	Stage Three Management – <i>Martha C. Carlough, MD, MPH</i> <ol style="list-style-type: none">1. Review the prevention of postpartum hemorrhage and active management of the third stage.2. Compare the risks and benefits of early vs. delayed cord clamping.3. Prepare a team-based approach for early recognition, assessment and management of postpartum hemorrhage.4. Describe strategies to manage a prolonged third stage of labor and reduce the risk of uterine prolapse.
9:45 – 10:00 a.m.	Question and Answer/Panel Discussion
10:00 – 10:15 a.m.	Break
10:15 – 11:15 a.m.	Maternal Child Immigrant and Refugee Health Care – <i>Martha C. Carlough, MD, MPH; Elizabeth Kvach, MD</i> <ol style="list-style-type: none">1. Explain health risk factors and needed screenings based upon patient country of origin and refugee/immigration status.2. Identify potential cultural beliefs and practices that may impact maternal and child health.3. Identify best practices for the care of immigrant and refugee pregnant patients, including language interpretation, cultural assessment, and collaboration with community resources.



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Circumcision – Matthew K. Cline, MD, FAAFP; Sara G. Shields, MD, MS, FAAFP

1. Explain the most current, evidence-based recommendations regarding medical indications for newborn circumcision.
2. Provide unbiased parent education on the risks and benefits of newborn circumcision, along with the current recommendations to allow for appropriate decision making.
3. Compare and contrast the dorsal penile nerve block with the ring block for circumcision anesthesia.
4. Outline the technique for performance of circumcision by Gomco, Mogen, and Plastibell methods.
5. Diagnose and manage complications of circumcision including bleeding, and the discovery of hypospadias and megameatus mid-procedure.
6. Assess and determine for circumstances that indicate the need to delay circumcision.

Billing and Coding for Maternity Care – Kerry Watrin, MD; Lou Sanner, MD

1. Examine physicians' role in appropriate coding and documentation in the maternity care setting.
2. Choose appropriate key items to determine the level of patient care coding.
3. Distinguish among ICD-10 common coding options for maternity patients during inpatient and outpatient encounters throughout the pregnancy.
4. Explain the billing requirements for global maternity care/services.
5. Point out the benefits of billing for high risk pregnancies.

Maternity Care for the LGBT Community – Ronni L. Hayon, MD; Jessica Taylor Goldstein, MD

1. Educate patients in methods to overcome LGBT barriers to quality maternity care
2. Compare and contrast fertility options for same-sex couples, including the risks and benefits to surrogacy, in vitro fertilization (and Co-IVF), and sperm donation/donor insemination.
3. Demonstrate understanding of transgender postpartum hormone management issues.

Midwifery and Stage Two Management – Lisa Hanson, PhD, CNM, FACNM

1. Integrate an evidence-based approach for management of the second stage of labor.
2. Determine risk factor during pregnancy and labor that result in an increased risk of perineal trauma.
3. Compare and contrast open vs. closed glottis pushing.
4. Describe optimal positioning and techniques for second stage labor to prevent perineal trauma

Use of Tool to Manage Category Two and Three FHR Tracings – Nicole Yonke, MD, MPH

1. Develop a standardized approach to EFM interpretation using a modified NICHD classification system
2. Differentiate between various category II tracings using a validated tool.
3. Explain the five tier color coded classification system.
4. Apply general management principles to various FHR patterns.
5. Identify risk factors during fetal surveillance.

11:15 – 11:30 a.m.

11:30 – 12:30 p.m.

Break

Breakouts Repeat:

Maternal Child Immigrant and Refugee Health Care

Circumcision

Billing and Coding for Maternity Care

Midwifery and Stage Two Management

Use of Tool to Manage Category Two and Three FHR Tracings

12:30 – 1:45 p.m.

1:45 p.m.

Lunch On Your Own – “Medical Poetry”

Recess



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OPTIONAL SESSIONS: (Separate registration and fee required)

1:45 – 3:45 p.m.

Perineal Repair - Basic 1st/2nd Degree Vaginal, Cervical and Perineal Lacerations – Larry Leeman, MD, MPH; Matthew K. Cline, MD, MPH; Stephen Ratcliffe, MD, MSPH; Johanna Warren, MD; Sara G. Shields, MD, MS, FAAFP; Kerry Watrin, MD; Daniel J. Frayne, MD; Susanna Magee, MD, MPH; Martha C. Carlough, MD, MPH; Lee T. Dresang, MD; Jessica Taylor Goldstein, MD

1. Describe the anatomy of the perineum and pelvic floor
2. Determine the indications for episiotomy and demonstrate proper and safe technique.
3. Demonstrate proper technique for repair of simple 2nd degree, peri-urethral lacerations, including instrument handling, suturing, and tying.
4. Identify lacerations that extend into the rectal sphincter and mucosa.
5. Explain strategies to temporize bleeding and patient discomfort until a consultant arrives.

This CME session is supported in the form of disposable supplies to the AAFP from Ethicon, Inc.

3:45 – 4:15 p.m.

Break

4:15 – 6:15 p.m.

Perineal Repair – Complex Repairs Including 3rd/4th Degree Repair and Cervical Lacerations – Larry Leeman, MD, MPH; Matthew K. Cline, MD, MPH; Stephen Ratcliffe, MD, MSPH; Johanna Warren, MD; Sara G. Shields, MD, MS, FAAFP; Kerry Watrin, MD; Daniel J. Frayne, MD; Susanna Magee, MD, MPH; Martha C. Carlough, MD, MPH; Lee T. Dresang, MD; Jessica Taylor Goldstein, MD

1. Describe the anatomy of the perineum and pelvic floor
2. Explain the long-term consequences of occult and apparent pelvic floor trauma.
3. Demonstrate repair strategies for rectal mucosa and rectal sphincter lacerations.
4. Demonstrate repair techniques for complex/stellate vaginal and cervical lacerations.

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Saturday, August 13, 2016

7:00 – 7:45 a.m.	Breakfast
	Updates in Intrapartum Care (Part 3)
7:45 – 8:15 a.m.	Labor Dystocia – Sara G. Shields, MD, MS, FAAFP <ol style="list-style-type: none">1. Examine the findings of the Consortium on Safe Labor and the early impact of the adoption of the ACOG/SMFM new labor guidelines.2. Explain the most current evidence-based definitions of the phases of labor (stage 1 latent and active, and stage 2; and what constitutes dystocia in labor).3. Identify likely causes of labor dystocia and methods of prevention.4. Determine appropriate and evidence based interventions in the care of women with non-progressing labor (especially low risk primipara women).5. Explain indications for diagnosis of labor arrest and need for cesarean delivery.
8:15 – 8:45 a.m.	Impact of Obesity in Pregnancy and Childbirth – Johanna Warren, MD <ol style="list-style-type: none">1. Assess patients' pre-pregnant BMI status according to the U.S. Preventive Services Task Force (USPSTF) guidelines.2. Provide preconception counseling of obese reproductive age patients including the maternal and fetal risks and complications associated with obesity in pregnancy, including lifestyle modifications, diet, exercise, and surgical options.3. Advise pregnant patients on appropriate weight gain based upon pre pregnant BMI, the benefits of meeting weight management goals, and resources to assist with making lifestyle modifications as needed.4. Identify strategies in managing pregnancies of women who have undergone bariatric surgery.
8:45 – 9:15 a.m.	Updates in Maternal Infant Care (Part 1) Promoting Maternal Infant-Bonding – Mary Sommers <ol style="list-style-type: none">1. Identify woman/family centered approaches to promote bonding.2. Examine the "gentle cesarean" technique and identify methods to promote skin to skin contact for women undergoing cesarean section.3. Counsel pregnant patients on the evidence-based options to promote positive maternal and neonatal outcomes.
9:15 – 9:45 a.m.	Common Newborn Problems – Kerry Watrin, MD <ol style="list-style-type: none">1. Assess and provide appropriate screening, treatment, and/or referral for the conditions: hyperbilirubinemia, heart murmurs, hypoglycemia, and suspected sepsis.2. Counsel patients on methods to prevent group B <i>streptococcus</i> infection.3. Utilize the CDC recommended algorithm to provide secondary prevention of early-onset GBS disease in newborns.
9:45 – 10:00 a.m.	Question and Answer/Panel Discussion
10:00 – 10:15 a.m.	Break



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10:15 – 10:45 a.m.	Updates in Maternal Infant Care (Part 2) Postpartum Urgencies – <i>Susanna R. Magee, MD, MPH, FAAFP</i> <ol style="list-style-type: none">1. Outline systematic approaches to diagnose and manage delayed postpartum hemorrhage.2. Implement prevention and treatment guidelines in the management of postpartum fever and endometritis.3. Explain the presentation of delayed-onset preeclampsia.4. Detail the steps to prevent, diagnose, and treat pregnancy-related venous thromboembolism.
10:45 – 11:15 a.m.	Neonatal Respiratory Distress and Sepsis – <i>Daniel J. Frayne, MD</i> <ol style="list-style-type: none">1. Describe the most recent updates to the NRP guidelines.2. Perform a differential diagnosis of respiratory distress in the newborn period.3. Develop appropriate evaluation and management plans based upon patient presentation.4. Identify infants with fever who are at high risk for sepsis and respiratory distress.
11:15 – 11:30 a.m.	Question and Answer/Panel Discussion
11:30 a.m. – 12:00 p.m.	Closing Keynote Address: The Importance of Family Centered Maternity Care in the US in the 21st Century – <i>Stephen Ratcliffe, MD, MSPH</i> <ol style="list-style-type: none">1. Provide an overview of US data regarding Cesarean Section and maternal mortality rates in the US since 2000.2. Review access to maternity care in both rural and urban underserved settings in the US.3. Identify factors that are associated with a decline in the decisions of new residency graduates to include maternity care in their future practice.4. Propose solutions that address this mismatch of inadequate supply to increasing need of family physicians providing maternity care.
12:00 p.m.	Adjourn

As of June 30, 2016. Information is subject to change.