

Carolinas Medical Center
Family Medicine Residency

Curricular Goals and Objectives
for
Obstetrics

GOALS:

1. To gain knowledge about the care of low risk pregnant patients.
2. To develop clinical skill in the low risk pre-conception, prenatal, intrapartum and post-partum care.
3. To appropriately identify high risk pregnancy conditions and manage appropriate referral.

OBJECTIVES:

Patient Care

1. Describe 3 components of pre-conception care to be discussed with female patients at age of fertility.
2. Diagnose pregnancy and establish the expected due date.
3. Establish a prenatal care plan including:
 - a. timing of visits
 - b. screening for medical conditions
 - c. screening for gestational diabetes
 - d. screening for toxemia of pregnancy
 - e. management of pre-term labor, including collaboration with obstetrics colleagues
 - f. appropriate consultation for ultrasound
 - g. management of size/dates discrepancy
 - h. management of antenatal bleeding
 - i. management of threatened abortion
4. Determine fetal presentation
5. Determine active labor.
6. Determine correct fetal position.
7. Demonstrate correct technique for facilitating delivery of a baby including:
 - a. coaching for pushing
 - b. perineal control
 - c. appropriate hand positioning
 - d. nuchal cord reduction
8. Describe steps to take to resolve a shoulder dystocia.
9. Identify and manage post-partum hemorrhage.
10. Repair an episiotomy.
11. Repair 1st degree, 2nd degree and 3rd degree perineal lacerations.
12. Demonstrate post-partum care including:
 - a. assessment for post-partum hemorrhage
 - b. assessment for appropriate resolution of uterine size
 - c. family planning/contraception
 - d. inquiry and coaching re: breastfeeding

Medical Knowledge

1. Correctly interpret fetal monitoring strips.

Systems-Based Practice

1. Perform assisted delivery in appropriate situations in collaboration with obstetricians

METHODS:

Obstetrics rotation
Continuity deliveries

EVALUATION/ASSESSMENT:

Supervisory residents and faculty in Obstetrics/Gynecology.
Family Medicine faculty feedback during prenatal care and intrapartum care.

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This curriculum represents the material you are expected to learn during the **Ob/Gyn rotation** as a PGY-1 resident.

Obstetrics

Details are found on pages 39-63 of Educational Objectives: Core curriculum in Obstetrics and Gynecology, 8th edition.

I. Basic Science/Mechanism of Disease

A. Physiology of Pregnancy (W: Section II,5; G: Section I,3)

- Describe the major physiologic changes in each organ system that occur in pregnancy.
- Evaluate symptoms and physical findings in a pregnant patient to distinguish physiologic from pathologic findings.
- Interpret common diagnostic tests in the context of the normal physiologic changes of pregnancy.

B. Anatomy (W: Section II,2; G: Section I,3)

- Describe the muscular and vascular anatomy of the pelvis and vulva.
- Describe the anatomic changes in the mother caused by normal physiologic adaptation to pregnancy.
- Describe the anatomic changes that occur during the intrapartum period, such as cervical effacement and dilatation.
- Describe the anatomic changes that occur during the puerperium, such as alterations in the breast and uterine involution

C. Pharmacology (W: Section II,4 & III,14; G: Section I,1 & II,8)

- Describe the role for nutritional supplementation in pregnancy (e.g. iron, folic acid).
- Describe the impact of pregnancy on serum and tissue drug concentrations and drug efficacy.
- Describe the factors that influence transplacental drug transfer.
- Describe the possible teratogenic effects of prescription drugs in pregnancy, such as:
 - Tetracycline
 - ACE Inhibitors
 - Quinolone antibiotics
 - Lithium
 - Isotretinoin
 - Seizure medications
- Describe the possible teratogenic effects of nonprescription drugs, such as:
 - Alcohol
 - Heroin
 - Cocaine
 - Tobacco

- **D. Microbiology and Immunology (W: Section II,3 & II,6; G: Section I,2 and I,4)**

- Describe the principal features of the host immunologic response.
- Describe how the maternal immune response is altered by pregnancy.
- Describe the association between genital tract infections and adverse perinatal outcomes, such as
 - Preterm labor
 - Preterm premature rupture of membranes
 - Neonatal infection
 - Maternal infection

II. Antepartum Care

A. Prenatal Care (W: Section III, 7 & III,8; G: Section II,5)

- Perform a comprehensive history and physical exam.
- Order and interpret routine laboratory tests and those required because of risk factors during pregnancy.
- Counsel patients about lifestyle modifications that improve pregnancy outcome.
- Counsel patients about warning signs of adverse pregnancy outcomes.
- Schedule and perform appropriate antepartum follow-up visits for routine and high-risk obstetric care.
- Counsel patients about appropriate immunizations during pregnancy.
- Counsel patients about the benefits of breast feeding.

III. Obstetric Complications

A. Preterm labor (W: Section VII,36; G: Section V,26)

- Describe the multifactorial etiology of preterm labor.
- Obtain a complete obstetric history in patients with preterm labor.
- Perform a thorough physical examination to determine uterine size, fetal presentation, fetal heart rate and cervical effacement/dilatation.
Perform and interpret biophysical, biochemical and microbiologic tests to assess patients with suspected preterm labor

B. Bleeding in late pregnancy (W: Section VII,35; G: Section III,18)

- Describe the etiology of bleeding in late pregnancy.
- Describe the factors that predispose to placenta previa and abruption placentae.
- Perform a focused physical examination in patients with bleeding late in pregnancy.
- Interpret diagnostic tests such as hematocrit, platelet count, coagulation profile, and Kleihauer-Betke test.
- Manage serious complications of abruption placentae and placenta previa, such as hypovolemic shock and coagulopathy.

- Counsel patients about the recurrence risk for placenta previa and abruption placentae.

C. Hypertension in pregnancy (W: Section VII,34; G: Section VI,33)

- Describe the possible causes of hypertension in pregnancy
- Describe the usual clinical manifestations of chronic hypertension, gestational hypertension and preeclampsia.
- Perform a physical examination pertinent to patients with hypertension.
- Perform tests to:
 - Determine the etiology of chronic hypertension.
 - Differentiate chronic hypertension from preeclampsia and gestational hypertension.
 - Assess the severity of chronic hypertension, gestational hypertension, and preeclampsia.

D. Multiple gestation (W: Section VII,39; G: Section V,28)

- Describe the factors that predispose to multiple gestation.
- Describe the physical findings suggestive of multiple gestation.
- Describe the maternal and fetal complications associated with multiple gestation.

E. Postterm pregnancy (W: Section VII,37; G: Section V,32)

- Determine gestational age using a combination of menstrual history, physical examination, and ultrasound examination.
- Describe the potential fetal and neonatal complications of postterm pregnancy, such as:
 - Macrosomia
 - Meconium aspiration syndrome
 - Oligohydramnios
 - Hypoxia
 - Dysmaturity syndrome
 - Fetal demise
- Describe appropriate indications for delivery in the postterm pregnancy

F. Premature rupture of membranes (W: Section VII,36; G: Section V,27)

- Describe the possible causes of premature rupture of membranes (PROM) in the preterm and term patients.
- Perform diagnostic tests to confirm rupture of membranes.
- Describe the indications for, and complications of, expectant management in preterm and term patients with PROM.
- Describe the indications for, and complications of, induction of labor in preterm and term patients with PROM.
- Describe the role and possible complications of the following interventions in patients with preterm PROM: tocolytics, corticosteroids, antibiotics, amniocentesis.

IV. Intrapartum Care

A. Labor and Delivery (W: Section II,6 and IV,17; G: Section III,12)

- E. Obtain an accurate history describing onset of uterine contractions and ruptured membranes.
- F. Describe appropriate indications for induction of labor.
- G. Perform a pertinent physical examination to assess:
 - i. Status of membranes
 - ii. Presence of vaginal bleeding
 - iii. Fetal presentation
 - iv. Fetal weight
 - v. Cervical effacement
 - vi. Cervical dilatation
 - vii. Station of the presenting part
 - viii. Clinical pelvimetry
 - ix. Uterine contractility
- H. Describe the normal course of labor

V. Postpartum Care

A. Evaluation of the newborn (W: Section V; G: Section IV,20)

- I. Perform an immediate assessment of the newborn infant and determine if resuscitative measures are indicated.
- J. Resuscitate a depressed neonate:
 - i. Properly position the baby in the radiant warmer.
 - ii. Suction the mouth and nose.
 - iii. Provide tactile stimulation
 - iv. Administer positive pressure ventilation with bag and mask.
 - v. Administer chest compressions.
- K. Assign Apgar scores.
- L. Describe the indications for cord blood gas analysis.
- M. Obtain cord blood for the following purposes:
 - i. Blood gas analysis
 - ii. Determination of fetal blood type
- N. Counsel patients about the advantages and disadvantages of circumcision.

B. The puerperium (W: Section VI; G: Section IV, 20 & IV,21)

- o Perform a focused physical examination in the postpartum patient.
- o Identify and treat the most common maternal complications that occur in the puerperium:
 - Uterine hemorrhage
 - Infection
 - Wound dehiscence (abdominal incision and episiotomy)
 - Postoperative ileus
 - Injury to the urinary tract
 - Breast engorgement

- Pulmonary embolism
 - Deep vein thrombosis
- Recognize, treat, and refer as appropriate, postpartum affective disorders.
- Prescribe methods of reversible contraception.
- Counsel patients about permanent sterilization.
- Counsel patients about the advantages of and answer questions related to breast feeding.
- Counsel patients regarding future pregnancies.

VI. Required procedures

- A. Cesarean section (minimum of 5)**
(W: Section IV,25 & IV,26; G: Section III,1)
- B. Repair of lacerations**
(W: Section IV,17; G: Section III,12)
- C. Normal spontaneous vaginal delivery**
(W: Section IV, 17: G: Section III,12)
- D. Manual removal of the placenta**
(W: Section IV,17 & IV,27; G: Section III,12)
- E. Read and interpret non-stress tests**
(W: Section III,15; G: Section II,11)
- F. Perform abdominal ultrasounds to assess:**
(W: Section III,15 & III,16; G: Section II,9 & II,11)
 - Fetal position
 - Placental location
 - Amniotic fluid index

References

- DI. Resources: "Williams Obstetrics" (W) and "Gabbe: Obstetrics: Normal and Problem Pregnancies", 5th ed. (G)
- E. Available at the [AHEC Digital Library \(ADL\)](#)