## Maternity and Newborn Care

### Curriculum Objectives

#### Family Medicine Expert

1. **Residents will demonstrate the ability to provide prenatal care:**
   - 1.1. Provide care for pre-pregnancy planning.
   - 1.1.2. Establish the desirability of the pregnancy in a patient with suspected or confirmed pregnancy.
   - 1.1.3. Provide initial and subsequent prenatal visits with history, physical, counseling and laboratory investigations.
   - 1.1.4. Manage various prenatal problems (e.g. IUGR, hypertension, maternal infections, gestational diabetes, APH, PROM, etc).

2. **Residents will be able to provide care for normal labour and delivery:**
   - 2.1. Perform vaginal examination for cervical status, fetal station and position.
   - 2.2. Manage spontaneous term singleton vertex labour and delivery (We anticipate this might usually require having independently managed at least 25 labours and deliveries - and having therefore assisted in many more). This is a guideline only; the actual number would be more or less depending on the individual's need for experience and rate of learning - the objective is to develop the competence to manage labour and delivery independently.
   - 2.3. Assess for rupture of membranes; perform amniotomy.
   - 2.4. Manage induction for postdates or ruptured membranes at term (usually having done 5 inductions, more or less depending on the individual's need, to develop the competence).
   - 2.5. Perform basic fetal surveillance including intermittent auscultation and electronic fetal monitoring, including scalp electrode placement.
   - 2.6. Perform episiotomy, assess degree of perineal tearing and need for repair.

3. **Residents will be able to manage common intrapartum problems:**
   - 3.1. Diagnose and treat dystocia by nonpharmacologic and pharmacologic means, including oxytocin.
   - 3.2. Manage shoulder dystocia.
   - 3.3. Manage fever, infection, non-reassuring fetal status, manual removal of placenta.
   - 3.4. Perform outlet vacuum or forceps (usually having done 4 instrumental deliveries, more or less depending on the individual's need, to develop the competence).
   - 3.5. Repair laceration or episiotomy including third degree lacerations.
   - 3.6. Manage immediate postpartum hemorrhage.
   - 3.7. Manage vaginal birth after cesarean section.
   - 3.8. Explain the management of emergency vaginal breech.
   - 3.9. Recognize preterm labour.

4. **Residents will provide continuity of care (follow 6 or more women through pregnancy, birth and the postpartum and newborn periods).**

5. **Residents will be able to provide basic postpartum care:**
   - 5.1. Manage delayed hemorrhage, depression, infections.

6. **The family medicine resident will be able to demonstrate comprehensive care of neonates, recognizing and managing common and serious problems in the neonatal period including the ability to:**
   - 6.1. Perform basic neonatal resuscitation.
   - 6.2. Recognize common physical findings or congenital abnormalities in the newborn (e.g. cardiac murmur, undescended testes, hypospadias, benign neonatal rashes, congenital skin lesions).
1.6.3. Diagnose, investigate and manage serious neonatal conditions (e.g. jaundice, hypoglycemia, SGA/LGA, infant born to febrile/GBS positive mother, infant born to Hepatitis B positive mother, respiratory distress, vomiting in newborn period, sepsis, hypotonia, failure to thrive/dehydration).

1.6.4. Knowledge and provision of routine neonatal care and discharge instructions (ex. breastfeeding advice, neonatal screening including hearing, how to monitor hydration/weight gain, vitamin D supplementation, sleep positioning).

Manager

2.1. Residents will
2.1.1. Make referrals effectively.
2.1.2. Demonstrate understanding of the roles of all health care providers in the team.
2.1.3. Demonstrate understanding of hospital maternal/newborn care planning and policy-makings.

Communicator

3.1. Residents will be able to communicate effectively with patients, family members and members of health care team
3.1.1. Demonstrates listening skills.
3.1.2. Demonstrates language skills (verbal, written, charting).
3.1.3. Demonstrate non-verbal skills (expressive and receptive).
3.1.4. Demonstrate skills in adapting communication appropriately to a patient’s or colleague’s culture and age.
3.1.5. Demonstrate attitudinal skills (ability to respectfully hear, understand and discuss an opinion, idea or value that may be different from their own).
3.1.6. Apply these communication skills to facilitate shared and informed decision-making.

Collaborator

4.1. Residents will be able to collaborate
4.1.1. Work collaboratively in different models of maternity care.
4.1.2. Engage patients and families as active participants in their care.

Health Advocate

5.1. Residents will be able to advocate for the health of patients
5.1.1. Identify prenatal patients who are vulnerable or marginalized and assist them in issues (e.g., occupational issues, special diet application forms, etc.) that promote their health.
5.1.2. Identify newborns at risk because of social, family or other health situations; work appropriately with children’s protective services.

Professional

6.1. Residents will have demonstrated professionalism
6.1.1. Demonstrates, e.g., day to day behaviour that reassures that the resident is responsible, reliable and trustworthy (this is one of 12 themes provided by the CFPC document on Evaluation Objectives, each theme with observable behaviours).

Scholar

7.1. Residents will have demonstrated their scholarly proficiencies
7.1.1. Demonstrate self-directed learning based on reflective practice.
7.1.2. Access, critically evaluate and use medical information in maternal and child health care decisions.
Resources for "benchmarks" (levels for interim objectives during the course of training):
RIME: http://www.arfmn.ab.ca/live/rime.html
Bordage: http://www.familymed.ubc.ca/residency/facultyresources/Resident_Benchmark.htm
Alberta Rural Preceptor Program:
http://www.practicalprof.ab.ca/assessment/assessment_in_a_nutshell.html

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