Prenatal Co-Share Program

I: Description:

ACGME requirements:

IV.C.13. Residents must have at least 100 hours (or one month) or 125 patient encounters dedicated to the care of women with gynecologic issues, including well-woman care, family planning, contraception, and options counseling for unintended pregnancy. (Core) IV.C.14. Residents must document 200 hours (or two months) dedicated to participating in deliveries and providing prenatal and post-partum care. (Core) IV.C.14.a) This experience must include a structured curriculum in prenatal, intra-partum, and post-partum care. (Core) IV.C.15. Programs should provide an experience in prenatal care, labor management, and delivery management. (Detail) IV.C.15.a) Some of the maternity experience should include the prenatal, intra-partum, and post-partum care of the same patient in a continuity care relationship.

NSA: Family Medicine Program Requirements:

**DESCRIPTION**

1. 10 continuity patient deliveries by time of graduation
   1. **Continuity Patient:** To provide high quality comprehensive continuity of care in women in the antenatal and postnatal period in addition to providing pediatric care for the family.
      1. Needs 2 routine prenatal appts
      2. Needs some presence at the delivery (vaginal or c-section)
      3. Needs some participation in newborn/post-partum care (can include hospital for post-partum care)
   2. **Expectations of Primary**
      1. Primary provider is notified upon admission
      2. Resident is responsible for making plan with team on when to participate in care of patient
      3. Resident will continue to check in with team during 1st stage
      4. Resident will come in for the 2nd stage
2. Co share philosophy: The resident co-shares the provision of prenatal care for a patient with one faculty member.  Co-sharing promotes mentoring/modeling by the faculty member . The resident is expected to be present for the delivery, postpartum care, and newborn care.
   1. Faculty doing prenatal
      1. 11 Full time residency faculty provide prenatal care
      2. 6 other Family Medicine physicians provide prenatal care that are not part of residency
      3. 5 Family Physicians who provide prenatal care also do labor and delivery call
   2. Increased overall prenatal patients receiving their care through AFM/FM residency
   3. Faculty seeing prenatal patients are encouraged to participate in the Co Share Program
   * Residency faculty “manages” the assignment of the co share patients to the resident
   * Priority of assignment goes to the R3/R2
   * Ensure assignment based on patient’s EDD is not conflicting with the resident clinical rotation schedule

**BARRIERS:**

1. Covid and Centering: Prior to March 2020 the residency program had a very active Centering Program
   1. All residents were required to participate in a Centering program once during their R2 or R3 year
   2. Several residents chose to co-lead two centering groups
   3. With Covid, the Centering program has been put on hold affecting the number of continuity patients the residents follow
2. Some faculty are fearful about “losing” their prenatal and the baby to the resident

**SUCCESSES:**

1. Since actively managing and creation of the Co Share program:
   1. Residency opened 2014; started tracking 2016
   2. New program’s goal was to establish the presence, participation and credibility of Family Medicine doctors doing prenatal and taking labor and delivery call in a system where Family Medicine doctors did NONE prior to the residency program opening.
   3. Presently our future graduation class appears to be on target to meet the 10 continuity deliveries