



## Family Medicine Residency Program and Obstetric Care

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### Penn Medicine Lancaster General Hospital Family Medicine Residency

- ▶ The only residency sponsored by Hospital
- ▶ 13 residents each year, three-year residency
- ▶ Established over 50 years ago
- ▶ Strong Full Spectrum Family Medicine education – inpatient, outpatient, maternity care
- ▶ Two Family Medicine Centers – all residents practice at both
  - Downtown Family Medicine – Urban Center. About 40% patients Spanish speaking, 12% Black. Lancaster – “Refugee Capital of US”
  - Walter Aument Family Medicine – 14 mi south in rural Lancaster County.
- ▶ Lancaster General Hospital – 503 bed hospital – ED, Peds, Inpatient Medicine, Surgery
- ▶ Women and Babies Hospital – 95 bed hospital – OB, Newborn nursery, NICU, Gyn
- ▶ 21 Areas of Concentration for residents who choose to focus – HIV, Integrative Medicine, OB, Sports Medicine, Adolescent, Urban, Rural, Geriatrics, Population Health, Street Medicine + + +
- ▶ Osteopathic Recognition awarded July 2023.



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## Family Medicine& Maternity Care – ACGME requirements 2023

### Family Medicine Residency Program Requirements –

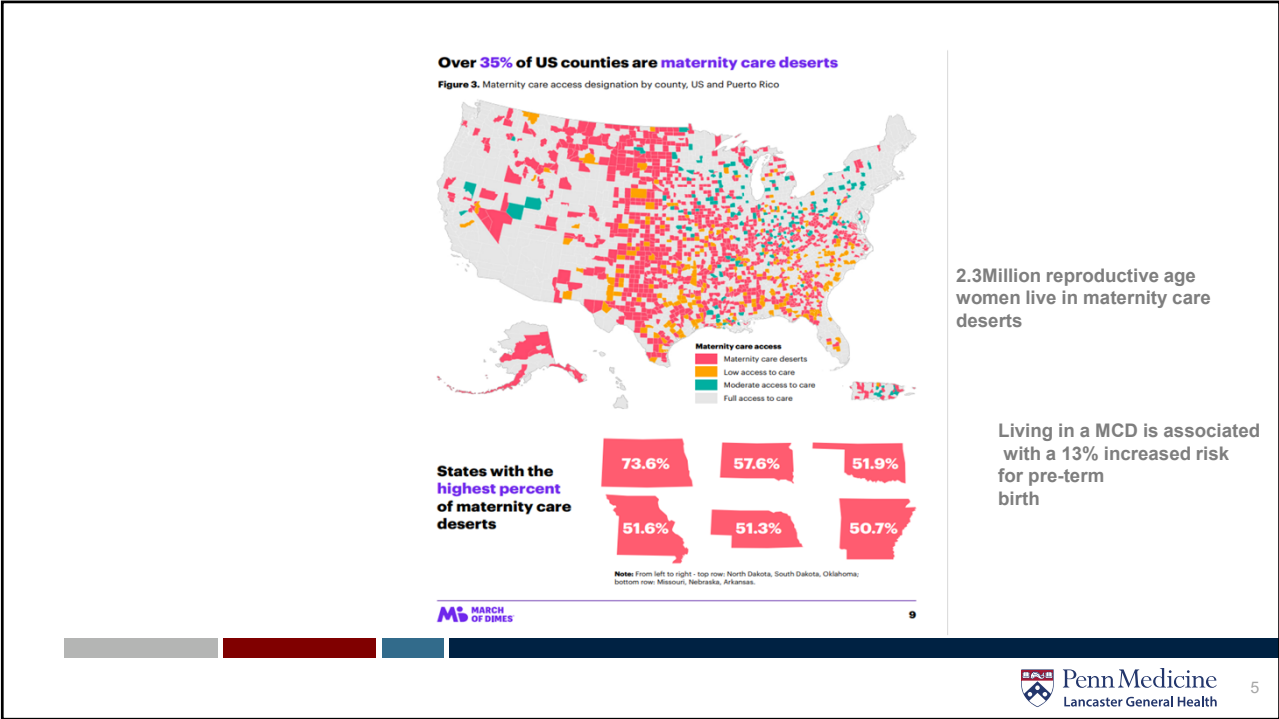
Residents must have at least 200 hours (or two months) dedicated to participating pregnancy-related care. <sup>(Core)</sup>

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- ▶ This experience must include a structured curriculum in prenatal, intrapartum, and postpartum care. <sup>(Core)</sup>
- ▶ Residents must care for pregnant patients in the outpatient setting, including prenatal care and the care of medical issues that arise in pregnancy
- ▶ Each resident must have experience with a minimum of 20 vaginal deliveries. <sup>(Core)</sup>
- ▶ Each resident should care for postpartum patients, including care for parental- baby pairs.
- ▶ Some of the maternity experience should include the prenatal, intrapartum, and postpartum care of the same patient in a continuity care relationship.
- ▶ Residents who seek the option to incorporate comprehensive pregnancy-related care, including intrapartum pregnancy-related care and vaginal deliveries into independent practice, must complete at least 400 hours (or four months) dedicated to training on labor and delivery and perform or directly supervise at least 80 deliveries. <sup>(Core)</sup>

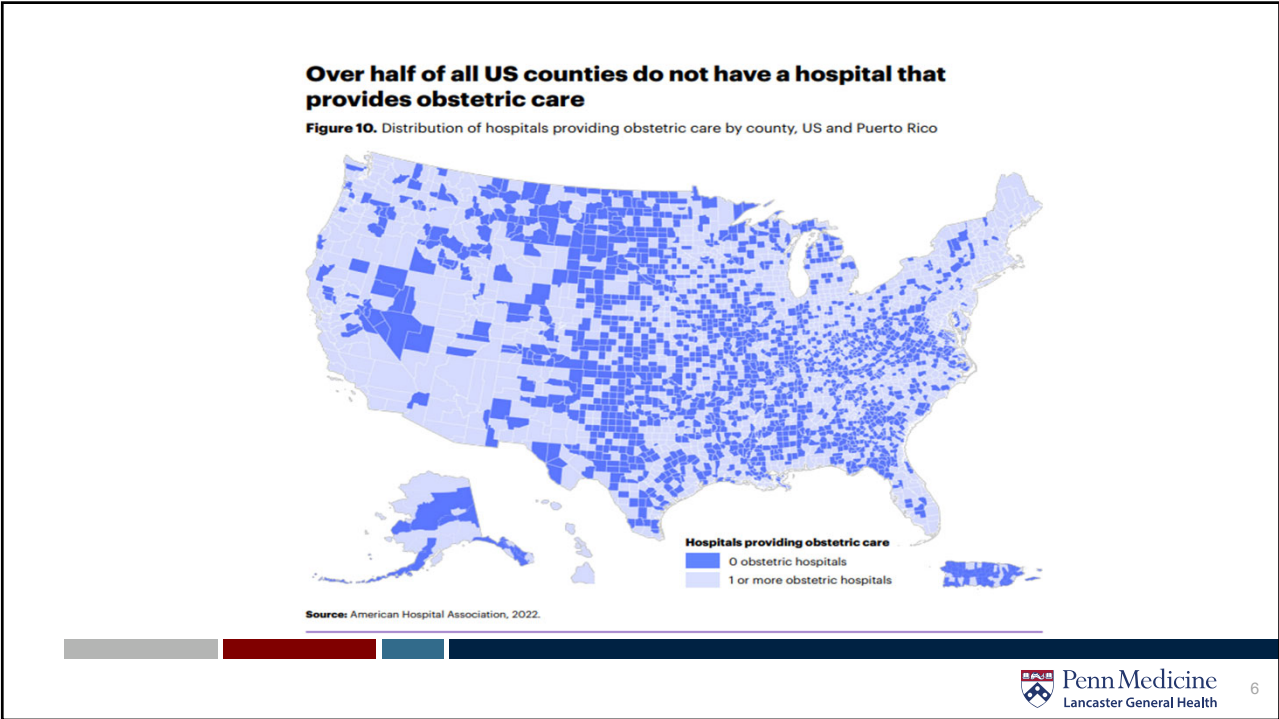
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- ▶ ABFM in 2000 approximately 23% of Family Physicians provided some maternity care. By 2010 – less than 10%
- ▶ ABFM 2023 Graduate Survey – 11% of 2020 Family Med graduates delivering babies (LGH 29%)
- ▶ Residency factors that increase the likelihood of its graduates delivering babies:
  - Family med maternity care preceptors
  - 80+ deliveries during residency
  - Greater autonomy in maternity care decision making
- ▶ Family Physicians with advanced training can perform Cesarean Sections

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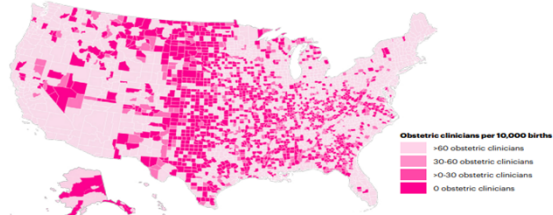
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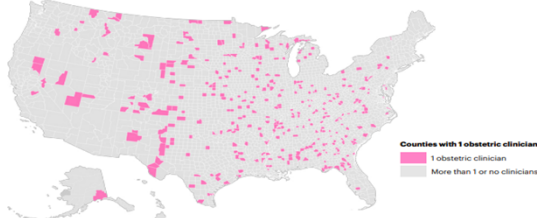
**Over 36% of US counties lack an obstetric clinician and 1.2 million women live in counties with only one**

Figure 13. Distribution of obstetric clinicians by county, US



2.5 million reproductive age women  
Live in a county without an obstetric clinician

Figure 14. Counties with 1 obstetric clinician, US



Note: Obstetric clinicians include OB-GYNs, CNM/CM, and family physicians who reported delivering babies.  
Sources: US Health Resources and Services Administration (HRSA), Area Health Resources Files, 2023; American Board of Family Medicine, 2018-2021; Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES), November 2023 file; National Center for Health Statistics, 2022 final natality data.

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## Maternity Access in Rural America

► General Accounting Office

- Research indicates that the number of rural hospitals providing obstetric services declined from 2004 through 2018, and more than half of rural counties did not have such services in 2018, according to the most recent data available. Studies showed that closures were focused in rural counties that were sparsely populated, had a majority of Black or African American residents, and were considered low income. Studies also showed differences in the type of clinicians delivering babies in rural and urban areas. Specifically, family physicians were more common in rural areas than in urban areas, while obstetrician-gynecologists and midwives were more common in urban areas, though the prevalence and types of clinicians varied by state.
- Maternal Health: Availability of Hospital-Based Obstetric Care in Rural Areas GAO-23-105515 Published: Oct 19, 2022.

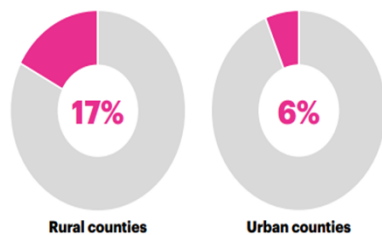
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## Rural America

- ▶ ACOG recognized that most rural counties have no OB/GYNs – they prefer to practice in urban areas
- ▶ Family Medicine residents more likely to provide maternity care services to rural areas
- ▶ Family physicians provide a disproportionate share of rural deliveries
- ▶ Greater travel distance to maternity care services is associated with worse perinatal outcomes
- ▶ Decreasing percentage of FPs are providing PN and intrapartum care in rural areas has contributed to increased number of rural communities with no local access to maternity care
- ▶ In rural America does not enough cases for OB/GYNs to deliver majority of babies. Family Physicians when not delivering babies can address all the other patient concerns – not limited by symptom, disease, gender or age
- ▶ Maternal and child outcomes similar between FPs and OB/GYNs performing cesarean sections

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**Figure 16.** Percentage of family physicians that reported delivering babies by rurality



Source: American Board of Family Medicine, 2019-2022.

- ▶ In July 2023, HRSA announced \$11 million in funding to strengthen the family physician workforce by supporting the development of 15 new residency programs in rural areas. Among these, 3 will focus on enhancing obstetrical training specifically in rural communities.<sup>36</sup> In addition to expanding training opportunities for family physicians, addressing barriers such as challenging credentialing processes, lifestyle concerns, and limited job availability involving obstetric duties is essential for the integration of obstetrics into their practice.<sup>37</sup>

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## Family Physicians and Cesarean Sections

- ▶ 2017-2022 of 28,526 Family Physicians that responded to ABFM Continuing Certification Questionnaire, 589 (2.1%) provided C-sections as primary surgeons. They were more likely to be male, work in rural health clinics, small rural counties & in counties without OB/GYNs
- ▶ Family Physicians can be an important workforce to maintain and potentially expand access to rural maternity services.

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## Obstetrics and Maternity Care at Penn Medicine Lancaster General Hospital Family Medicine Residency

- ▶ All residents have 5 months of Maternal-Child Health
  - 2 intern year
  - 2 second year
  - 1 third year
- ▶ ALSO course in February of intern year
- ▶ 12 Family Medicine Faculty, plus FPs from FQHC and a Community Family Medicine Practice
- ▶ 6 Ob-gyn faculty as dedicated back up (will hire 2 more)
- ▶ Last year we delivered 1184 babies
- ▶ From:
  - Downtown Family Medicine – Urban Family Medicine Center
  - Walter Aument Family Medicine – Rural Family Medicine Center
  - Union Community Care (FQHC) – 1/3 of deliveries from here, includes diverse refugee population
  - Twin Rose Family Medicine
  - Strasburg Family Medicine
  - Family and Maternity Medicine – OB faculty practice with 2 locations

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## Prenatal Care

- ▶ Traditional Prenatal Care
- ▶ Centering Pregnancy Group Prenatal Care (modified due to pandemic)
- ▶ IMPLICIT Project - working to decrease prematurity and low birth weight
- ▶ 4<sup>th</sup> Trimester Project

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