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Title

The Association between Residency Characteristics and Graduates Caring for Pregnant People: An FM-ROP Study

Priority 1 (Research Category)

Education and training

Presenters

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Abstract

Context: The percentage of family physicians providing pregnancy care has been steadily decreasing. Pregnancy care training varies between residencies. Outcomes associated with specific training exposures have not been evaluated. Objective: Understand the demographics and residency processes associated with pregnancy care provision by FM residency graduates. Study Design & Analysis: Prospective cohort study of family physicians completing residency in 2018. Setting or Dataset: 2018 CERA Program Director (PD) Survey and the 2021 National Graduate Survey (NGS) of 2018 family medicine residency graduates. Population: Family physicians who completed residency in 2018. Intervention/Instrument: 7 questions about pregnancy care training from the 2018 CERA PD Survey assessed residency process exposures for the 2018 graduates. These data were merged to individual 2018 graduates who completed the 2021 NGS. Outcome Measures: Demographics and residency process exposures associated with provision of maternity care and deliveries 3 years after completing residency. Results: The cohort included 779 graduates (48% of the NGS sample) from 211 residency programs (36% of eligible programs) where 28.5% of respondents reported practicing maternity care and 13.2% reported performing deliveries. In adjusted models, the only graduate demographic associated with providing maternity care and deliveries was female gender. Residency processes associated with maternity care provision and performing deliveries include performing >80 deliveries during residency (Maternity Care OR=4.70 [3.21, 6.88]) (Deliveries OR=15.39, [8.21, 28.85]) and exposure to 6 or more faculty providing maternity care or deliveries (Maternity Care OR=2.37 [1.62, 3.47]) (Deliveries OR=4.75, [2.58, 8.72]). Having 4+ months of obstetrics training was associated with performing deliveries only (OR=3.34, [1.98, 5.61]). Neither program size nor a continuity delivery requirement was associated with providing maternity care or deliveries. Conclusion: Performing >80 deliveries during residency and exposure to 6 or more faculty practicing maternity care was associated with maternity care provision and performing deliveries 3 years after graduation for 2018 FM residency graduates. 4+ months of obstetrics training was associated with performing deliveries. A continuity

delivery requirement was not significant. These findings support the new US ACGME FM Residency requirements for comprehensive pregnancy care training.