

- When the Bishop score is reasonable (>6–8), IOL can proceed using an infusion of oxytocin

Weighing Benefits, Harms

The guideline suggests family physicians discuss with every patient who has had a previous cesarean the short- and long-term benefits and harms of planned LAC/VBAC for both mother and infant.

In the short term, said King, nearly all maternal outcomes are equivalent or better with LAC vs another cesarean: fewer maternal deaths, fewer hysterectomies, less blood loss, and fewer fevers.

"However, women who have had a prior cesarean birth are at a higher risk of uterine rupture during labor (about 3 cases of uterine rupture in 1,000 labors), and uterine rupture can increase the risk to the fetus and infant," she said.

On average, there are about 130 fetal/neonatal deaths per 100,000 births with LAC compared with about 50 per 100,000 with repeat cesarean birth, according to the guideline. "The risk to the fetus is highest when there is a uterine rupture, so counseling and care need to carefully address the risks of uterine rupture for each woman," King said, adding that delivering another infant within 18 months of having had a cesarean birth increases the risk of uterine rupture. "However, most women can very safely have LAC in a facility where rapid cesarean delivery can occur in the event of uterine rupture," she noted.

As to long-term benefits and harms, King said that for women planning future pregnancies, each cesarean birth increases the risk of placenta previa and other placental complications.

For example, women with 1 previous cesarean birth face a risk of hysterectomy of about 400 per 100,000 pregnancies, and women with 5 previous cesareans have a hysterectomy risk of about 9,000 in 100,000 pregnancies, she said.

"There really aren't enough data to assess the long-term risk to the fetus/newborn, but there is currently a lot of ongoing research about potential lifetime risks of being born by cesarean—so stay tuned," King said.

Not every family physician handles labor and delivery for their patients, King acknowledged, but every one of them has a role in this process.

"Family physicians are at the front lines for good reproductive health care," she said. "Even if they don't provide maternity care, they should be asking women about their childbearing plans, providing appropriate contraceptive services and encouraging women with a prior cesarean birth to wait a minimum of 18 months before having another baby."

Chris Crawford
AAFP News



From the American
Board of Family Medicine

Ann Fam Med 2015;13:187-188. doi: 10.1370/afm.1773

KENDALL M. CAMPBELL, MD SELECTED AS 2014 PUFFER/IOM FELLOW



The Institute of Medicine (IOM) has selected Kendall M. Campbell, MD, as the 2014 James C. Puffer, MD/American Board of Family Medicine Fellow. Dr Campbell is an associate professor in the department of family medicine and rural health and co-director for the

Center for Underrepresented Minorities in Academic Medicine, Florida State University, Tallahassee.

Dr Campbell is from the rural community of DeFuniak Springs, Florida, and was one of the first Science Students Together Reaching Instructional Diversity and Excellence (SSTRIDE) mentors and instructors. SSTRIDE seeks to identify and encourage middle and high school students from underrepresented backgrounds, including those from rural communities. He became a part of the program in 1994 while an undergraduate student and chemistry pre-med major at Florida A & M University. After completing his undergraduate degree, Dr Campbell attended the Program in Medical Sciences, a 1-year program created to help promote diversity in Florida's medical schools by attracting more students from backgrounds underrepresented in medicine and in the Florida physician workforce. After the completion of medical school, he went on to become a board-certified family physician with special interests in underserved care and teaching. Dr Campbell is the learning center advisor for the Bridge to Clinical Medicine master's degree program, a program to increase underrepresented groups in medicine, and as co-director of the Center for Underrepresented Minorities in Academic Medicine, conducts research to study issues affecting underrepresented minority faculty in medical education. He sees patients at Bond Community Health Center, a community health center for the underserved.

As a Puffer/ABFM/IOM Anniversary Fellow, Kendall will receive a research stipend of \$25,000. Named in honor of James C. Puffer, MD, president and chief executive officer of the ABFM, the fellowship program enables talented, early-career health policy and sci-

ence scholars in family medicine to participate in the work of IOM and further their careers as future leaders in the field.

IOM Anniversary Fellows continue their main responsibilities while engaging part-time over a two-year period in the IOM's health and science policy work. A committee appointed by the president of the IOM selects fellows based on their professional accomplishments, potential for leadership in health policy in the field of family medicine, reputation as scholars, and the relevance of their expertise to the work of the IOM.

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Ann Fam Med 2015;13:188-189. doi: 10.1370/afm.1775.

CREATING LEADERS IN FAMILY MEDICINE

Building leaders in family medicine is critical as our discipline embarks on the Family Medicine for America's Health Initiative. Do family medicine faculty members have the leadership skills to lead the discipline in this transformation? While we all recognize the need to be advocates for our patients, leaders in our community, and champions of our specialty, where does the training come from to do this effectively?

Too often we assume that if someone is an effective clinician, they can transition to be an effective leader. The skills required to provide comprehensive, compassionate care to patients may be important in a leader, yet alone are not sufficient. The family of family medicine shares in the responsibility to help provide this training. STFM offers many leadership training opportunities to help the discipline of family medicine grow more leaders.

Behavioral Science/Family Systems Educator Fellowship

This is a competitive, year-long fellowship experience designed for any family medicine faculty member who has responsibility for coordinating or teaching the behavioral science/family systems curriculum in their departments or residencies. Ideally suited for applicants with 5 or fewer years of experience as a faculty member, the fellowship includes a structured learning curriculum of core content and formalized mentoring that will enable participants to understand the medical culture and learn how to increase the value of integrat-

ing behavioral science and family systems core principles into the practice of family medicine. All fellows also complete a mentored scholarly project.

Emerging Leaders Program

Through the Emerging Leaders program, participants learn about leadership, with an emphasis on the self-reflection and self-awareness skills required of a good leader. This program is unique because each participant is immersed into the leadership experience from the first day, with actual experience selecting talent, chairing conference calls, motivating others, and leading. Participants in the Emerging Leader program complete a project that involves leading a group to complete a task or initiative for STFM. A personal coach offers each participant advice and feedback during his/her fellowship experience and through completion of a project.

Faculty for Tomorrow

Faculty for Tomorrow is a 2-year campaign to address the shortage of family medicine faculty. The campaign will focus on strategies to expand STFM's formal faculty recruiting of residents, provide resources and training for new faculty, identify and support young family physicians with leadership potential, and ensure leaders of institutions understand the time and competencies required to be faculty.

Family Medicine Congressional Conference Scholars

Scholars will join Family Medicine Congressional Conference attendees in learning about the legislative process, current priorities for family medicine, and how they can take action and interact with legislators and health care leaders. Each scholar will also be connected to a mentor who will guide them as they prepare for the conference.

Leading Change Curriculum

The Leading Change online curriculum was developed to educate and empower family medicine faculty to lead change within their institutions, larger surrounding environments, and their nation. The curriculum includes a series of 12 modules to help family medicine faculty, at all levels of their careers, plan for and implement change. Module topics include change leadership fundamentals, team building, change plan development, outcomes measurement, effective teamwork, and coaching skills.

The Medical Student Educators Development Institute (MSEDI)

The Institute is a year-long comprehensive learning experience designed to give faculty the skills to