

Family Medicine

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Appendix Table 1. FMOB Curriculum Components for OB and Non-OB Track Family Medicine Residents*

OB track—preimplementation—PGY2 and PGY3			
Curriculum component	Duration	Longitudinal vs block	Brief description
FMOB	8 weeks	Block	Senior resident on FMOB service including OB triage, labor management, and dyad postpartum rounding
FMOB night float and weekend call	Two 2-week night float blocks and variable call sessions	Both	Overnight and weekend coverage of FMOB service, typically solo resident coverage
Elective	Variable, typically 2-4 weeks	Block	Self-scheduled electives including OB ultrasound, MFM experiences, colposcopy, additional labor floor time
OB (PROMOTE) track—postimplementation—PGY2 and PGY3			
Curriculum component	Duration	Longitudinal vs block	Brief description
FMOB	4 weeks	Block	Senior resident on FMOB service including OB triage, labor management, and dyad postpartum rounding
OB at affiliate hospital	4 weeks	Block	Rotation at affiliate high-volume urban hospital working with OB and midwifery teams in OB triage and labor floor, and Cesarean section training
PROMOTE	8 weeks (4 weeks PGY2, 4 weeks PGY3)	Block	MFM rotation including antepartum service rounding, high-risk clinic, diabetes clinic, OB ultrasound training, colposcopy, Cesarean section training
Rural elective	4 weeks	Block	FQHC and critical access hospital, primary care and OB experience including Cesarean sections
PROUD	4–8 sessions	Longitudinal	Perinatal OUD clinic within family medicine clinic, staffed by board-certified addiction specialists, continuity eligible patients
FQHC placement	12–24 sessions	Longitudinal	FMOB faculty and resident team at various FQHCs throughout

			Philadelphia, continuity eligible patients
Group prenatal care	1 cohort (8–9 sessions)	Longitudinal	FMOB faculty and resident team, hybrid virtual and in-person prenatal care, continuity eligible patients
Advanced didactics	Monthly sessions	Longitudinal	Hybrid model of didactics including guest speakers, FMOB/MFM/OB faculty, multidisciplinary team trainings, and simulations <ul style="list-style-type: none"> Lecture topics included but not limited to PPROM, preterm labor management and prevention, diabetes in pregnancy, LGBTQ+ pregnancy care, HIV in pregnancy, substance use disorder in pregnancy, lactation, peripartum mood disorders Simulation and training topics included but not limited to physiologic birth, postpartum hemorrhage, OB ultrasound, shoulder dystocia, pelvic floor physical therapy
FMOB mentorship	Minimum twice annual meetings	Longitudinal	FMOB faculty and resident 1:1 pairing providing coaching, career networking and guidance, and longitudinal assessment of resident OB competency at twice annual FMOB clinical competency meetings
OBQI project	4 dedicated sessions plus additional longitudinal work	Longitudinal	OBQI faculty and resident identify project related to perinatal care; project is presented to the residency program at the end of PGY3 year; submission to conferences encouraged
OB committee	Variable	Longitudinal	Residents are strongly encouraged to join myriad hospital-based multidisciplinary perinatal working groups (eg, OBQI group, physiologic birth committee)
FMOB night float and weekend call	Two 2-week night float blocks and variable call sessions	Both block and longitudinal	Overnight and weekend coverage of FMOB service, typically solo resident coverage
Elective	Variable, typically 2–4 weeks	Block	Self-scheduled electives including OB ultrasound, MFM experiences, colposcopy, additional labor floor time

Non-OB track—unchanged pre- and postimplementation)—PGY2 and PGY3

Curriculum component	Duration	Longitudinal vs block	Brief description
FMOB	4 weeks	Block	Senior resident on FMOB service including OB triage, labor management, and dyad postpartum rounding
FMOB night float and weekend call	Two 2-week night float blocks and variable call sessions	Both block and longitudinal	Overnight and weekend coverage of FMOB service, typically solo resident coverage
Elective (if interested)	Variable, typically 2–4 weeks	Block	Self-scheduled electives including OB ultrasound, MFM experiences, colposcopy, additional labor floor time

*The focus of this curriculum is to train future family physicians in skills that have the potential to improve the health of women and birthing people in the months that follow childbirth—even in training programs that don’t offer significant exposure to inpatient obstetrical care. Activities such as ultrasound, perinatal substance use management, high-risk pregnancy management, and continuous quality improvement techniques are applicable to primary care practices apart from obstetrical units. Furthermore, the curriculum places importance on addressing social determinants of health that can often impact care during pregnancy and postpartum periods.

Abbreviations: PROMOTE, primary care obstetrics and maternal outcomes training enhancement; PGY, postgraduate year; OB, obstetrics; FMOB, family medicine obstetrics; MFM, maternal fetal medicine; OUD, opioid use disorder; FQHC, federally qualified health center; OBQI, obstetrics quality improvement; PPRM, preterm premature rupture of membranes; LGBTQ+, lesbian, gay, bisexual, transgender, queer (or questioning), other nonheterosexual people