IMPROVING OBSTETRICS IN FAMILY MEDICINE RESIDENCY 
CLINICS: A QUALITY IMPROVEMENT STUDY

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PROBLEM
Obstetric (OB) delivery and prenatal care numbers have declined for Aurora Family Medicine Residency Clinics over the last 3-5 years.

BACKGROUND
- In the last three to five years, prenatal care and deliveries within our family medicine clinics have declined.
- Perhaps the decline in patient numbers is because patients are unaware that our clinics provide OB services.
- Declining numbers has resulted in:
  - Decreased exposure and training in OB care for current residents and faculty
  - Lack of comfort in OB skills and knowledge among residents and faculty

PURPOSE
The purpose of this quality improvement study was to increase family medicine clinic OB numbers, patient awareness, and clinician comfort/knowledge in OB.

METHODS
- English speaking patients between the ages of 18-50 were included.
- Additionally, all current Aurora Family Care Center (FCC) and Aurora Family Practice Center (FPC) residents and faculty were included in this quality improvement study.
- Patients were provided pre-intervention surveys upon check-in by the patient service representative to assess if they used our clinics for OB care.
- Residents and faculty were surveyed via Survey Monkey to assess their satisfaction level with providing OB care.
- Changes were made to the OB workflow based on initial survey results (March 2016). These included:
  - Increasing system wide awareness, through flyers at EDs/Urgent Cares or posts in clinic waiting rooms, that our caregivers provide OB care
  - Keeping at least one same day visit for OB patients
  - Distributing standard OB note templates to residents/faculty for use during OB clinic visits
  - Placing patient educational handouts at each clinic for providers to distribute as appropriate
- Patients, residents and faculty were reassessed 9 months post-intervention using same surveys.
- Statistics:
  - Minitab Statistical Software package was used.
  - Basic descriptive statistics were used.
  - 2-tailed Fishers exact tests were used to compare pre- and post-intervention results.

RESULTS
Respondents to the pre-survey included 83 patients (3 were excluded as they did not meet eligibility criteria), 26 residents and 19 faculty.
Respondents to the post-survey included 61 patients (4 were excluded as they did not meet eligibility criteria), 23 residents, and 21 faculty.

Patients:
- The majority of respondents were female for both surveys (86%).
- Over 70% of respondents identified that they or their partner had been pregnant previously.
- On both pre- and post-surveys, patients knew that their providers delivered babies (59% vs. 57%, respectively; p=0.86).

However, only 22% and 33% of patients (p=0.25), respectively, had a doctor at our clinics deliver their baby or partner’s baby.

Even so, 95% and 100% of patients (p=0.14), respectively, would recommend their friends or family to our family practice clinics if they became pregnant.

Residents:
- On the pre-survey, 38% of residents felt clinic OB numbers were adequate vs. 70% following intervention (p=0.045).

CONCLUSIONS
Implementation of changes to our OB workflow resulted in non-statistically significant improvements in viewpoints toward OB.

Resident feelings of OB number adequacy significantly improved following intervention, perhaps due to the increased number of patients establishing OB care. Paradoxically, while not statistically significant, the post-intervention survey may suggest that increased numbers of OB encounters in clinic have further obviated the need for additional prenatal care and delivery training among residents.

Further study in multiple clinics could confirm the effectiveness and reasons for success of our interventions.
It is unknown to what extent the intervention contributed to the increase in numbers of OB patients delivered from our clinics, though prenatal visits have increased.

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