Family Medicine Resident Postpartum Rounding Guidelines

University of Wisconsin - Department of Family Medicine and Community Health (UW-DFMCH)

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St Mary's Hospital

Dean OB patients

The family medicine resident who is on L&D overnight will round on Dean OB/MFM patients who were delivered by a FM resident and who are not going to be seen by the Dean PAs (Annie or Jade - see schedule below). You may start rounding at 5 am but no earlier; the goal is to complete notes by 7 am. If the census is high, the overnight resident can ask the FM resident coming on L&D for the day to help with rounding. The resident should discuss postpartum patients with the Dean noctunist including confirming plans for the day and any questions about the patients, consider huddling prior to rounding.

OB/MFM Providers whose patients should be rounded on:

MFM providers- Balistreri, Krupp, Stafeil

OB/GYN providers- Boeder, Drummond, Ester, Kalin, Littlefield, Luellwitz, Meyer-Carper, Mikulec, Ogden, Strom, Sturza, Thousand, Wendricks-House
Locums- Stoffel, Cox-Pedota

(APPs- Annie Orrick PA, Jade Olsen NP – will round on OB/GYN PPD1 and all OB patients on the weekend)

Schedule:

Weekdays (M-F)

- MFM patients delivered by the low risk service

  * It may be difficult to keep track of this group so make sure the pp list is updated*
- All OB patients PPD2 or later
- All FM patients

Weekends (Sat-Sun)

- MFM patients delivered by the low risk service

  * It may be difficult to keep track of this group so make sure the pp list is updated*
- NO OB patients
- All FM patients

When in doubt, call the OB PA. They are happy to answer any questions.

Family Medicine Patients (DFMCH, Dean,Wildwood)

FM resident on L&D overnight is expected to round on all patients who have a Dean FP as or Wildwood as their OB provider if that patient was delivered by a FM resident.

Continuity DFMCH patients will usually be seen by continuity residents and the DFMCH faculty post-partum rounder. The faculty post-partum rounder is the attending on the Family Medicine Inpatient teaching service. If, for some reason, that faculty member is unable to serve as preceptor, the faculty attending on the Meriter MCTS (weekday) or the faculty OB on call (weekends) can be asked to precept.

The family medicine resident who is on L&D overnight does not have to round on these patients unless s/he delivered them and the continuity resident is not rounding. If the resident who delivered the baby or the continuity resident is not available, the patient will be rounded on by the St Mary's Family medicine residents.

Rounding Triage at St. Mary's

If the postpartum rounding census is high, the resident should prioritize rounding on Dean OB patients first. It is acceptable not to round on Family Medicine patients (Dean FP and Wildwood Family Medicine) if the resident has not finished postpartum rounding by 7 am – however please try to communicate this to the Family Medicine Attending covering the patient. If the St Mary's Family Medicine attending has already written a note on the patient, the resident does not have to see that patient and write a duplicate note.

Meriter Hospital-Maternal Child Teaching Service (MCTS)

During the day, there are 2 residents, one of whom is the "laborist" (following the active labors) and the other is the postpartum/newborn rounder. The residents alternate between these roles every other day. However, if there are any postpartum patients/newborns who were delivered by the "laborist" on a prior day, the "laborist" should ideally try to round on these patients and the postpartum/newborn rounder will see the remaining patients to promote continuity. The night resident can do postpartum/newborn rounds prior to 7am on patients they delivered if this is not disruptive to the patients (not before 5 am).

The goal of this service is to round on the mother-baby dyads delivered by family medicine residents. Priority for rounding should be given to the following groups:

1. Residency patients. Continuity DFMCH patients will usually be seen by continuity residents and the MCTS attending. The postpartum/newborn rounder does not have to round on these patients unless the continuity resident is not rounding – this should be communicated by the team.
2. Access family medicine patients, regardless of whether they were delivered by family medicine, OB, or midwives
3. DFMCH community/Wildwood/GHC patients delivered by family medicine residents.

Community DFMCH, GHC, Wildwood

The morning resident should plan to round on the dyad with the family medicine attending on patients that were delivered by family medicine residents. If rounding with the family medicine attending is not possible, the resident may round prior to the arrival of the family medicine attending and communicate that to the attending. If the family medicine attending has already written a note on the patient, the resident does not have to see that patient and write a duplicate note. This, again, should be communicated to the family medicine resident However, if you delivered the patient or were involved in post-partum care you are encouraged see the

patient and write a social rounding note in this case.