Resolution No. 605 (Rhode Island B) - Support of Miscarriage Management Training in Family Medicine Residencies

Action Taken by the 2015 Congress of Delegates: Reaffirmed as current policy

Resolution No. 605 (Rhode Island B)

Support of Miscarriage Management Training in Family Medicine Residencies

Introduced by the Rhode Island Chapter

Referred to the Reference Committee on Education

WHEREAS, Nearly one in four women will experience miscarriage at some point in their lives,¹ and

WHEREAS, the rate of pregnancies which end in miscarriage is approximately 15% with the percentage increasing along with the sensitivity of pregnancy testing to between 20%-62%,² ³ and

WHEREAS, miscarriage management is an integral part of comprehensive reproductive health care, and

WHEREAS, comprehensive reproductive health care is within the scope of family medicine, making miscarriage management a part of the care family physicians should be able to provide, and

WHEREAS, miscarriage management can be provided through expectant management, medical management with misoprostol, or uterine aspiration (MVA),⁴ and

WHEREAS, family physicians are the only providers some patients have access to, particularly in rural areas,⁵ and

WHEREAS, 57% of chief residents in family medicine residencies reported that they lacked clinical experience in miscarriage management,⁶ and
WHEREAS, current data shows that operating room-based surgery is the most common way of managing miscarriage, despite the three options which can be offered by family physicians being equally as safe\(^7\) and rarely is a cause for emergency care, and

WHEREAS, there are many benefits to family physicians providing miscarriage management; it is more cost-effective,\(^8\) it is more conducive to continuity of care, enabling follow-up care to process the experience; and helps to avoid overtreatment,\(^9\) and

WHEREAS, family medicine residents are not routinely trained in miscarriage management, and there is a specific gap in opportunities to train in uterine aspiration,\(^10,11\) and

WHEREAS, by including office-based miscarriage management training in family medicine residency training, more women could access care from their own family physicians,\(^12\) and

WHEREAS, family medicine residents need to have direct, hands-on training during residency in order to be able to provide miscarriage management, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians support the overall integration of comprehensive miscarriage management training into family medicine residencies, and be it further

RESOLVED, That the American Academy of Family Physicians support the integration of comprehensive miscarriage management training into family medicine residencies.

(Received 8/7/15)

**Fiscal Impact:** None

**Background Information**
The AAFP currently supports residency training through a series of recommended curriculum guidelines for family medicine residents that are produced and regularly updated under the auspices of the AAFP Commission on Education and endorsed and posted on AAFP website. *AAFP Reprint No. 261 Recommended Curriculum Guidelines For Family Medicine Residents – Maternity Care* includes language regarding the diagnosis and management of pregnancy loss.


The specialty-specific accreditation requirements for family medicine are established by the Accreditation Council for Graduate Medical Education (ACGME) Review Committee for Family Medicine. ACGME Program Requirements for Graduate Medical Education in Family Medicine are revised every 10 years, last completed in 2014. Across the ACGME, specialty-specific requirements have been re-designed to be broader to promote program innovation and allow flexibility for individual residency program requirement implementation.

**Current Policy**

**Training in Reproductive Decisions**
http://www.aafp.org/about/policies/all/reproductive-training.html

**Prior Congress Actions**
Resolution No. 601 from the 2014 COD (Not Adopted):
That the American Academy of Family Physicians write a letter to the Accreditation Council for
Graduate Medical Education Review Committee for Family Medicine requesting the inclusion of
miscarriage management within their training requirements, and be it further
RESOLVED, That the American Academy of Family Physicians include miscarriage management
within their continuing medical education meetings as a hands-on, skill-building workshop, and be it further
RESOLVED, That the American Academy of Family Physicians support the overall integration of
comprehensive miscarriage management training into family medicine residencies.
Please see Page 383 of the 2014 Transactions

Prior Board Actions
None

References:

   Physician 84, no. 1 (July 1, 2011): 75–82

2. Vanessa K. Dalton et al., “Patient Preferences, Satisfaction, and Resource Use in Office Evacuation of Early


5. Donna Cohen and Andrew Coco, “Trends in the Provision of Preventive Women’s Health Services by

   Kansas City 43, no. 8 (2011): 574.


   Failure: History, Politics, and Safe, Cost-effective Care,” American Journal of Obstetrics and Gynecology 196, no. 5


11. Cara Herbitter et al., “Management of Early Pregnancy Failure and Induced Abortion by Family Medicine
