Case Log Information: Maternal-Fetal Medicine

Review Committee for Obstetrics and Gynecology

BACKGROUND

The ACGME Case Log System helps assess the breadth and depth of the clinical experience provided to fellows by a maternal-fetal medicine fellowship. It is the responsibility of the fellows to enter their case data accurately and in a timely manner, and the responsibility of the program director to ensure fellows' Case Logs are accurate. While graduate Case Log data is reviewed on an annual basis, the Review Committee has not yet established a required minimum number of fellow experiences. The Review Committee will establish required minimum numbers once the Case Log data is deemed sufficiently robust to set empirically derived minima.

Email questions to Review Committee Executive Director Laura Huth, MBA: lhuth@acgme.org.

GUIDELINES

The following experiences are tracked for maternal-fetal medicine:

- Amniocentesis
- Cervical cerclage
- Cordocentesis
- Chorionic villus sampling
- Obstetric critical care
- Ultrasound (performed)
  - Transvaginal
  - Detailed anatomy
  - Doppler
  - Echocardiogram

Contents (click below to jump to a specific section)

Maternal-Fetal Medicine
Procedural and Patient Volume Guidelines

Category	Program Count* (at least)
Patient Population	
Deliveries at primary clinical site	1,500
Obstetric admissions	No guideline set
Cesarean rate	>10%
Multiple gestations	50
Cervical cerclage	7
NICU admissions > 37 weeks	No guideline set
Infants < 1,500 grams	50
Infants 1,501-2,499 grams	100
Antepartum admissions	100
Maternal transports (incoming only)	No guideline set
Obstetric critical care patients	17
Procedures	
Ultrasound for fetal anatomic survey	500
Ultrasound for fetal growth assessment	500
Nuchal translucency measurements	50
Fetal echocardiograms	No guideline set
Doppler assessments	100
Genetic amniocentesis	25
Chorionic villus sampling (do not include mocks)	No guideline set
Fetal blood sampling/transfusion	No guideline set
Fetal therapeutic procedures	No guideline set
Obstetrical Complications	
Placental abruption	10
Placental previa	10
Medical Complications of Pregnancy	
Pre-existing diabetes mellitus	25
Autoimmune connective tissue disease	10
Cardiac disease	No guideline set
Hypertensive diseases	100
Pulmonary disease (asthma)	No guideline set
Hematologic disorders	25
Renal disease	10
Substance use disorder	10
Psychiatric disease	No guideline set
Neurologic disease	No guideline set
Gastrointestinal disease	No guideline set
Endocrine disease other than diabetes	No guideline set
HIV	5
Congenital viral/parasitic infections	25
Fetal Disorders and Fetuses at Increased Risk for In-Utero Disease	
Isoimmunization	5
Fetal malformations	100
Work up of genetic disorders	100
Work up of congenital infections	25

*Programs with one fellow *per year*

Questions

How do the fellows get an ID and password to access the Case Log System?
Fellows will have an ID and password assigned and emailed to them when their information is first entered into the Accreditation Data System (ADS) by the program director or coordinator. Fellows will be required to change their passwords the first time they log into the system.

Do fellows need to enter a Case ID?
Case ID is optional.

When should fellows log an obstetric critical care case?
Obstetric critical care cases should be logged when fellows are involved in managing the care for an obstetric patient receiving ICU-level care. Fellows must be involved in decision-making. This care can take place on any unit.

Fellows should do their best to log each obstetric critical care patient once; however, the Review Committee understands there may be instances of double counting.

When should fellows log an ultrasound?
Fellows should log ultrasounds they **perform**. Ultrasounds that are interpreted but not performed by the fellow do not need to be recorded in the Case Log.

What ultrasound CPT codes are being tracked in the Case Log?
CPT codes 76811, 76812, 76813, 76814, 76817, 76825, 76827, and 76828 are being tracked.

Fellows can "batch enter" the ultrasounds they perform by choosing the appropriate role and CPT code and then entering the total number of ultrasounds over a given period of time. The maximum number of ultrasounds for one entry is 50. Fellows must enter a case date. It is recommended that the date of the most recent ultrasound be entered to facilitate tracking entries.

How should fellows log an ultrasound performed for a multiple gestation?
Each fetus should be counted individually.

Can a program receive a citation based on Case Log data?
The Review Committee will not issue a citation regarding the number of fellows' experiences until minima are established, although an Area for Improvement (AFI) may be given. However, if a program's Case Log data indicate that fellows are not consistently and/or accurately logging their experiences, the Review Committee may issue a citation or AFI regarding program director oversight of fellows' Case Logs.

When will Case Log required minimum numbers be established?
The Review Committee began using Case Log data to determine Case Log minimum numbers during the 2017-2018 academic year and made significant changes to the data being collected in 2022. The Review Committee will establish minima once the Case Log data are deemed sufficiently robust to set empirically derived minima. This will be no earlier than 2026. Programs will be informed when the minima are established.