

## **Improve Residency Training in Miscarriage Management**

WHEREAS spontaneous abortion, defined as loss of a pregnancy without outside intervention before 20 weeks gestation, affects up to 20 percent of recognized pregnancies in the United States<sup>1</sup>, and

WHEREAS the American Academy of Family Physicians (AAFP) has demonstrated interest in educating its membership about the diagnosis and management of spontaneous abortion through several recent articles in the Academy's peer-reviewed journal, *American Family Physician*<sup>1, 2</sup>, and

WHEREAS spontaneous abortion has been a topic of recent interest and study in additional peer-reviewed family medicine journals<sup>3, 4</sup>, now therefore be it

RESOLVED that the AAFP recommend that instruction in all methods of managing spontaneous abortion: expectant management, surgical management with dilation & curettage or manual vacuum aspiration and medical management with misoprostol be included as required components in all family medicine residency program curricula.

<sup>1</sup>Griebel CP, Halvorsen J, Golemon TV, Day AA. Management of spontaneous abortion. *Am Fam Physician* 2005; 72(7):1243-1250.

<sup>2</sup>Bowles SV, James LC, Solorsh DS, Yancey MK, Epperly TD, Folen RA, Masone M. Acute and post-traumatic stress disorder after spontaneous abortion. *Am Fam Physician* 2000;61(6):1689-96.

<sup>3</sup>Geyman JP, Oliver LM, Sullivan SD. Expectant medical or surgical treatment of spontaneous abortion in first trimester of pregnancy? A pooled quantitative literature evaluation. *J Am Board Fam Pract* 1999; 12:55-64.

<sup>4</sup>Molnar AM, Oliver LM, Geyman JP. Patient preferences for management of first-trimester incomplete spontaneous abortion. *J Am Board Fam Pract* 2000;13:333-7.