

The Advantages and Disadvantages for a Rural Family Physician Practicing Obstetrical Care

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Abstract

Access to obstetrical care is declining in rural areas, and there is limited research relating to family physicians that practice obstetrics in rural areas. This study seeks to identify advantages and disadvantages for rural family physicians practicing obstetrical care through ethnographic interviews conducted with eight family physicians currently or previously practicing obstetrics in rural Alabama. The study identified advantages of practicing obstetrics as a rural family physician including: builds practice, keeps patient population young, increases professional enjoyment, provides a needed service to the community, and offers financial incentives. Disadvantages include: reduced personal time and increased call. In the sample of physicians interviewed, the advantages outweighed the disadvantages as all eight physicians indicated that practicing obstetrics as a rural family physician is a worthwhile endeavor.

Introduction

Obstetrical care is in a state of continual decline in rural areas.⁷ Fewer physicians who complete an OB/GYN residency program choose to enter general OB/GYN and, of those who do, even fewer choose to practice in a rural area for a variety of reasons including low pay and assumed low prestige. Due to this lack of OB/GYN interest in practicing in rural areas, the primary medical physicians in these areas, which tend to be family physicians, should assume obstetrical care for these patients.

Family physicians have a “defined scope of practice that includes all conditions and both sexes”⁶, which include young women who become pregnant. General practitioners also “focus on the physiology of pregnancy and childbirth”⁸, and therefore general practice should be a top choice for providing obstetrical care for women with low-risk for complications. Studies show the high quality of family practice obstetrical care that is offered in small, rural hospitals.⁴

Despite the need for family physicians who provide obstetrical care, there has been a decline in the number of physicians who choose to do and a decreased number of medical students who choose to enter into primary care in general. Of those who choose family medicine, there are fewer who are choosing to incorporate obstetrics into their practice. A recent study shows that in 1978, forty-six percent of family physicians practiced obstetrics. That number dropped to twenty-three percent by 2005. The number is also dropping since aging physicians who practice obstetrics are retiring faster than young physicians are choosing to practice obstetrics and fill their places. 340,000 physicians who began practicing in 1970 were expected to retire by 2010⁵, and only one in five physicians choosing to enter into family medicine choose to practice obstetrics.⁶

Another study shows that family physicians that do practice obstetrics have decreased their outpatient prenatal visits by fifty percent over a ten year period, but this care is concentrated among those who are younger, live in rural areas, and/or have Medicaid insurance. This study states that if prenatal care provision continues to decrease, family physicians cannot continue to provide obstetrical care. This will

negatively impact access to care and perinatal outcomes.³ An Indiana study done in 1991 evaluated the relationship of infant mortality to the availability of obstetrical care and indicated an increased infant mortality rate probably due to low number of obstetrics providers. A lack of obstetrics providers leads to increased proportions of complicated deliveries, prematurity, and neonatal care costs. Results of this study showed when women receive necessary and adequate prenatal care, the infant mortality rate significantly decreased. One main contributor to the lack of women receiving this necessary and adequate care was long travel times to obstetric provider.¹

Evidence shows that having an obstetrical care provider in rural areas significantly benefits the community. The goal of this study is to determine the advantages and disadvantages of practicing obstetrics as viewed by rural physicians with obstetrical practice experience in order to gain information that will aid future students, residents, and family physicians in their decisions regarding the practice of obstetrics.

Methods

Ethnographic interviews of family physicians that practice or did practice obstetrics in rural areas were conducted. A total of eight physicians were interviewed from across Alabama. Physicians were selected because of their practice of rural maternity care as known to faculty of the affiliated medical school. The physicians chosen include at least one who delivers in an urban hospital, at least one who delivers in a rural hospital, at least one with training in obstetrics, and at least one with no training in obstetrics. There is no determined age range, gender, ethnic background, or health status for the physicians asked to participate in the study.

Study participants must be a family physician, must practice in a rural area of Alabama and must currently practice obstetrics or have practiced obstetrics at some time in the past. The interviews were held in the setting of each physician's choosing. Six of the eight participating physicians chose to be interviewed in person in their office. The remaining two physicians chose for the interview to be conducted over the phone. Verbal consent was obtained at the beginning of each session according to the University of Alabama Institutional Review Board. The questions asked of each participant consisted of twelve questions ([Figure 1](#)) to evoke discussion about the participants' experiences. Handwritten notes were taken at each interview. These notes were typed into a transcript and reviewed for qualitative analyses to identify common or emphasized themes. Each interview ranged from forty-five to sixty minutes in length.

Figure 1

Interview Guide

1. What are the advantages and disadvantages for you, as a rural family physician practicing obstetrical care?
2. Why did you choose to practice obstetrics as a family physician?
3. When did you choose to practice obstetrics as a family physician?
4. Did you choose to participate in a fellowship for further training?

- a. If yes, how did the fellowship help prepare you for practicing obstetrics in family medicine (i.e. confidence level and skill level in deliveries, procedures, surgeries, etc)?
5. What obstetrical services do you offer to your patients?
6. How do your patients view you and your skill as a family physician offering maternity care?
7. How difficult/easy was it for you to gain hospital privileges and arrange a schedule with obstetricians already employed there?
8. What percentage of patients in your practice are obstetrical care patients?
9. How many deliveries do you do per year?
10. How has practicing obstetrics impacted you and your practice monetarily (i.e. malpractice insurance, compensation, etc.)?
11. How has practicing obstetrics in family medicine affected your lifestyle?
12. Is it worth it?

Results

Sample

Of the eight participants, six were male (seventy-five percent) and two were female (twenty-five percent). All participants were white (one hundred percent). All participants except one were still practicing obstetrics at the time of their interview. Two participants practiced Family Practice/Obstetrics solo (twenty-five percent). The size of the towns where these physicians practiced ranged from 987 to 12,616. They dispersed widely across Alabama.

Analysis

The purpose of the study was to identify advantages and disadvantages of practicing obstetrics as a family physician in a rural area of Alabama, and the data is categorized accordingly.

Advantages

The first advantage cited by five of the eight physicians interviewed was the fact that practicing obstetrics as a family physician built up their practice. As a young family physician starting out in the medical field, this can be a major factor in deciding to practice obstetrics.

Half of the participants indicated that obstetrics kept their patient population younger. For those physicians interviewed, this was an advantage. In many instances, family physicians can have an older patient population which tends to have a greater number of medical problems and a greater level of complexity. Many physicians enjoy having a younger patient population while continuing to care for older patients as well.

All participants cite monetary gain as an advantage to practicing obstetrics as a family physician. They state that insurance companies reimburse well for the delivery. Even though they cite higher malpractice insurance premiums as a disadvantage (discussed later), the number of deliveries is adequate to cover this increase in premiums and provide extra income for the physician. Three of the participants deliver thirty to fifty patients per year, three of the participants deliver fifty to one hundred

fifty patients per year, and the remaining participant delivered one hundred fifty to two hundred patients per year. In six of the eight participants, ten to thirty percent of patients receive obstetrical care. One participant states that one out of five patients that he sees is an obstetrical patient. The remaining participant states that seventy percent of her patients are obstetrical patients.

Five of the six participants felt that practicing obstetrics as family physician made their career more enjoyable. They felt that obstetrics is a part of family medicine and it was included in their decision to practice family medicine. One participant stated that obstetrics was the “most fun part” of his job.

All participants felt that practicing obstetrics as a family physician in a rural area provides a great service to their community as providing obstetrical care to women in rural areas reduces infant mortality significantly in that area. Practicing obstetrics as a family physician allows them to offer a variety of obstetrical services to their patient population. Most participants either co-manage or refer complicated patients to an OB/GYN in a larger area but are able to provide prenatal care, deliveries, and several obstetrical surgeries, including tubal ligations. All of the participants state that they feel their patients are confident in their ability to offer obstetrical care. One participant stated that he feels that his patients may actually feel more comfortable with him because he cares for them and their families for a variety of issues, instead of solely for the expected delivery of a child.

Disadvantages

Seven of the eight participants cite time away from family or less free time as a disadvantage to practicing obstetrics as a family physician. In rural areas, there are few physicians qualified or available to cover when a physician would like to take a vacation.

All of the participants stated that the call schedules and lack of on-call backup is a disadvantage to practicing obstetrics in family medicine. Not only do the participants have the obstetrics hospital call, but they also have the traditional medicine/pediatrics hospital call that most family physicians have. Since there are few family physicians who practice obstetrics in rural areas of Alabama, it is difficult to find a physician to share call with.

Lastly, only one physician cited the threat of litigation as a disadvantage to practicing obstetrics in family medicine. Although this is a very real threat, most of the participants feel that the fact that they usually have a long-term patient-doctor relationship with their patients protects them against this risk.

Discussion

The data from this research shows some common themes and opinions among the physicians interviewed. As physicians with several years' experience practicing family practice obstetrics, they have first-hand experience of the advantages and disadvantages. All eight participants agreed that practicing obstetrics as a rural family physician is a worthwhile endeavor as it helps build a practice, keeps patient populations young, increased professional enjoyment, provides a needed service to the community, and

provides monetary gains. The disadvantages cited were less free time for family and personal interests and increased call.

The advantages far outweigh the disadvantages for the physicians interviewed. Whether or not to practice obstetrics is a personal decision that each physician must make when entering into family medicine. From the declining number of family physicians choosing to practice obstetrics, it seems that the opinion of the participants may not be representative of the population of family physicians in general, but it is possibly representative of the subset population of family physicians who choose to practice obstetrics. It is important for family physicians to consider all the facts before choosing to practice obstetrics.

A limitation to this study is the population of physicians interviewed is a convenience sample. Although convenience samples are often viewed as a drawback in research, we found this to be the most feasible way to select physicians. Since this is qualitative research, representativeness and generalizability in the statistical sense were not sought. While we believe that physicians who choose to practice obstetrics as a family physician tend to have similar personal characteristics and opinions about the practice of obstetrics in family medicine, we cannot state that the participants are representative of all rural family physicians who choose to practice obstetrics. Future research could look into ways of improving the disadvantages that have been cited in this study, perhaps with a survey of a representative sample of rural family physicians that practice obstetrics.

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