

Family Medicine Obstetrics is an Alternative Career Choice to OB/GYN for Medical Students Who Like Obstetrics

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The decreasing number of physicians delivering babies in this country is putting obstetrical care at risk in the United States¹. Almost half of the counties in the United States have no obstetrics provider, leaving some ten million reproductive age women without obstetrical care⁷. Physicians who choose to practice in large cities as well as those who choose subspecialty training and never practice general OB/GYN exacerbate the shortage of obstetricians and gynecologists in rural areas.

Rural, underserved areas of this country are where the deficit of providers is greatest as most of the graduating OB/GYN residents practice in metropolitan areas⁷. A shortage of rural obstetrical care has been associated with poor obstetrical outcomes⁸. To make matters more complicated, there is an increasing shortage of both obstetrician -gynecologists and family physicians providing maternity care⁴. When any physician stops providing obstetrical care, they rarely return, regardless of the situation³.

Medicine has done a good job increasing the number of medical schools and medical students. Unfortunately, we have not done a good job increasing the number of residency positions. OB/GYN residencies have decreased from 306 to 246 with no change in number of residents over the last 20 years and no current plans to increase the number⁵. As residency positions become more competitive than ever and despite the deficit of obstetrical provider, many graduating medical students are unable to secure residency positions in OB/GYN. Medical students today are asked to choose alternative career paths in case they never match into their first career choice.

One path medical school career advisors can offer students is the option of a family medicine residency followed by a one year obstetrics fellowship. This career path may be just as fulfilling as the student's first choice, and matching to a family medicine residency is more assured as it is the only residency that is growing². Family medicine residents are trained to provide obstetrical care during their residency¹ given that some graduates would likely include obstetrical care as part of their practice². Family medicine residencies have standard two month rotations in OB/GYN and six month obstetrical tracks for those residents who plan to provide obstetrical care². Enhanced obstetrical tracks have been successful in providing additional training in obstetrics⁶.

There are some thirty recognized obstetrics fellowship programs around the country today. These were designed to provide additional obstetrical training to graduating family medicine residents who wanted to practice obstetrics¹. The amount of obstetrics that an OB/GYN resident would receive in a four year OB/GYN residency closely approximates the amount of obstetrics that a family medicine resident would receive in a family medicine residency plus a one year obstetrics fellowship. OB fellows are trained to perform the full spectrum of obstetrical care including resuscitation and care of the newborn¹. Family medicine obstetrics has a separate board of certification called the Board of Certification in Family Medicine Obstetrics through the American Board of Physician Specialties. It is the first board of

certification in the United States to require on site visualized documentation of surgical competency as part of the certification process.

Fellows learn instrumental delivery techniques including cesarean section, forceps and vacuum-assisted deliveries. Fellows learn how to manage common high risk obstetrical problems such as preeclampsia, gestational diabetes, preterm labor, postpartum hemorrhage and third trimester bleeding. They learn outpatient gynecologic procedures such as suction curettage, dilatation and curettage, cervical conization, tubal ligation and insertion and removal of a cervical cerclage. Fellows are trained in office gynecology including colposcopy and cervical biopsy, endocervical curettage, cryotherapy, LEEP procedures, endometrial biopsies, vulvar biopsies, insertion of intrauterine devices and implantable contraceptive devices.

Career advisors, departmental chairs, student services and mentors often do not know that such a specialty as family medicine obstetrics even exists much less encourage students to pursue it. It is a viable option for those who like obstetrics, and the practice has many practical, legal and financial advantages over traditional obstetrics and gynecology. The opposite of OB/GYNs, family physicians are almost never sued² as there is a certain stigma associated with suing a family doctor. In Alabama, the initial additional charge for a family physician to deliver babies is about a thousand dollars more a year. It costs about \$13,000 for family physician to deliver the same baby that an obstetrician-gynecologists would pay \$65,000 to do¹. Another financial benefit is the tax break for a physician to practice in a rural area in Alabama¹. Many public assistance obstetrical programs pay obstetrical providers more if they practice in a rural area, compared to an urban area. Communities may afford two or three family physicians that practice obstetrics, when they could only afford one OB/GYN at best.

While most graduating OB/GYN residents practice in urban areas, most family medicine obstetrics graduates practice in underserved, rural areas. With the shortage of obstetrical providers nationwide, this country needs both specialties to address the shortage. Our field can address the shortage by increasing efforts to educate medical students, residents and faculty advisors about the career choice of family medicine obstetrics. Too often students feel compelled to follow a sub specialty track when they would be better served financially and emotionally to pursue an obstetrics-focused family practice career path. Those who mentor and advise medical students should be aware of the benefits of both career paths and be an advocate for students considering a family medicine obstetrics route.

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