CHANGING TRENDS IN OBSTETRICAL CARE

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Introduction

"Who is going to deliver your baby?" is one of the three whimsical questions most asked of expectant mothers but unlike politely pondering gender or due dates, the question of who is going to deliver now raises concern on an increasingly more global level. A brief review of the many changes affecting obstetrical care today reveals a growing chasm between growing demands of obstetrical care and supply of qualified deliverers of that care. Distribution of that care usually affects rural, underserved areas with fewer family physicians practicing obstetrics than ever before. Without an obstetrics fellowship, it is almost impossible for a family physician to obtain obstetrics privileges so most family physicians practicing obstetrics today are fellowship trained. Another source of concern is that fewer medical students are choosing family medicine for careers who could potentially practice obstetrics. Family medicine obstetrics offers a second pathway for students interested in obstetrics. Less than half of graduating chief residents in OB/GYN practice general OB/GYN today and most of those who do seem to settle in larger cities (1).

Decreasing Availability of Obstetrical Care

There is decreasing obstetrical care available worldwide and the U.S. is not immune to this change. In a 2012 paper in *Obstetrics and Gynecology* by Rayburn, almost one half of the counties in the United States had no obstetrical provider, leaving some 10,000,000 reproductive-aged women without OB/GYN care (1). The majority of these 15 to 45 year old women live in the 1500 counties that are predominantly rural, underserved areas of the country (1). This trend is seen internationally as documented in Australia and Canada (2, 3, 4). The production of general OB/GYNs is not keeping up with the attrition rate of retiring OB/GYNs. As discussed below many graduating chief residents in OB/GYN are pursuing a variety of options with less than half practicing general OB/GYN.

Decreasing Number of Family Physicians Practicing Obstetrics

Family physicians perform about 800,000 deliveries a year or 20% of the country's total deliveries (5). The number of family medicine physicians practicing obstetrics in this country continues to decline which is especially true in rural, underserved areas where family physicians are usually the sole providers of obstetrical care (4, 6, 7. 8, 9, 10, 11). Only 10% of family physicians are practicing obstetrics today (9, 11). The reasons family physicians discontinue obstetrical care are many and include legal reasons, patient issues, personal health, psychosocial issues, personal quality of life, bad outcomes, hospital issues and closures, discontinuation of obstetrical services, government regulations, technical issues, financial logistics, political pressures, educational demands, attrition and lack of support (4). Lack of obstetrical care in rural areas translates into poor perinatal outcomes, poor access to care and more expensive care (3). Many of the reasons family physicians stop delivering babies can be improved as discussed elsewhere (11). Electronic Medical Records and Meaningful Use have ushered many physicians into earlier than planned retirement.

Family Physicians without a Fellowship Cannot Obtain OB Privileges despite Experience

Most sizable hospitals today require family physicians who want full service, unrestricted obstetrical privileges to have completed a 6-12 month obstetrics fellowship. Family physicians who have been practicing obstetrics often move to other locations or join the teaching staff of a medical school and/or family medicine residency. Despite years of operative obstetrics experience, a good track record of outcomes, and a clean malpractice slate, the hospital in a new location may not grant those physicians complete, unrestricted obstetric privileges without an obstetrics fellowship as their bylaws require. The regional medical school campus and family medicine residency where the authors practice have 6 faculty members who have longevity practicing obstetrics, ranging from basic vaginal deliveries to comprehensive instrumental and operative obstetrics including cesarean sections, yet do not qualify for obstetrics privileges at our teaching hospital. I suspect their cumulative experience exceeds 100 years; yet an OB/GYN right out of residency with much less experience can easily obtain privileges. Of course this loss of providers only worsens the deficit. Not only are providers lost, but a partner, a teacher, a mentor, a leader is lost who can bring others up and into the profession. A provider is lost for today, and that is today's loss. However, there is less help for the potential providers of tomorrow and they are a loss for our future.

Fewer Medical Students are Choosing Family Medicine

Fewer medical students are choosing family medicine who can then be trained in obstetrics (6). As a former department chair of obstetrics at a regional medical school campus who works with medical students every day, most students relate finances and significant educational debt as major issues in choice of specialty; this has not always been the case. The average medical school debt at graduation is $150,000 at our state institution school. One of the author's (DMA) experience with debt from private schools in other states have debts as high as $700,000. Students are choosing specialties that will facilitate paying off these debts as soon as possible like orthopedics, dermatology, radiology and neurosurgery. Unfortunately, this dissuades medical students from family medicine and family medicine/obstetrics.

Two Opportunities for Medical Students Interested in Practicing Obstetrics

Because of the competitiveness of some medical specialties, medical students at the University of Alabama School of Medicine are asked to choose two specialties that they are interested in pursuing, not just one, unless they are at the very top of the class. For a medical student interested in obstetrics, unlike most specialties, there two pathways available: OB/GYN and Family Medicine/Obstetrics. Both OB/GYN and FM/OB are 4 year training endeavors. The amount of obstetrical experience one would receive in a 3 year Family Medicine Residency plus a one year FM/OB Fellowship is comparable to the amount of obstetrics one would receive in a 4 year OB/GYN Residency. With 246 OB/GYN residencies and 477 family medicine residencies, there are 723 training programs in this country that teach obstetrics. For a medical student interested in delivering babies who is not able to obtain berth in an OB/GYN residency, a family medicine residency followed by a family medicine/obstetrics fellowship is a great second choice.

Attracting Family Medicine Residents to Family Medicine Obstetrics

A commonly lost opportunity is the new intern who says right from the start that he or she wants to include obstetrics as part of the their family medicine practice and Patient Centered Medical Home. Without encouragement and support, that interest in obstetrics will wane. Supported and encouraged, it can flourish. There are key elements in which residents continue obstetrics after graduation as outlined by Sutter et al: 1) more than 10 continuity deliveries, 2) continuity of prenatal care in residents' clinics, 3) family medicine faculty involved in privileging, 4) more than 60 deliveries before graduation, 5) high degree of independence in residents managing OB patients, and, 6) family medicine supervision of 41% to 100% of deliveries (11). It makes great business sense for a family physician to deliver babies. In Alabama, it only costs a few thousand dollars more per year for a family physician to have full service obstetrics coverage in addition to family medicine coverage ($12,000 to $15,000) compared to $50,000 for an OB/GYN to have the same coverage to care for the same patient. OB/GYNs are at the highest risk category for malpractice litigation, while family physicians are at the lowest and only very rarely sued because of their long-term relationship with the patient and family. In a small town, there is a stigma associated with suing the family doctor—"what if he leaves and we cannot find another doctor?" The reimbursement for obstetrical services for family medicine is the same as OB/GYN *for the same patient.* Family physicians generally have lower cesarean section rates and thereby shorter hospital stays, less expensive care, less operative risks due to considerably more vaginal births after cesarean section.

Most Family Medicine Graduates who want to practice FM/OB Complete Fellowships

There is more interest in family medicine obstetrics fellowships than ever before. With rare exception, family physicians who want to practice obstetrics today complete Family Medicine/Obstetrics fellowships. The 583 bed teaching hospital at our regional medical school campus requires a six month obstetric fellowship for a family physician to obtain full obstetric privileges. The FM/OB fellowships in this country have doubled in the last 10 years. There are two new Family Medicine Obstetrics fellowships in our state, now totaling 4 and many more across the country. The University of Alabama Family Medicine Residency at our campus has 48 residents. I know of no graduating resident who chose to practice obstetrics without completing an obstetrics fellowship. Why a fellowship? Most residents need the total numbers, the exposure to high risk obstetrics and the cesarean section experience to obtain unrestricted obstetrics privileges.

Decreasing Numbers of Graduating OB/GYN Residents Practicing General OB/GYN

Less than half of graduating OB/GYN residents are practicing general OB/GYN today. Many graduates especially in academic medical centers pursue fellowships such as Maternal-Fetal Medicine, Reproductive Endocrinology and Infertility, Pelvic Reconstructive Surgery and Gynecologic Oncology. They may practice part time, half time or job share. Others consider administrative medicine, academic medicine, hospitalist medicine or laborists, research, primary care, job sharing, part time, locum tenens etc. Most OB/GYN graduates are congregating in metropolitan areas with large groups to practice which adds to the maldistribution of physicians (1). The specialty is barely keeping up with those retiring or departing obstetrics (4).

Increasing Number of Family Medicine Obstetrics Fellowships

There is an increase in the number of Family Medicine Obstetrics fellowships in this country. For a number of years there have been 25 recognized Family Medicine Obstetrics fellowships as advertised in the fellowship section of the American Academy of Family Physicians website. There is a similar number of FM/O fellowships recognized by the American Board of Physician Specialties because they meet the requirements for board certification in Family Medicine Obstetrics. In addition to these there are a number of new, yet unrecognized programs, some of which offer 6 to 12 months of apprenticeship with OB/GYNs or family physicians practicing obstetrics. All total, it is estimated that there are about 50 programs.

Board of Certification in Family Medicine Obstetrics

As with other medical specialties, since the early 1980's there has been a recognized need for board certification of family physicians who have completed FM/OB fellowships and practice obstetrics. The struggle has been the involvement of two separate medical specialties, two separate boards of certification and separate professional academies, yet all have agreed in theory regarding the need. For almost 10 years the American Board of Physician Specialties has examined and certified FM/OBs through the Board of Certification in Family Medicine Obstetrics by two separate tracts. This board was one of the first to evaluate surgical competency. There is also talk of a Certificate of Added Qualification in Obstetrics (CAQ) to the American Board of Family Medicine (ABFM) as a joint venture between ABFM and the American Board of Obstetrics and Gynecology (ABOG).

Maintaining Competency in Obstetrics

Competence is the demonstrated proficiency, judgment, skill and strength to do something (12). The number of deliveries to remain competent when one practices in a small hospital that only has a few deliveries per month and the physicians only perform a few deliveries regularly comes up. Board certification is a means of documenting competency in which skills are observed (13). Research has shown that family physicians trained in obstetrics can maintain their OB skills with only a few cesarean sections (14). Teaching obstetrics to students and regularly participating in and/or teaching the Advanced Lift Support in Obstetrics Course® (ALSO) are also proven ways to remain competent in obstetrics.

Comparable Outcomes for Family Physicians Practicing Obstetrics

A number of studies have demonstrated that OB/GYNs and family medicine physicians practicing obstetrics have equivalent outcomes even when family physicians care for high risk pregnancies (15, 16). Family physicians practicing obstetrics have lower cesarean section rates due to much higher vaginal birth after cesarean (VBAC) rates which translates into shorter hospital stays, less expensive care, earlier recovery and improved patient satisfaction (15). The delivery complications between obstetrician/gynecologists and family medicine obstetricians are also comparable looking at almost 15,000 deliveries at our institution (16). The neonatal complications were also comparable looking at more than 26,000 deliveries of family medicine obstetricians and obstetrician/gynecologists (17).

Conclusions

Who IS going to deliver your baby? While there are many changes and challenges today in supplying quality obstetrical care, there are many opportunities to improve our source of competently trained deliverers. Family physicians trained in obstetrics are a means of addressing the shortages of other obstetrics providers, especially in rural, underserved areas.

References

1. Rayburn WF, Klagholz JC, Murray-Krezan C, Dowell LE, Strunk AL: Distribution of American Congress of Obstetrician and Gynecologists Fellows and Junior Fellows in Practice in the United States. *Obstet Gynecol* 2012; 119(5):1017-1022.
2. Reid AJ, Carroll JC, Ruderman J, Murray MA: Differences in Intrapartum Obstetric Care Provided to Women at Low Risk by Family Physicians and Obstetricians. *CMAJ* 1989; 140(6):625-33.
3. Loy CS, Warton RB, Dunbar JA: Workforce Trends in Specialist and GP Obstetric Practice in Victoria. *Med J of Aust* 2007;186(1):26-30.
4. Avery DM, McDonald JT: The Declining Number of Family Physicians Practicing Obstetrics: Rural Impact, Reasons, Recommendations and Considerations. *Am J Clin Med* 2014;10(2):70-78.
5. Heider A, Neely B, Bell L: Cesarean Delivery Results in a Family Medicine Residency Using a Specific Training Model. *Fam Med* 2006; 38(2):103-109.
6. Loafman M, Nanda S: Who Will Deliver Our Babies? Crisis in the Workforce. *Am J Clin Med* 2009; 6(2):11-16.
7. Avery DM, Avery KT: Why Do Physicians Stop Practicing Obstetrics? *Medicolegal OB/GYN Newsletter* 2006.
8. Cohen D, Coco A: Declining Trends in the Provision of Prenatal Care Visits by Family Physicians. *Am Fam Med* 2009; 7(2):128-33.
9. Tong ST. Makaroff LA, Xierali IM et al: Proportion of Family Physicians Providing Maternity Care Continues to Decline. *J Am Bd Fam Med* 2012; 25(3):270-1.
10. Blanchette H: The Impending Crisis in the Decline of Family Physicians Providing Maternity Care. *J Am Bd Fam Med* 2012; 25(3):272-3.
11. Sutter MB, Presad R, Roberts MB, Magee SR: Teaching Family Maternity Care in Family Medicine Residencies: What Factors Predict Graduate Continuation of Obstetrics? A 2013 CERA Program Directors Study. *Fam Med* 2015; 47(6):459-65.
12. Gove PB (Ed.): *Webster's Third New International Dictionary*. Springfield, MA, Merriam-Webster Inc. 1993.
13. Avery DM: The Consequences of Hospitals Denying Obstetrics Privileges to Board Certified Obstetrics Fellowship Trained Family Physicians: Obstetrics Privileges Based on Training, Experience, Ability and Competence (Editorial), *J Fam Med Ob* 2014; 8(1):2-12. Online.

14. Iglesias S, Hutten-Czapski P: Joint Position Paper on Training for Rural Practitioners in Advanced Maternity Skills and Cesarean Section. *CJRM* 1999; 4(4):209-216.

15. Avery DM, Graettinger KR, Waits S, Parton JM: Comparison of Delivery Procedure Rates among Obstetrician-Gynecologists and Family Physicians Practicing Obstetrics. *Am J Clin Med* 2014; 10(1): 16-20.

16. Avery DM, Waits S, Parton JM: Comparison of Delivery Related Complications Among Obstetrician-Gynecologists and Family Physicians Practicing Obstetrics. *Am J Clin Med* 2014; 10(1): 21-25.

17. Avery DM, Burgess K, McDonald JT, Raley ST, Skinner CA, Graettinger KR, Shoemake K, Tucker MT, Parton JM: Neonatal Outcomes of 26,331 Infants Delivered by Obstetrics Fellowship Trained Family Physicians and OB/GYNs. *Journal of Family Medicine and Disease Prevention* 2015; 1(2):1-3.