Family Practice Residents' Decision Making Regarding Future Practice Of Obstetrics

David M. Greenberg, and Louis I. Hochheiser, MD

Background: **This study assesses the attitudes of family practice residents toward their future practice of obstetrics. The decline of family practice obstetrics has resulted in problems of access to care for many areas.**

Methods: **Questionnaires were sent to 30 family practice residency programs and were distributed to 353 2nd- and 3rd-year residents; the overall response rate was 85 percent. Respondents were asked to describe factors contributing to their decision whether to practice obstetrics.**

Results: **Seventy-two percent of the respondents indicated plans for future obstetrics practice. Reasons for choosing to practice obstetrics included personal interest, believing that obstetrics is an important part of family health care, and desire for diversity in practice. Primary concerns included interference with personal life, fear of lawsuits, and insurance premiums. Those deciding not to practice obstetrics cited interference with personal or professional life and desire for limited practice as deterrents. Important demographic variables predicting future practice included female sex, geographic location, and type of practice desired.**

Conclusion: **This study portrays a resurgence in the percentage of family practice residents planning to practice obstetrics and discusses aspects of the training system that merit support to increase the number of family physicians providing obstetric care. (J Am Board Fam Pract 1994; 7:25-30.)**

Although family physicians have long been the backbone of the United States medical system, the trend toward specialization has had a dramatic effect on the way family medicine is practiced. An examination of the provision of obstetrics by family physicians serves as an excellent opportunity to assess the changing role of the family physician in the current medical climate.

Obstetrics has been an important component of family practice for many years. Inclusion of obstetrics provides continuity of care for the mother and child from the time the mother seeks prenatal care, through delivery into childhood, and beyond. Comparisons have been made assessing the quality of obstetric care provided by family physicians with that provided by specialists.[1-4] It has been suggested that the nature of care provided by specialists can be correlated with an increase in the number of interventions during pregnancy and delivery and a greater chance of poor outcome.[5-12] Rosenblatt[13] has called for the cost-effective treatment of pregnancy and delivery, matching the needs of the mother with the expertise of the physician. This plan would create a system in which low-risk deliveries would be managed by family physicians and midwives, and high-risk pregnancies would be managed by specialists.[14]

There are advantages for the family physician who chooses to practice obstetrics. Bredfelt, et al.[15] showed that family physicians who provided obstetric care saw the same number of patients and worked the same number of hours as their counterparts who did not practice obstetrics, but they had a greater diversity of patients in their practices. As suggested by Swander,[16] those practicing obstetrics also were more likely to have higher incomes, greater job satisfaction, fewer insurance claims against them, and less interference of job with family life. They reported less stress from dealing with Medicaid and negotiating with insurance companies.

Despite the advantages of obstetrics practice for the family physician, there have been rapid declines in both the number of family physicians who continue to provide obstetric care[17-20] and the number of family practice residents planning to include obstetrics in their practices.[21-26] Many reports have documented also the number of obstetrician-gynecologists who are giving up

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From the Department of Family Practice, University of Vermont, College of Medicine, Burlington, Vermont. Address reprint requests to David M. Greenberg, Department of Family Practice, 235 Rowell Building, University of Vermont, Burlington, VT 05405.

their obstetric privileges. If these trends continue, there will be fewer women who have access to obstetric care. Many geographical areas are already dependent on family physicians for obstetric care, and the rapid attrition of both types of providers means more women will have to travel farther for delivery and possibly forego prenatal care altogether.[27-29]

This report describes the current attitudes of family practice residents toward obstetrics practice, which can be used to predict future trends in the practice patterns of family physicians. To ascertain which demographic and educational variables are important in the decision-making process, we examined the factors that residents consider when determining whether to practice obstetrics. We also report their apprehensions and their reasons for not choosing to include obstetrics in their practice.

Methods

Thirty family practice residencies were selected from the American Academy of Family Physicians' *Directory of Family Practice Residency Programs 1992* based upon the following method: the United States was divided into five regions, and each region was further divided into rural, suburban, and urban populations. From each of the 15 subsets, two programs were then randomly selected. The only criterion that was used in the residency selection was the designation of location as rural, urban, or suburban. The characteristics of programs regarding obstetrics were not considered.

All 2nd-year and 3rd-year residents in these programs received two mailings of our questionnaire, which were sent approximately 6 weeks apart. Total sample size was 353. The questionnaire elicited information about the residents' personal backgrounds, education, and general attitudes toward family medicine. Respondents were asked to check factors contributing to their decision whether to practice obstetrics. Respondents deciding to include obstetrics were also asked to list concerns regarding future practice. Questionnaires were anonymous, coded by number, and designed to take 5 minutes to complete. Questionnaires were screened to protect against duplication. Continuous variables were analyzed by the Student t-test, and categorical variables were analyzed by contingency analysis using the chi-square statistic.

Table 1. Top Three Reasons and Most Important Reason for Family Practice Residents' Decisions to Practice Obstetrics.

Reason	1st, 2nd, or 3rd Reason (%)	Most Important Reason (%)
Important part of family health	96	30
Desire for diversity in practice	84	8
Personal interest	81	50
Community need	73	8
Positive role model	51	3
Financial concerns	15	0
Sense of obligation	10	1

Table 2. Most Important Concerns of Family Practice Residents Choosing Obstetrics Regarding Future Practice of Obstetrics.

Concern	%
Interference with personal life	41
Fear of lawsuits	21
Cost of insurance premiums	15
Lack of training	8
Interference with practice	6
Ability to obtain privileges	6
Financial concerns	1

Results

There were responses from all 30 programs; 299 of 353 residents returned questionnaires for an overall response rate of 85 percent. Among those responding, the East had 22 percent; Southeast, 20 percent; Midwest, 23 percent; Southwest, 17 percent; and Northwest, 20 percent. Future regional stratification showed respondents from the East were 38 percent suburban, 37 percent urban, and 25 percent rural; Southeast respondents were 35 percent suburban, 34 percent urban, 31 percent rural; Midwest respondents were 33 percent suburban, 33 percent urban, 34 percent rural; Southwest respondents were 31 percent suburban, 33 percent urban, 36 percent rural; and Northwest respondents were 28 percent suburban, 37 percent urban, 35 percent rural.

Seventy-two percent of responding residents indicated that they would include obstetrics in their future practices. Of those deciding to prac-

Table 3. Top Three Concerns and Most Important Concern for Family Practice Residents' Decisions against Obstetrics Practice.

Concern	1st, 2nd, or 3rd Concern (%)	Most Important Concern (%)
Interference with personal life	90	55
Interference with practice	70	7
Desire for limited practice	65	5
Insurance premiums	63	4
Fear of lawsuits	60	7
Lack of training	41	10
Lack of positive role model	37	1
Financial concerns	33	2
Lack of personal interest	31	10

tice obstetrics, personal interest and desire to provide comprehensive family care were the most compelling factors (Table 1). Primary concerns regarding future obstetrics practice were interference with personal life, fear of lawsuits, and the cost of malpractice insurance (Table 2).

Twenty-eight percent of respondents indicated that they would not pursue obstetrics practice. The most important reasons for deciding not to practice obstetrics were interference with personal life, interference with practice, and desire for limited practice (Table 3). Fifty percent of these residents began their training with plans to include obstetrics in their practice but changed their minds during residency.

There are a number of statistically significant variables predictive of intent to practice obstetrics (Table 4). Eighty percent of women and 65 percent of men chose to practice obstetrics. Those residents choosing to provide obstetric care were more likely to give the obstetrics department at their residency site a favorable rating and to state that their residency program encouraged the practice of obstetrics. Experiences with obstetrics as a medical student and the attitude of the medical school family practice departments toward obstetrics were not significant predictors. Twice as many of those choosing obstetrics considered doing an obstetrics-gynecology residency at some point in their training (47 percent versus 23 percent). Those planning to practice obstetrics averaged 5.2 required months and 2.4 elective months of obstetrics training compared with the 3.9 required and 1.0 elective months for residents choosing not to practice obstetrics.

Residents planning to practice in rural locations were most likely to include obstetrics, and those planning to practice in suburban areas were least likely (80 percent versus 56 percent). Plans for solo practice or small partnerships correlated most highly with plans for an obstetrics practice, whereas plans for an association with a health maintenance organization or large multispecialty group practice were predictive of not practicing obstetrics (84 percent versus 40 percent). Geographic variables were consistent for location of medical school, residency site, and desired location of future practice. Residents most likely to practice obstetrics were planning to work in the Northwest, and those least likely in the Southeast (88 percent versus 36 percent). Residents who described themselves as coming from rural backgrounds were more likely to practice obstetrics when compared with their suburban- and urban-raised colleagues (80 percent versus 62 percent).

Residents who chose to practice obstetrics almost unanimously believed that obstetrics was an important part of family practice (97 percent) and that residency programs should continue to teach obstetrics (99 percent). Those not planning to practice obstetrics still responded that obstetrics was an important part of family practice (72 percent) and that residency programs should continue to provide obstetrics training (76 percent).

Table 4. Significant Variables in the Prediction of Future Practice of Obstetrics by Family Practice Residents.*

Variable	Percent Choosing Obstetrics
Practice type desired	
Solor or small group practice	84
Multispecialty group or health maintenance organization	40
Sex	
Women	80
Men	65
Geography: future practice location	
Rural	80
Suburban	56
Urban	67
Northwest	88
Southwest	65
Midwest	76
Northeast	62
Southeast	36

*$P < 0.05$ for all of the above.

Discussion

Although this study is limited by the size of the sample, the diverse nature of residency programs included and the high response rate contribute to the relevance of the results. A higher percentage of family practice residents who participated in this survey plan to practice obstetrics when compared with reports of past studies.[21-26] This increase might be the result of a renewed commitment of many residency programs to encourage obstetrics through improving training and providing positive role models. An excellent example of a program changing priorities and achieving increased rates of graduates pursuing obstetrics is the family practice residency at the University of Vermont College of Medicine. By hiring faculty members who practice obstetrics and overtly encouraging those interested in a future obstetrics practice, this program dramatically increased the number of graduates who went on to practice obstetrics.[30]

Our results show that residents in programs with extra obstetrics training were more likely to practice obstetrics. Perhaps the residents feel more competent with obstetrics or develop a stronger personal interest after repeated exposure. Regardless, increasing the amount of time residents spend training in obstetrics appears to correlate with more family physicians practicing obstetrics.

This study helps to define variables that are useful predictors of future obstetrics practice. This information can assist residency programs in selecting those residents who are more likely to practice obstetrics if encouraging an obstetrics practice is a priority of the program.

We did not assess the impact of choosing to pursue obstetrics practice and devoting more time during residency to obstetrics training on the overall education of family practice residents. It is unclear whether any unwanted side effects result from the decision of a resident or residency program to pursue family practice obstetrics. Residency programs must assess this issue and redesign their programs to ensure that all educational objectives are being met, regardless of whether they encourage obstetrics.

The high number of residents expressing an interest in obstetrics practice might, however, represent not a resurgence of interest but rather a redefinition and clarification of the problems in family practice obstetrics. By recognizing that many residents plan to practice obstetrics, but few physicians actually do so, we were able to point out where the system breaks down. If a residency program decides that family practice obstetrics is an important subject to promote, it must support and encourage residents to continue obstetrics practice after they have finished their training. Many studies have detailed the reasons why family physicians discontinue obstetrics practice, and these concerns must be addressed. Programs must provide information regarding lawsuits and malpractice insurance to ensure informed decision making. The litigious nature of the current medical climate and the associated rising cost of insurance premiums must be brought under control. Professional organizations can help physicians obtain privileges and provide educational and training opportunities to maintain technical competence. Both postgraduate obstetrics training and academic affiliations are noted to increase the likelihood of continued obstetrics practice, and these programs and appointments must be made more widely available.

As part of the overall restructuring of the health care system in an attempt to contain health care costs, society must re-examine the conditions of pregnancy, and public health policy must be directed to value family practice obstetrics.[13,14] By approaching pregnancy and childbirth as a normal part of a woman's life, we will put the responsibility for her care on her primary care physician, who would refer to specialist obstetricians when she is at high risk or when complications occur. Indeed, there is a growing movement toward natural birthing and a nationwide rise in the utilization of midwives. Family physicians working with other health professionals, including midwives, could attend the majority of births and thus provide a level of service comparable with that of specialist obstetricians at a lower cost. These advances would be achieved only after considerable realignment of the current health care delivery system. It is paramount to ensure access to obstetric care for all women. To do so will result in better outcomes for our children and help control health care expenditures.

Conclusion

Seventy-two percent of family practice residents surveyed indicated a desire to provide obstetric

care as part of their future practices. The most important predictors of a future obstetrics practice were strong personal interest in obstetrics and pediatrics and the belief that obstetrics is an important part of family health care.

There remain several critical problems concerning the practice of obstetrics by family physicians. Educational objectives must be redefined to provide programs that encourage family practice obstetrics. Efforts are required at all levels of medical education: undergraduate, residency, and postgraduate. Those residents indicating an intent to practice obstetrics need to have institutional supports that encourage and reward the practice of obstetrics by family physicians. Through changing the way society views pregnancy, restructuring medical education, and changing public policy, we can increase the number of family physicians practicing obstetrics in the US, improve access to obstetric care, increase high-quality outcomes, and move toward cost effectiveness and financial responsibility.

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