We try to publish authors' responses in the same edition with readers' comments. Time constraints might prevent this in some cases. The problem is compounded in a bimonthly journal where continuity of comment and redress are difficult to achieve. When the redress appears 2 months after the comment, 4 months will have passed since the article was published. Therefore, we would suggest to our readers that their correspondence about published papers be submitted as soon as possible after the article appears.

Obstetrics in Family Medicine

To the Editor: I read with great interest the editorial by Thomas Nesbitt, MD, entitled "Obstetrics in Family Medicine: Can It Survive?" in the January-February 2002 issue of the *Journal* (J Am Board Fam Pract 2002;15:77–9). My interest was peaked because I am a family physician who has chosen to remove obstetric care from my practice of family medicine. The last delivery I performed was in December 2000 (not including delivering my daughter in May 2001 because our own family physician could not make it to the delivery suite in time). As it appears I am included among those who are part of the problem of family physicians leaving obstetric practice, I believe I am in a position to add some insight.

Providing obstetric care was rewarding for me most of the time. The joy of helping a new life into this world is difficult to describe or even challenge. My patients were extremely disappointed when I made my decision. In fact, my obstetric practice was increasing each year, mainly from word of mouth that my style of practice was better suited for personal family care. My patients trusted me and appreciated my belief that less intrusive obstetric practice led to better outcomes and satisfaction for everyone. I even participated in one home delivery.

So why did I quit delivering babies? The reasons, as Dr. Nesbitt indicates, are multiple. For one, I was finding the joy of serving families decreasing as I was seeing more unmarried women, many for subsequent babies as well. As a rule, their labor experiences were more difficult and higher risk. Second, I practice 20 minutes away from our rural hospital, so a call to the labor department required an extensive amount of time away from the office. I am in solo practice, and time away meant rescheduling patients, many times for a half-day or more. I also found I was scheduling labor inductions on my days off to avoid disrupting the office schedule, which meant time away from my family. Avoiding deer and going through heavy snow made travel conditions treacherous during night drives to the hospital. Furthermore, I found myself so attached to my patients that I was planning all of my vacations around their dates of confinement. Then there was the lack of sleep – which make the next day in the office nearly unbearable at times. How many of us have told our patients they need to slow down and get appropriate rest? That's what I needed for myself. So that's what I did.

My family is probably the most important reason I stopped obstetric practice. In our area, the family physicians covered their own obstetric patients around the clock, even when not on call. Because I had 5 young children at the time, my wife could not leave me alone with the children unless we had a sitter who could watch the children at a moment's notice (remember, I had a 20-minute drive to the hospital). One time my wife had one foot out the door on her way to her own obstetric visit when the labor room paged me to say they just admitted a patient whose cervix was completely effaced. Thankfully, the call did not come 5 minutes later, or I would have never made it to the delivery in time, as I was caring for our children. In a way, it was the last straw.

So, Dr. Nesbitt was correct in suggesting that the reasons family physicians quit obstetrics are multiple. His question, "Why do some areas of practice seem optional whereas others do not?" however, appears to condemn those family physicians who do not practice obstetrics. As an example of this bias, the ABFP last July included numerous questions regarding obstetric patients in the general section of the recertification examination, which tested the patience of many fellow examinees who do not practice obstetrics.

As a family physician and as a human being who also has needs and limitations, let alone free choice, I find that type of inference insulting and divisive. Could we not support both sides on this issue? Could we not provide all the professional support possible to assist those who choose to provide obstetric care while supporting those who choose to serve their patients in other ways?

While I appreciate the case Dr. Nesbitt made to support family physicians in providing obstetric care, I also can appreciate the decision made by family physicians not to include that aspect of medical care. I hope the ABFP can appreciate those decisions as well and indicate this stance to all board-certified physicians.

Ronald E. Sauter, MD
Bourbon, Ind

J Am Board Fam Pract: first published as on 1 July 2002. Downloaded from http://www.jabfm.org/ on 10 May 2025 by guest. Protected by copyright.