To the Editor: We previously reported the results of a 2002 survey on the number of physicians who are delivering babies in Oregon that found that nearly half of the maternity care providers in the state had stopped or planned to stop delivering babies in the next 5 years.[1] The most commonly cited reason for quitting maternity care was the cost of professional liability premiums.

To determine whether the predicted fall in physicians providing maternity care in Oregon was continuing, we resurveyed physicians in Oregon in August and September of 2004 with a modification of the survey instrument used in 2002. This survey was implemented as part of a larger survey of all physicians in Oregon conducted by the Oregon Medical Association, the Oregon Medical Assistance Program, and the Office for Oregon Health Policy and Research.

A total of 649 surveys (29.2% response rate) were returned from obstetricians, family physicians, and general practitioners. Surveys were excluded if the respondent was in training, not in clinical practice, or practiced a subspecialty of obstetrics other than maternal fetal medicine. The study sample was not significantly different from the statewide workforce in sex distribution, average age (adjusted forward 2 years for the workforce report), race, or practice parameters such as hours worked and percentage in solo practice.[2]

Of the 614 non-excluded respondents, 26.2% were obstetricians and 73.1% were family physicians or general practitioners; 206 (33.6%) respondents currently provided maternity care. Obstetricians were significantly more likely to provide maternity care compared with family physicians (74.4% vs 20.0%, $P < .001$). The proportion of physicians providing maternity care fell significantly with increasing age, from 63.8% of those less than 40 years to 17.3% of those more than 60 years ($P < .001$ for the trend). Twelve (5.8%) current maternity care providers indicated plans to quit such care in the next year. Among the 237 respondents who had previously provided maternity care, 24 (10.1%) stopped deliveries in the past year, 45 (19.0%) stopped in the past 1 to 2 years, and 168 (70.9%) stopped >2 years ago. The most commonly cited "very important" reasons for stopping maternity care were the cost of professional liability premiums (63.3%) and time demands (54.1%). Physicians who quit within the past 2 years were significantly more likely to report that liability premium costs (82.0% vs 61.7%, $P = .013$) and significantly less likely to report that time demands (39.3% vs 65.4%, $P < .001$) were very important in their decision compared with physicians who quit >2 years ago.

The findings of this study indicate that the loss of maternity care providers in Oregon is continuing. Only 33.6% of responding physicians qualified to deliver babies based on their specialty training were actually providing maternity care in Oregon in 2004, significantly lower than the proportion (47.7%) found in 2002. Family physicians in particular reported a low rate of maternity care (20.0%). The major reason given for stopping maternity care continued to be the cost of professional liability premiums.

In 2003, the Oregon legislature enacted a public subsidy of physician professional liability premiums that applies only to rural physicians. Rural obstetrician/gynecologists who performed deliveries received a subsidy of 80% of their premiums; family physicians who performed deliveries received a 60% subsidy; other rural providers receive a 40% subsidy. This study was conducted 1 year into the implementation of this subsidy.

The results of this study provide indication that the rural professional liability subsidy program is having a positive impact. First, rural maternity care providers reported significantly lower liability premiums compared with urban maternity care providers, indicating that the subsidy is reaching the target group. Second, rural physicians were not found to be more likely to quit maternity care than urban providers, a positive change from the earlier 2002 study.[1] Last, a higher proportion of rural physicians who stopped delivering babies quit in the year before subsidy implementation than in the year after implementation (25.0% vs 9.6%, respectively). It is important to note, however, that this survey did not explicitly query respondents regarding the impact of this subsidy on their decision to continue to cease deliveries. Other factors could be involved in physicians' decisions to continue maternity care in these areas. More research needs to be done to determine whether Oregon's professional liability subsidy and other factors associated with OB care are influencing access to maternity care services.

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