COMMENTARY

The Impending Crisis in the Decline of Family Physicians Providing Maternity Care

Howard Blanchette, MD

In their article, "Proportion of Family Physicians Providing Maternity Care Continues to Decline," Tong et al[1] outlined that the proportion of US family physicians who report providing maternity care declined from 23.3% in 2000 to 9.7% in 2010. This decline has major health care implications because there is growing evidence that the adequacy of prenatal care for women in rural and medically underserved areas is deteriorating.[2] The Association of American Medical Colleges estimated that the nation would have a shortage of approximately 21,000 primary care physicians in 2015. Without action, experts project a continued primary care shortage because of the needs of an aging population and the decline in the number of medical students choosing primary care.[3] In addition, the American Congress of Obstetricians and Gynecologists, projects a shortage of obstetricians/gynecologists at 25% by 2030 and 35% by 2050.[4] These projected shortages will disproportionately affect maternity patients in rural, semirural, and medically disenfranchised areas of major US cities. The Affordable Care Act, which will be enacted in 2014, acknowledges primary care as the backbone of preventive health care and that the provision of a strong primary care workforce is essential to the health of the US population, particularly with its emphasis on the necessity of the medical home.

As so eloquently stated by Dr. Wendy Brooks Barr,[5] pregnancy care is an essential part of what makes family physicians distinct from other primary care specialties; it allows family physicians to play a unique role in the US health care system as the only comprehensive primary care specialty for the care of women and girls. As outlined by Tong et al,[1] malpractice costs, lifestyle concerns, lack of institutional and community support of family physicians delivering babies, and proposed changes to the Residency Review Committee Family Medicine requirements deter family physicians from providing maternity care.

To reverse this trend and enhance the patient–physician relationship, we must expand sites at which family physicians can receive training for maternity care, particularly with incentives for rural hospitals to provide residency training for family physicians. Tort reform is not only required for obstetricians/gynecologists; it must be expanded to incorporate family physicians. We need stronger collaboration between obstetricians/gynecologists and family physicians who provide maternity care so that in the majority of communities, at least prenatal and postnatal care can be provided by the family physicians with support from obstetricians/gynecologists acting as hospitalists or laborists during deliveries. This would relieve practice time and lifestyle concerns expressed by many family physicians who currently do not provide maternity care. Finally, enhanced remuneration for family physicians providing maternity care must be resolved to ensure that more women have access to their primary care physician for maternity care. Both obstetricians and family physicians must adopt a collaborative approach to resolve this crisis.

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From the Department of Obstetrics and Gynecology, New York Medical College, Valhalla, NY.

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Corresponding author: Howard Blanchette, MD, Professor and Chair, Department of Obstetrics and Gynecology, New York Medical College, Munger Pavilion, Room 617, Valhalla, NY 10595 (E-mail: Howard_Blanchette@nymc.edu).

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