

POLICY BRIEF

Barriers Faced by Family Medicine Graduates Interested in Performing Obstetric Deliveries

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Fewer family physicians are providing deliveries, which raises concern for access to obstetric care. We found that among recent family medicine graduates who would like to do deliveries, difficulty finding a position that supports including deliveries was a major barrier. (J Am Board Fam Med 2018;31: 332–333.)

Keywords: Childbirth, Family Physicians, Family Practice, Obstetric Delivery, Parturition, Pregnancy

Maternal and infant mortality is increasing in the United States, attributed in part to poor access to maternity care.^{1,2} Further obstetrician/gynecologist shortages are projected³, especially in rural communities.⁴ Exacerbating this problem is the rapidly decreasing proportion of family physicians doing obstetric deliveries despite findings that family physicians have similar outcomes to obstetricians.^{5,6} Nearly a quarter of recent family medicine residency graduates want to include obstetric deliveries in their practice⁷, which suggests any barriers for family physicians to include obstetrics (OB) in their practice extend beyond personal preference.

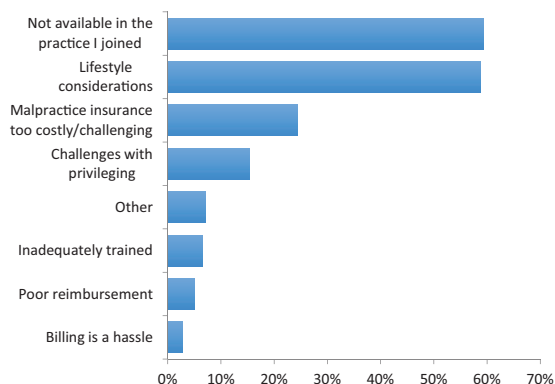
To identify the barriers for recent graduates intending to practice obstetrics, we analyzed data from the 2016 Family Medicine National Graduate Survey. Following a question that asked, “are you

currently delivering babies?” Respondents who indicated that they were not delivering babies were asked why they were not, with a “select all that apply” list of 9 response options.

Of the 2018 respondents who provided direct patient care, 87% indicated they did not deliver babies. We excluded the 889 respondents who selected “not interested” as a reason. Of the 865 respondents left, almost 60% reported that the opportunity to do deliveries was not available in the practice they joined and/or that lifestyle considerations influenced their decision not to include deliveries (Figure 1).

New family physicians who are interested in including deliveries in practice are poised to play a critical role in increasing access to obstetric care if the primary barriers are identified and addressed.

Figure 1. Reasons new family physicians who are interested in delivering babies are not currently doing so. N = 865.



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Availability of family medicine positions that include obstetrics seems necessary to increase the number of family physicians practicing obstetrics. Lifestyle considerations may be mitigated by implementing call sharing structures. Removing barriers to family physicians who want to include obstetrics would increase access to care and may be part of the solution to the maternal morbidity problem.

To see this article online, please go to: <http://jabfm.org/content/31/3/332.full>.

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