

## Correspondence

### Re: Family Medicine and Obstetrics: Let's Stop Pretending (J Am Board Fam Med 2019;32: 279.)

We read with interest the article by Richard A. Young et al<sup>1</sup>, "Family Medicine and Obstetrics: Let's Stop Pretending." This is a nice article describing the state of obstetrics in family medicine residency programs and practice thereafter. While our observations are similar, our conclusions are different. The small number of family medicine residents who choose to offer obstetrics as part of their practice has made a great impact on rural, underserved Alabama and helping reduce our high infant mortality. We concur with basic obstetric training for the reasons mentioned, especially for residents who are or may become interested in providing maternity care after residency.

Our experience in the southeast is that those family medicine residents who want to practice obstetrics often complete an obstetrics fellowship to obtain full obstetrics privileges including cesarean section. In other areas of the country, residents practice obstetrics right after residency training. Whether full-service obstetrics with cesarean section or limited privileges with vaginal deliveries only or even prenatal care only, their service is needed. Seventy-eight percent of our fellowship graduates have practiced obstetrics in a rural area.<sup>2</sup> Family physicians practicing obstetrics often practice in rural areas while Obstetrician (OB)/Gynecologist (GYN) graduates usually practice in urban areas.<sup>3</sup> Family physicians including those who practice obstetrics are rarely sued.<sup>4</sup> Malpractice insurance providers in Alabama often quote rates for family physicians practicing obstetrics of one third to one half of what obstetrician/gynecologists pay.<sup>4</sup> Maternal outcomes are similar for OB/GYN physicians and family physicians.<sup>5,6</sup> Family physicians practicing obstetrics have lower cesarean section rates than OB/GYNs because they perform more vaginal births after cesarean sections, which translates into shorter hospital stays, fewer complications and less expensive care.<sup>7</sup>

According to Rayburn, 50% of the counties in the United States have no obstetrics provider leaving some 10,000,000 reproductive-aged women without maternity care, primarily in rural, underserved America.<sup>3</sup> Family medicine physicians trained in obstetric and neonatal care is the answer to reducing maternal and perinatal morbidity and mortality in rural, underserved areas of this country.<sup>2</sup>

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### Response: Re: Family Medicine and Obstetrics: Let's Stop Pretending

*To the Editor:* We thank Avery et al for their response to our commentary.<sup>1</sup> While they state that, "... our conclusions are different," we find that their points more confirm our points than refute them. We agree with all their positive statements about family physicians delivering babies, especially in rural areas. Our basic statement was that most family physicians do not provide obstetrics