POLICY BRIEF

The Workforce Providing Prenatal and Postpartum Care Decreases When Family Physicians Stop Attending Deliveries

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The impact of the declining proportion of family physicians who attend deliveries on the provision of other perinatal care during pregnancy, postpartum, and neonatal periods is unclear. We found a strong association between stopping attending deliveries and stopping providing prenatal and postpartum care among family physicians, suggesting that policies which support family physicians to maintain a full scope of practice including all or some aspects of perinatal care may help alleviate shortages in the perinatal workforce and fill gaps in access to obstetric care. (J Am Board Fam Med 2023;36:685–686.)

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The declining proportion of family physicians who provide obstetric and prenatal care over time has been documented,[1,2] but little is known about the extent to which family physicians who do provide obstetric care stop doing so at some point during their career. Further, the association between providing obstetric care and the delivery of other perinatal care during pregnancy, postpartum, and neonatal periods is not clear. We surveyed family physicians (FPs) who provided obstetric care for more than 10 years of their careers to understand the association between stopping attending deliveries and providing prenatal and postpartum care.

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We used the American Board of Family Medicine Continuing Certification examination registration questionnaire (2013 to 2019) to identify FPs who were mid to late career (who had recertified by examination at least once before 2019 and who therefore had been in postresidency practice for a minimum of 11 years). In October 2020, we electronically surveyed FPs who indicated that they "deliver babies" on their most recent questionnaire about their current scope of practice and the provision of perinatal care throughout their careers. We conducted descriptive analyses to compare the practice of prenatal and postpartum care among FPs who no longer attend deliveries and those who continue to attend deliveries.

A sample of 1505 mid to late career family physicians completed the secondary online survey. Most respondents (75.3%) were between the age of 40 and 60 and had been attending deliveries for an average of 20.6 years (S.D. 8.16). Of the 1505 survey respondents, 450 (29.9%) reported having recently stopped attending deliveries as part of their practice whereas 1055 (70.1%) were still attending deliveries. Of the 450 who stopped attending deliveries, 162 (36.0%) continued to provide prenatal care and 172 (38.2%) continued to provide postpartum care as part of their scope of practice, compared with 1008 (95.5%) of the 1055 who continued to attend deliveries (Figure 1).

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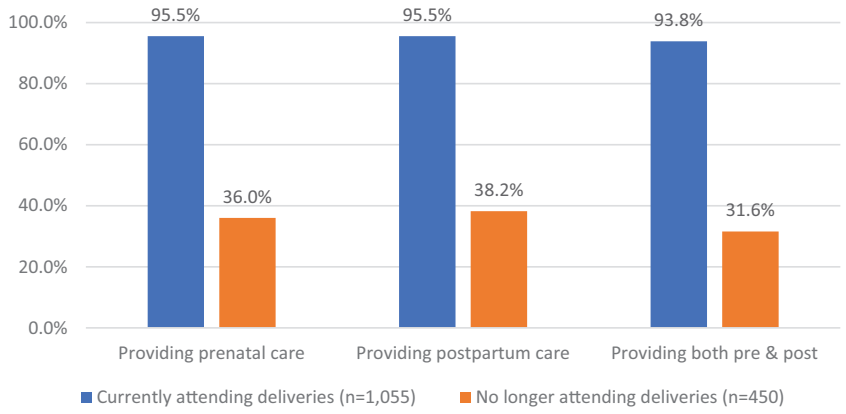
Figure 1. Association between attending deliveries and providing prenatal and postpartum care.



Experienced (mid-late career) FPs who stop attending deliveries are likely to stop providing prenatal and postpartum care as well, simultaneously reducing their scope of practice and reducing access to comprehensive perinatal care for patients. Organizational and national level policies which attract, train, and support FPs to maintain a full scope of practice including all aspects of perinatal care may help alleviate shortages in the perinatal workforce and fill gaps in access to obstetric care.[3–6] With the growing numbers of hospitalists and laborists, partnerships between hospitalists who attend deliveries and FPs who provide prenatal and postpartum care may be one model to ensure access to coordinated perinatal care.[7] Given that lifestyle impact is the most commonly cited reason for FPs not attending deliveries, polices that include protections of work-life balance may be particularly impactful.[3,4] However, for FPs who do not attend deliveries, opportunity and structural support to provide other types of perinatal care is essential for ensuring that all pregnancy capable people have access to comprehensive, continuous, high quality, patient-centered perinatal care.[5–9]

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References

1. Tong ST, Makaroff LA, Xierali IM, et al. Proportion of family physicians providing maternity care continues to decline. J Am Board Fam Med 2012;May 125:270–271.
2. Cohen D, Coco A. Declining trends in the provision of prenatal care visits by family physicians. Ann Fam Med 2009;128–133.
3. Barreto T, Eden A, Hansen E, Peterson L. Opportunities and barriers for family physician contribution to the maternity care workforce. Fam Med 2019;51:383–388.
4. Goldstein JT, Hartman SG, Meunier MR, et al. Supporting family physician maternity care providers.
5. Kozhimannil KB, Westby A. What family physicians can do to reduce maternal mortality. American family physician 2019;100:460–461.
6. Barr WB. Women deserve comprehensive primary care: the case for maternity care training in family medicine. Fam Med 2021;53:524–527.
7. Kramer KJ, Rhoads-Baeza ME, Sadek S, Chao C, Bell C, Recanati MA. Trends and evolution in women's health workforce in the first quarter of the 21st century. World J Gynecol Womens Health 2022;5:622.
8. Coco A. How often do physicians address other medical problems while providing prenatal care? Ann Fam Med 2009;134–138.
9. Noonan M, Doody O, Jomeen J, O'Regan A, Galvin R. Family physicians perceived role in perinatal mental health: an integrative review. BMC Fam Pract 2018;1–22.

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