

POLICY BRIEF

Early Career Family Physicians Continue to Provide Maternity Care and Deliver Babies

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While the proportion of all family physicians (FPs) delivering babies has declined, the proportion of early career FPs delivering babies declined at a much slower rate between 2016 and 2023 from 13.1% to 10.2%, and the proportion providing maternity care over this period has slightly increased from 25.0% to 28.9%. As maternal mortality rises, supporting FPs in maternity care is crucial for workforce sustainability and health equity.

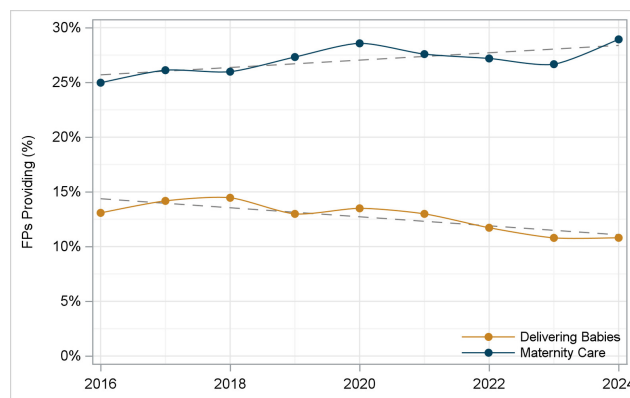
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The United States faces a maternal mortality crisis, with rates surpassing those of all other developed nations and widening disparities in rural and underserved populations. Family physicians (FPs) play a critical role in maternity care, which includes prenatal care, the delivery of babies, and postpartum care, and their presence in labor and delivery suites is associated with improved safety culture and reduced cesarean delivery rates.¹ While the proportion of all FPs delivering babies has declined,² patterns of maternity care among early career FPs remain unclear.

We used data from the American Board of Family Medicine (ABFM) National Graduate Survey, an optional survey of ABFM diplomates 3 years after completing residency that includes questions about current scope of practice. We restricted the sample to respondents who reported providing direct patient care and analyzed how the proportion of FPs delivering babies and providing maternity care has changed from 2016-2024. In addition, we described current PGY-2 Family Medicine (FM) resident intentions to deliver babies and provide prenatal care using the 2024 ABFM National Resident Survey administered at the end of the October 2024 In-Training Exam. The American Academy of Family Physicians Review Board approved this study.

In the survey, when FPs were asked about maternity care, the definition was not limited to only prenatal and postnatal care, and some respondents may have included delivery care in their responses, reflecting some overlap. However, because reported rates of FPs providing maternity care are consistently higher than those who report delivering babies, a separate item in the questionnaire, we presume that most respondents interpret maternity care to mean prenatal and postpartum care only, with delivery care captured separately. Contraceptive procedures were asked as a separate item and thus were not included in our definition of maternity care.

Figure 1. Percentage of Early Career Family Physicians (FPs) Providing Maternity Care.



Source: 2016-2024 ABFM National Graduate Survey

The proportion of early career FPs who reported delivering babies fell from 13.1% in 2016 to 10.8% in 2024 ($p < 0.05$), while those who reported providing maternity care rose from 25.0% to 28.9% ($p < 0.05$) over the same period (Figure 1). This steady decline in delivering is consistent with the declines observed among all FPs from 2003-2016.³

Looking to the future, the 2024 National Resident Survey of current PGY-2 FM residents found that 17% plan to deliver babies after graduation, and 41% intend to provide prenatal care. This is in comparison to 2014-2016 data from the ABFM Family Medicine Certification Examination questionnaire, when 23% of new graduates intended to perform deliveries, highlighting a 5% decrease.⁴ These numbers further highlight potential opportunities to bolster maternity care capacity, including deliveries, through family medicine if health system barriers to their inclusion are addressed.⁵

Declining maternity care provision stems from limited residency training, lack of maternity care opportunities in practice settings, low reimbursement rates, high malpractice costs, and increasing primary care workload and burnout.⁶ These factors particularly impact rural areas, where FPs are often the only maternity care providers.

To sustain maternity care within family medicine, policies should expand high-volume maternity care residency training, particularly for those pursuing rural practice. Health systems must eliminate institutional barriers, ensuring FPs can practice full-spectrum maternity care. Financial incentives- such as loan repayment programs, malpractice subsidies, and improved reimbursement- are essential to retaining FPs in maternity care. Continued tracking of maternity care trends through ABFM surveys will help assess policy effectiveness.

As maternal mortality rises and disparities in underserved populations such as women of color persist, supporting FPs in maternity care is crucial for health equity⁷ as well as workforce sustainability, especially given the projected shortage of OBGYNs by 2030⁸. Strengthening training, removing barriers, and providing financial support will ensure access to high-quality maternity care in all communities.

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Conflicts of Interest

Dr. Bazemore and Mr. Morgan are employees of the ABFM. Dr. Barr is funded by the ABFM. Foundation.

Peer Review

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