



Does Provider Choice Matter?:

Maternal Experience with Obstetricians, Family Physicians, and Midwives

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Introduction

Maternity care in the United States is known to differ depending on provider specialty; however based on the literature, these differences are not the consequence of differences in patient characteristics alone.^{1,2,3} It is hypothesized that the culture and training of the various specialties, in addition to the medical environment of certain locations in which providers practice, contributes to these differences.

With regard to maternity care providers, there are various types available, including obstetricians, family physicians, midwives, and in some cases, nurses, nurse practitioners and physician assistants. Many factors influence a woman's selection of prenatal provider including the choices of family members, friends and acquaintances, insurance coverage, as well as their pre-existing relationship with a health care provider at the time of pregnancy.

Using the Listening to Mothers III: National U.S. Survey of Women's Childbearing Experiences, this study seeks to identify differences in maternal demographics, risk factors and attitudes about childbirth depending on prenatal provider type, whether an obstetrician, family physician, or midwife. The objective is to provide a clearer picture of the maternity care landscape, for women, their families and providers from the perspective of mothers.

Methods

Harris Interactive® conducted *Listening to Mothers III: The Third National U.S. Survey of Women's Childbearing Experiences* on behalf of Childbirth Connection. The survey consisted of 2400 online interviews with women who had given birth between July 2011 and June 2012 with weighting of data to reflect the target population. Interviews were conducted from October 11 through December 26, 2012, and the survey took approximately 30 minutes to complete.

All respondents were asked a series of preliminary questions to determine their eligibility for the survey. To be eligible, respondents had to be 18 through 45 years of age, to have given birth between July 1, 2011 and June 30, 2012 in a U.S. hospital to a single baby, to have that child still living at the time the survey was conducted, and to be able to respond to a survey in English.

This analysis was limited to first-time mothers, and therefore included a smaller sample size of 902 women. Preliminary statistical analyses of differences in the proportion of women treated by obstetricians (OB), family physicians (FP), and midwives (MW) according to survey variables was conducted using likelihood ratio chi-square analyses. Statistical significance defined as $p < 0.05$.

Results

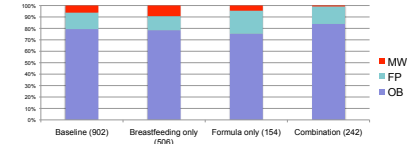
Demogr.

Risk Factors

Attitudes



As you came to the end of your pregnancy, how had you hoped to feed your baby?



	Demographics	Risk Factors	Attitudes
Statistically Significant	Age, Education, Childbirth Education Class Attendance, Country of Origin	Pre-pregnancy BMI, Taking Prescription Meds for High Blood Pressure, Told by Health Care Provider that has Type 1/II DM, Gestational Diabetes, Treated for Depression, Received Help to Quit Smoking	Factors in choice: Provided my well-woman care, Highly rated on websites with information about specific care providers, Accepts my health insurance, Is female/included female provider, Was assigned to me as my maternity care provider, <i>Attitude:</i> Overall rating of quality of maternity care in the US, <i>Expectations:</i> As you came to the end of your pregnancy, how had you hoped to feed your baby?, <i>Agree/Disagree:</i> Cesarean lowers the chance that a baby will have breathing problems as birth, If the baby appears large at the end of pregnancy it makes sense to induce labor, Labor induction lowers the chance that a woman will give birth by cesarean, Giving birth is a process that should not be interfered with unless medically necessary.
	Race, Income level (5), Income level (3), WIC status, Poverty level, Spousal Status	Taking Prescription Meds for Depression, Received Food Stamps/WIC/Cash assistance for food	Factors in choice: Was recommended by a health professional, Was recommended by a friend/family member, Was a good match for what I value/what I want, Attends births at a hospital like <i>Agree/Disagree:</i> Cesarean section increases the chance of serious problems with the placenta in future pregnancies.
Not statistically significant			

Discussion

- Demographics:** Significant difference in the proportion of women receiving prenatal care by OBs, FPs and MWs due to factors outside of maternal choice.
- Risk Factors:** There is an increase in the proportion of women receiving prenatal care from FPs among those who are also treated for co-existing medical conditions.
- Attitudes:** Differences highlight need to improve awareness of evidence-based maternity care guidelines among all pregnant women, regardless of prenatal provider type.

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