Barriers Faced by Family Physicians Providing Advanced Maternity Care: A Qualitative Study



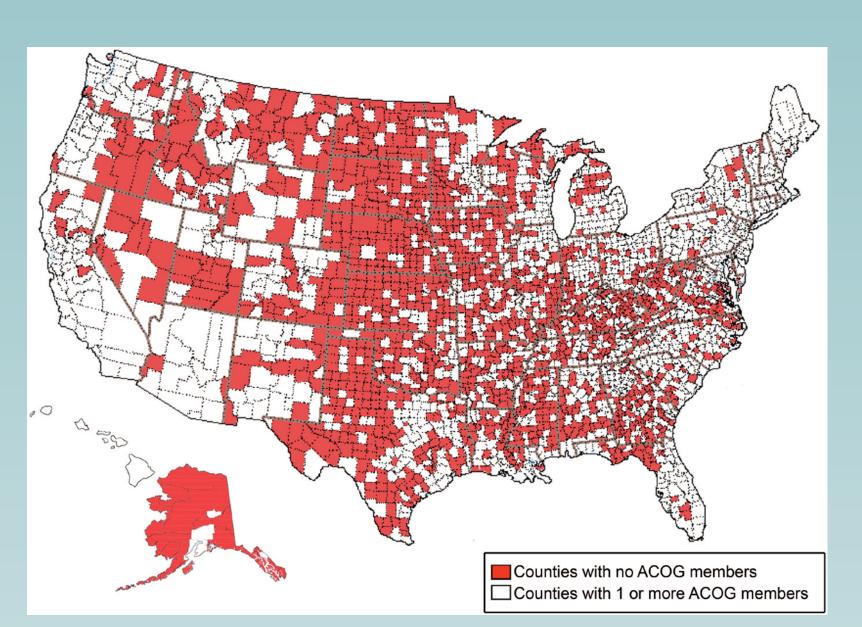
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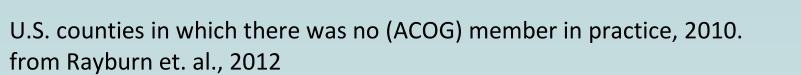
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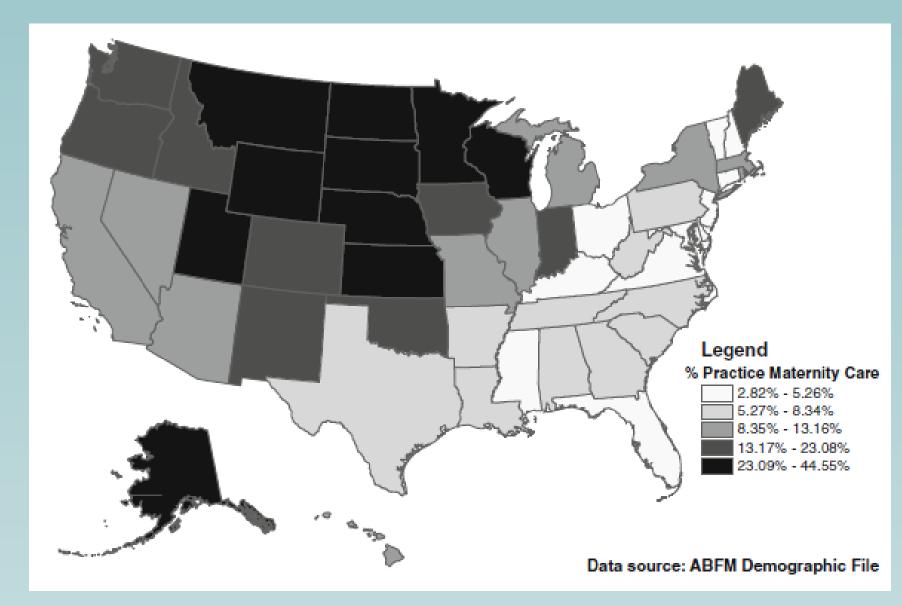
Background

Maternity Care in the U.S.

Trends in the provision of maternity care in the U.S.:



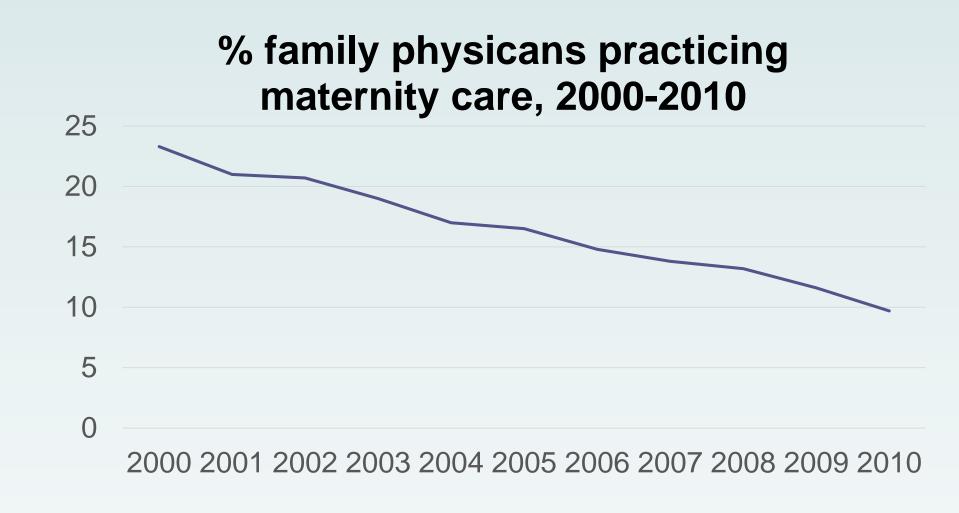




Proportion of family physicians practicing maternity care, by state, 2008-2010 from Tong et. al., 2012

- Maldistribution of maternity care providers limiting access to full spectrum maternity care services (ACOG 2011; Barbieri 2004; Rayburn et al., 2012)
 - OB/GYN physicians concentrated in urban areas
 - Family physicians provide most maternity care in rural areas

Declining number of family physicians providing maternity care as part of their practice (Tong et.al., 2013)



Maternity Care Training in Family Medicine

Residency	Cesarean delivery training can be obtained in a traditional 3-year residency. However, despite current RRC program requirements, the amount, quality, and rigor of maternity care and OB training in family medicine residencies varies greatly.
Extended Residency	A limited number of residency programs offer a 4th-year "track" or area of concentration in advanced maternity care/cesarean delivery
Fellowship	Post-residency experience dedicated to advanced maternity care training (usually 1 year in length). <i>Currently, these are not accredited fellowships.</i>

Research Objective & Methods

Objective: To understand the challenges that family physicians face in gaining skills and providing advanced maternity care in the United States.

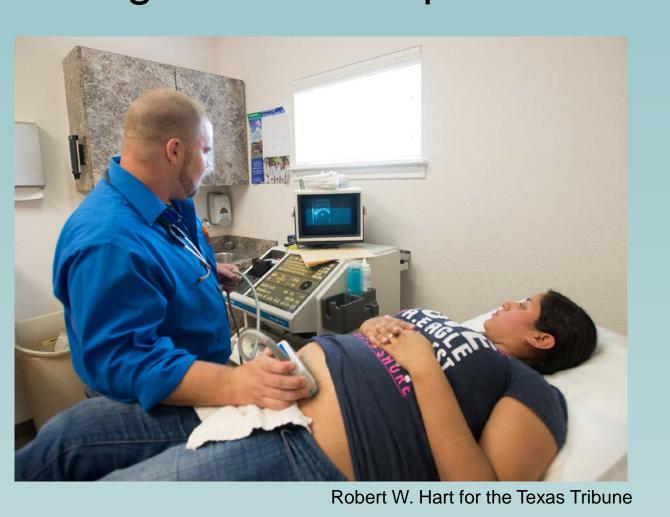
Method: Semi-structured telephone interviews with 51 purposively sampled family medicine providers and educators.

- 22 directors of family medicine maternity care fellowships (of 38 FM-OB fellowships)
- 21 past/current fellows from 15 different fellowship programs
- 11 family medicine residency directors of programs with advanced MC training.

(NOTE: 3 participants were interviewed in more than one category)

Conclusions

As the predominant provider of maternity care in rural and underserved areas, family physicians need to be supported to provide advanced maternity care services. Possible strategies to accomplish this include:



- Enhanced family medicine training in advanced maternity care, with OB participation to address training gaps.
- Institutional (hospital) and state/national level policy changes to address credentialing inconsistencies.
- Improved team-based care for pregnant women to ensure inter-professional collaboration leading to access to high quality maternity care.

Results

Three primary, and interrelated, barriers emerged from the interviews.

- Training
- Hospital credentialing
- Inter-professional relationships

Each had 3 or 4 subthemes that suggest possible strategies to address the barriers.

Need more volume, exposure to complications, and surgical experience:

"[In residency,] I didn't get all the training I wanted to be able to do full scope OB... I could do a C-section and I could get through it, but it wasn't enough to make me feel comfortable...in the middle of nowhere with no backup."

MC residency training is basic, and variable by program: "It's very variable. We had one [incoming

fellow] who did 30 deliveries and one who did like 80 deliveries." Fellowship Director

Credentialing varies by hospital location:

"I don't think you can go to a big city and expect to get C-section privileges as an FP."

Credentialing varies by institution:

"It's an individual community decision and individual hospital decision that's thought out in the credentialing at each hospital.." Fellowship Director

Training

Most FM residency programs do not provide sufficient surgical OB training.

Credentialing

Obtaining hospital privileges to perform C-sections is high variable by institution, by location, and by region.

Credentialing requirements vary:

"To do C-sections, you have to have

completed a fellowship and you have

to have done 100 operative deliveries

to get credentials to do them. ... In a

small community, that's less; [some

don't] even really have a specific

requirement."

Fellowship Director

Professional Relationships

Relationships with other MC providers can limit FPs' ability to provide care.

Turf battles:

"There's some animosity, I think, between the maternal medicine department and us because we 'steal' those patients... But it's not a daily worry." Fellow

Individual personalities:

"A lot of our obstetricians are our biggest fans, and a lot of them are our worst enemies." Fellowship Director



Building trust:

"We have a fairly good relationship with them [the OB Dept.] now...prior to that, the relationship was kind of rocky. We really intentionally worked on trying to turn that around.... We interact with them quite a bit with our more complex OB cases and it's not antagonistic." Residency Director

