

A Frontier of Family Medicine

The Revival of Obstetrics

A SIGNIFICANT event occurred very quietly in Salt Lake City, Utah, from May 7 through 10, 1992. Approximately 300 family physicians assembled for a variety of lectures, workshops, and seminars collectively titled, "Family-Centered Perinatal Care." This event was cosponsored by the American Academy of Family Physicians and the Society of Teachers of Family Medicine. Although these professional organizations blessed the meeting, it arose as a grass-roots effort from groups of practicing community and academic family physicians who had been planning it for several years.

This gathering was not just another continuing medical education course. It was a recognition and a reaffirmation by the family practice establishment, pushed by its members, that perinatal care is an inseparable part of family medicine, which is not dead, but, on the contrary, is enjoying a revival stimulated by its members' interests and its patients' needs. There was indeed a revival-type spirit at the meeting, where attendees suddenly found themselves in the mainstream of practice and interest. The discussion centered on "How do we provide high-quality perinatal care?" not "Should we still be trying to deliver babies?" Even more refreshing was the fact that there was no wallowing in the liability, financial, life-style, and political issues that beset family physicians who deliver babies. These doctors transcended those issues and chose to go on to sharpen their perinatal skills with a basic assumption that these skills are an integral part of being a family physician.

Indeed, one of the most noteworthy statistics was that 17 of the 21 lecturers and skills laboratory instructors involved in the course were family physicians. The fact that 300 family physicians from around the country who practice obstetrics could assemble at one place at one time for courses taught almost entirely by family physicians is evidence that not only is interest in this area of the specialty alive and well, but also that family physicians have taken responsibility for the training of their own colleagues. This responsibility and training is necessary and extends well beyond the self-selected group assembled in Salt Lake City. Despite the often-cited disappearance of family physicians from obstetric practice,

32.1% of 38 552 members of the American Academy of Family Physicians, responding to the 1991 member survey, indicated that they include obstetrics in their practices.^{1(p22)} (The American Medical Association estimates that there are 46 302 family physicians in the United States.^{1(p3)})

The meeting was not attended only by a few cowboys and cowgirls from places nobody else would want to work in, and who, therefore, were forced into obstetrics. Although 22% did come from communities with populations of less than 10 000, 38.5% came from communities with populations of between 10 000 and 99 000, and the remaining 39.5% came from communities with populations of more than 100 000. The average age of attendees was 37 years and ranged from 27 to 62 years. Thirty-four percent of attendees were women.

The meeting had a complex organizational structure to provide for the needs of attendees. The first day was entirely devoted to diagnostic ultrasonography, including a skills laboratory involving scanning of patients. The next 3 days were composed of a combination of lectures, seminars, and hands-on skills laboratories, including the new Advanced Life Support in Obstetrics course patterned after Advanced Cardiac Life Support and Advanced Trauma Life Support courses. Routine aspects of perinatal care were discussed, as were methods of dealing with medical complications of pregnancy, intrapartum emergencies, and neonatal problems. The issues of access to care and relations with consultants and hospitals were also discussed.

Several important themes emerged from the meeting, including the following:

1. Family physicians are interested in and have the skills to provide perinatal care of the highest quality. This interest is increasing.
2. There is a crying need in this country for family physicians to provide perinatal care. In many areas of the country, family physicians are the only physicians available to provide this care. Because of population size, geography, economics, or a combination of these factors, obstetricians are not available.
3. Family physicians have a need to be skilled in dealing with complex (ie, high-risk) pregnancies because they are often the only physicians available to do so.

4. If family physicians can deal with such pregnancies in areas where they are the only physicians and have no "back-up," they can certainly do so in areas where consultation is available.

5. Family physicians, in all environments, from urban to rural, are successfully battling the odds against long hours, life-style stress, hospital economics, hospital politics, unjust reimbursement, and professional liability concerns and costs, and are still finding perinatal care to be personally, professionally, and financially rewarding.

6. There is an increasing recognition among academic family physicians that if residents' interest in including perinatal care in their practices is to be stimulated and held, their faculty must be role models for those skills. This means that academic family physicians must deliver babies and must battle the academic medical politics necessary to this end.

7. There are a large number of very skilled family physicians, including those who perform cesarean sections. Eighteen percent of attendees indicated that they currently perform cesarean sections, but an additional 45% indicated that they had received training in performing cesarean sections. The personal stories of many of these physicians indicate that their skills are being wasted due to issues of political interspecialty boundaries that have nothing to do with their skills or the needs of their patients. Nationwide efforts, supported by the American Academy of Family Physicians, for family practice departments to be responsible for their own credentialing should alleviate this problem.²

8. The technology available is learnable and helps provide better patient care. Family physicians are looking critically at this technology, want to use it appropriately, and more important, are willing to avoid using it when it is *not* necessary.³

A growing number of family physicians are interested in providing perinatal care. A major step has been made beyond the residency level for taking responsibility for maintaining and sharpening the skills of family physicians who provide perinatal care. Patients correctly see family physicians as major players in solving the access-to-care problem in this country. Health care planners need to recognize these facts and support these efforts. Members of other medical specialties who are more interested in good patient care than turf battles will also reaffirm this special role of family physicians.

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