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

Aimee R. Eden, PhD, MPH¹, Anneli Cochrane, MPH², and Lars Peterson, MD, PhD¹,²

¹American Board of Family Medicine; ²University of Kentucky Department of Family and Community Medicine; ³Indiana University School of Medicine

Background

Maternity Care in the U.S.

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

- 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). Currently, these are not accredited fellowships.

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)

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.

Training

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

Credentialing

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

Professional Relationships

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

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.