Obstetrics in Family Practice in the State of Ohio

Douglas R. Smucker, MD
Toledo, Ohio

Two hundred eighty-two active members of the Ohio Academy of Family Physicians responded to a survey questionnaire regarding the content of obstetrics in their practices. Factors that may influence physicians to discontinue obstetrics were also evaluated. Sixty respondents (21 percent) were performing vaginal deliveries in 1987. Only 45 (16 percent) planned to continue delivering babies beyond 1989.

Family physicians who started practice within the past seven years were less likely to include obstetrics in their first year of practice than those who began practice prior to 1980. To those physicians who have eliminated obstetrics from their practice in the past five years, fear of litigation and increasing malpractice insurance costs were significantly more important issues than to their colleagues who had stopped doing obstetrics prior to 1976.

Every year fewer family physicians choose to provide care to their obstetric patients. The results of this study suggest that only with changes in the medicolegal and liability environments will obstetrics continue to be a part of family practice in Ohio.

Obstetrics has long been an important feature of family-centered health care. The birth of a new family member is a key family event that lends itself well to the longitudinal, comprehensive, prevention-oriented care that a family physician is best suited to provide. A number of studies attest to the high quality of obstetric care given by family physicians in various settings.[1–4]

The inclusion of obstetrics in a family practice affects the scope and diversity of patient problems seen in the physician's office. Those who provide obstetric care do more pediatrics, gynecology, minor surgery, and psychotherapy than their collegues who do not do obstetrics.[5] Obstetrics may in this way also add to the family physician's overall satisfaction with his or her practice. These and other positive factors have formed the basis for arguments that obstetrics is, and should remain, an important part of family practice.[6–8]

Despite the advantages and satisfaction that obstetrics offers to a practice, many family physicians have chosen not to provide care for their obstetric patients. Tremendous increases in the cost of malpractice insurance[9] and the increasing rates of malpractice litigation[9–11] have prompted many physicians to discontinue practicing obstetrics. A 1985 survey of Arizona family physicians showed that 15.9 percent of respondents had limited or eliminated obstetric practice because of the cost of malpractice insurance.[12]

In 1980 the American Academy of Family Physicians published results of a national survey of their members regarding obstetric practice.[13] More recently, however, few data are available concerning the number of family physicians practicing obstetrics. The purpose of this study was to describe trends in the content of obstetric practice among members of the Ohio Academy of Family Physicians. The study also evaluated the influence of various factors, including malpractice insurance costs and litigation rates, on those members who have eliminated obstetrics from their practice.

METHODS

Four hundred physicians were randomly chosen from a list of 1581 active, practicing members of the Ohio Academy of Family Physicians. This sample group received a written questionnaire by mail in February 1987. Second and third mailings were sent to nonrespondents during March 1987. Physicians were asked to give information

Submitted, revised, November 18, 1987.

From the Department of Family Medicine, Medical College of Ohio, Toledo, Ohio. At the time of this study, Dr. Smucker was associated with the 1986-87 Primary Care Faculty Development Fellowship, Michigan State University, East Lansing, Michigan. Requests for reprints should be addressed to Dr. Douglas R. Smucker, MCO Family Practice, CS #10008, Toledo, OH 43699.

regarding which aspects of obstetric care they had provided during their years of practice (prenatal care, vaginal deliveries, high-risk obstetrics, and cesarean sections). Those who had decided not to practice obstetrics were asked to identify the level of influence (a great deal, some, little, or none) that each of seven factors had on their decision. Factors listed were time constraints, that their partners do not practice obstetrics, lack of enjoyment of obstetrics, difficulty obtaining hospital privileges, personal health reasons, fear of litigation, and increasing malpractice insurance costs. All respondents were asked questions regarding their age, sex, number of years in practice, community size, and professional activity (solo, partnership, group, full-time faculty, or emergency physician).

Sets of nominal and ordinal data were compared using the Pearson chi-square test. Continuous variables were compared using two-tailed Student's *t* tests.

RESULTS

Population

Questionnaires were returned by 286 physicians for a total response rate of 72 percent. Four questionnaires were returned uncompleted, which left 282 physicians who were included in statistical analyses. Ten respondents did not complete demographic items and were not included in analyses requiring this information.

Respondents had a mean age of 46 years and had been in practice for an average of 17 years. Ninety-one percent were male and 9 percent were female. Fifty-three percent had completed a three-year family practice residency. When compared with demographic statistics for all active Ohio Academy of Family Physician members, the survey respondents did not differ significantly in age, residency training, type of practice, or male-female ratio.

Current Practice Patterns

Of 282 respondents, 60 (21.3 percent) performed vaginal deliveries in 1987. Of these, 15 respondents (5.3 percent) who currently deliver babies plan to discontinue within the next two years, which leaves only 45 (16.0 percent) respondents who plan to continue beyond 1989. The number of physicians who plan to continue providing prenatal care was slightly higher at 64 (22.7 percent). Only one physician surveyed currently performs cesarean sections (Table 1).

Physicians who currently deliver babies were less likely to be in solo practice (27 percent vs 50 percent, $\chi^2 = 18.2$, $df = 3$, $P = .0004$) and were more likely to be in a full-time faculty position (20 percent vs 5 percent, $\chi^2 = 18.2$, $df = 3$, $P = .0004$) than their colleagues who are not doing deliveries in 1987. Those who are currently performing vaginal deliveries are significantly younger (mean age 38 years vs 48 years, $t = 4.5$, $df = 256$, $P < .0001$) and more likely to be residency trained (80 percent vs 53 percent, $\chi^2 = 14.6$, $df = 1$, $P = .0001$) than those who do not deliver babies.

Practice Trends

Of the respondents who were in practice in 1975 (n = 134), 54 percent performed vaginal deliveries at that time. The percentage of physicians doing vaginal deliveries in any given year has decreased steadily since 1975. In 1980, 41 percent of respondents in practice that year (n = 172) performed vaginal deliveries. The percentage performing vaginal deliveries in 1985, 1987, and predicted for 1989 were 37, 21, and 16 percent, respectively (Figure 1).

Eighty-eight percent of respondents who had started their practices sometime prior to 1981 delivered babies in their initial year of practice. This figure was 69 percent for those who began practice between 1981 and 1985, and only 51 percent of those who started in 1985 or 1986 performed deliveries in their initial year of practice.

The Decision to Discontinue

Time constraints, increasing malpractice insurance costs, and fear of litigation were chosen most often from the seven listed factors as having significant influence on the decision to eliminate obstetrics from practice (Table 2). Only 7 percent felt that a lack of enjoyment of obstetrics had a great deal to do with their decision, and only 1 percent had significant difficulties obtaining hospital privileges for obstetrics.

Answers regarding the three most significant factors were compared from two groups. The first group consisted of those physicians who had stopped doing vaginal deliveries sometime within the past five years (1982 to 1987). The second group had discontinued performing vaginal deliveries sometime prior to 1976, which was when many private insurance companies stopped offering medical liability insurance and when premiums began to increase sharply.[9] These two groups were just as likely to list time constraints as an important factor ($\chi^2 = 1.3$, $df = 3$, $P = .73$). The group that discontinued deliveries in the past five years was significantly more likely to cite increasing malpractice insurance costs ($\chi^2 = 17.9$, $df = 3$, $P = .0005$) and fear of litigation ($\chi^2 = 13.9$, $df = 3$, $P = .003$) as major influences in their decisions.

DISCUSSION

The number of family physicians in Ohio choosing to provide obstetric care for their patients is decreasing. Cur-

TABLE 1. CONTENT OF OBSTETRIC PRACTICE (all respondents, n = 282)

Obstetric Procedure	Currently Practicing, Plan to Continue No. (%)	Currently Practicing, Plan to Discontinue Within Two Years No. (%)	Previously Practiced But Discontinued No. (%)	Never Practiced No. (%)
Prenatal care	64 (22.7)	21 (7.4)	143 (50.7)	54 (19.1)
Vaginal deliveries	45 (16.0)	15 (5.3)	160 (56.7)	62 (22.0)
High-risk obstetrics*	19 (6.8)	7 (2.5)	79 (28.2)	175 (62.5)
Cesarean sections	1 (0.4)	0 (0)	20 (7.1)	259 (92.5)

** High-risk obstetrics defined as care of obstetric patients with a complicating medical illness (eg, diabetes or hypertension) or with a history of complicated delivery*

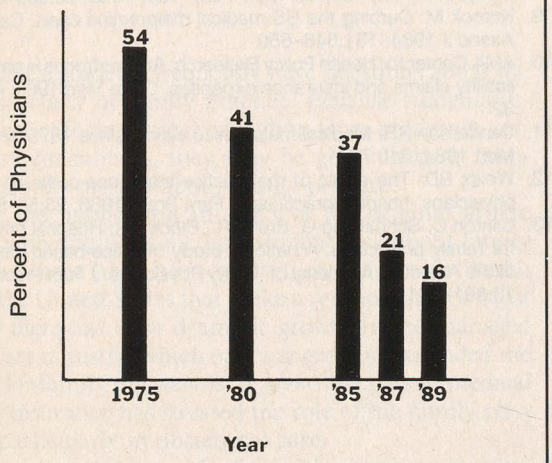

Figure 1. The percentage of physician respondents performing vaginal deliveries in each given year

TABLE 2. FACTORS INFLUENCING DECISIONS TO NOT PRACTICE OBSTETRICS (n = 206)

Factor	A Great Deal of Influence %	Some Influence %	Little Influence %	No Influence %
Time constraints	49	29	10	11
Increasing malpractice insurance costs	49	20	7	24
Fear of litigation	34	24	12	31
My partner(s) does not practice obstetrics	19	6	4	71
Do not enjoy obstetrics	7	13	14	65
Personal health reasons	4	3	4	88
Difficulty obtaining hospital privileges	1	7	15	77

rent litigation and malpractice insurance trends are significant factors in physicians' decisions to eliminate obstetrics from their practice. Although the values for 1975, 1980, and 1985 shown in Figure 1 do not represent all physicians who were practicing in those years, the decreasing trend is clear. The percentage of respondents (41 percent) in this study who were delivering babies in 1980 does correlate well with a 1980 survey by the American Academy of Family Physicians. According to the AAFP survey, 45.2 percent of family physicians in the region that included Ohio were performing vaginal deliveries.[13] Today, only seven years later, that figure has been more than halved to 21 percent. Only 16 percent of the Ohio Academy of Family Physicians members who answered this survey will be delivering babies in 1989. New residency graduates entering practice in the next two years may, however, increase that percentage slightly by 1989.

Family physicians in Ohio who deliver babies are more likely to be in full-time teaching positions than those who do not do deliveries. Those who are in full-time teaching positions in a medical school or residency may not feel the financial pressures of malpractice insurance costs so directly as physicians in private practice. Time constraints may be less of an issue if one has students and residents assisting with on-call and patient care responsibilities. The Residency Review Committee (RRC) also encourages faculty persons to be mentors to residents in obstetrics.

As the number of family physicians who practice obstetrics continues to decrease, most of the physicians who still deliver babies will probably be those in full-time teaching positions.

The results of this study paint a dark picture for the survival of obstetrics in family practice in Ohio. The eventual disappearance of all obstetric practice among family physicians has changed from the unthinkable to a grim possibility. Newly trained family physicians are more likely than ever not to include obstetrics from the first day of practice, and increasing numbers of experienced family physicians are choosing to stop obstetrics. In recent years the fear of litigation and increasing malpractice insurance rates have gained significant influence in physicians' choices about obstetrics. These two factors seem to hasten the decision to quit obstetrics, especially for physicians who already hold some distaste for the effort and energy required to fit obstetrics into busy patient care schedules.

Without family physicians providing obstetric care, the availability of such care, especially in rural areas, will certainly decrease. If obstetrics is given up by family practice, it might not be regained. The results of this study suggest that only with improvements in the medicolegal and liability environments will obstetrics continue to be a significant part of family practice in Ohio.

References

1. Ely JW, Ueland K, Gordon MJ: An audit of obstetric care in a university family medicine department and an obstetrics-gynecology department. J Fam Pract 1976; 4:397–401
2. Phillips WR, Rice GA, Layton RH: Audit of obstetrical care and outcome in family medicine, obstetrics, and general practice. J Fam Pract 1978; 6:1209–1216
3. Wanderer MJ, Suyehira JG: Obstetrical care in a prepaid cooperative: A comparison between family practice residents, family physicians, and obstetricians. J Fam Pract 1980; 11:601–606
4. Meyer BA: Audit of obstetrical care: Comparison between family practitioners and obstetricians. Fam Pract Res J 1981; 1:20–27
5. Mehl LE, Bruce C, Renner JH: Importance of obstetrics in a comprehensive family practice. J. Fam Pract 1976; 3:385–389
6. Candib L: Obstetrics in family practice: A personal and political perspective. J Fam Pract 1976; 3:391–396
7. Meyer AA: Obstetrics and family practice: A positive perspective. J Fam Pract 1984; 3:397–398
8. Phillips WR, Stevens GS: Obstetrics in family practice: Competency, continuity, and caring. J Fam Pract 1985; 20:595–596
9. Korcok M: Curbing the US medical malpractice crisis. Can Med Assoc J 1984; 131:645–650
10. AMA Center for Health Policy Research: Recent trends in physician liability claims and insurance expenses. Conn Med 1983; 47:31–32
11. Sanderson RR: Medical malpractice claims since 1975. N Engl J Med 1984; 310:794
12. Weiss BD: The effect of malpractice insurance costs on family physicians' hospital practices. J Fam Pract 1986; 23:55–58
13. Clinton C, Schmittling G, Stern TL, Black RR: Hospital privileges for family physicians: A national study of office-based members of the American Academy of Family Physicians. J Fam Pract 1981; 13:361–371