

# Family Physicians' Involvement in Obstetric Care Rural Northeastern Minnesota and Northwestern Wisconsin

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Although providing obstetric care has been an integral part of family practice since its acceptance as a specialty, in a number of states more than 90% of the family physicians are dropping obstetrics from their practices.<sup>1</sup> Regional differences in the numbers of family physicians doing obstetrics have been noted in the past, with the North Central states being a region in which obstetrics has been a nearly universal component of the practice of family physicians.<sup>2</sup> The study reported here examined an area of the North Central region of the United States in which the level of family physicians' involvement in obstetrics, as well as their plans for continuing obstetrics, was measured.

## METHODS

A survey was sent to all the practicing family physicians and general practitioners in the region for which Duluth, Minnesota, serves as a tertiary care center. This region in rural northeastern Minnesota and northwestern Wisconsin represents an area approximately one third that of the state of Maine and has a similar population density. The initial survey was sent in February 1987 with a follow-up in March 1987. In all, of 109 physicians identified, 10 were subsequently dropped from the study because they had retired or moved out of the region. Eighty-four of the remaining 99 physicians responded (84%).

## RESULTS

At the time of the survey, 73 of the 84 physicians (87%) were providing normal obstetric care (Table 1). High-risk obstetric care was being provided by 42 (50%) of the re-

sponding physicians. In addition, 19 physicians (23%) were also serving as the primary surgeon for cesarean sections.

Of those physicians providing obstetric care, 25% expected that their practice would be increasing in the future, 32% felt their volume of obstetric deliveries would remain the same, and the remaining 43% felt they would be providing less obstetric care in the future. Physician age was a significant factor in explaining this difference. Eighty-one percent of physicians over 55 years old planned on reducing obstetric care in the future, whereas 78% of those physicians younger than 40 years planned on providing the same or more obstetric care ( $P = .0008$ ). The major factors affecting the physicians' plans for future obstetric practice were (1) patient volume or demand and (2) personal choices; more distant influences were (3) malpractice premiums and (4) risks of litigation. Such factors as proximity to the nearest obstetrician or the number of deliveries in the last year were not significantly correlated with future obstetric practice plans.

Thirteen percent of the physicians responding at the time of the survey had ceased providing obstetric care, with 4% having stopped in the last year. The most common reason for their dropping obstetrics was the malpractice premium. Once again age was a significant factor, with 80% of the physicians not providing obstetric care being over 55 years of age ( $P < .00001$ ).

Data obtained in conjunction with the regional newborn intensive care unit reveal that the outcome of the obstetric care provided by family physicians in this region is very good. In the level I institutions (those with only family physicians and general practitioners on staff), the neonatal death rate is 2.2 per 1000. It was also noted that the number of prepartum maternal transfers in cases where infants are subsequently admitted to a newborn intensive care unit increases steadily with a corresponding drop in neonatal transfer from level I institutions.

## DISCUSSION

In this region the family physician continues to be actively involved in providing high-quality obstetric care. The ma-

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**TABLE 1. NUMBER OF OBSTETRIC DELIVERIES PERFORMED BY RESPONDENTS (N=82) DURING 1986**

Number of Deliveries	Percent of Respondents
0	7
1-12	23
13-36	48
37-48	10
49-72	12

majority of family physicians are performing one to three deliveries per month. For those physicians providing obstetric care, patient volume and personal choice were the major factors identified in determining their plans for the future practice of obstetrics. Rosenblatt and Detering,<sup>3</sup> in their description of obstetric practice patterns in Washington state, found that when looking at the whole state, only 44% of family physicians still provide obstetric care. When breaking these figures down geographically, however, only 38% of the family physicians in urban areas provide obstetric care, whereas 67% of the rural family physicians were still involved in providing obstetric care. The results of the present study clearly indicate that in the North Central region family physicians are still actively involved in providing high-quality obstetric care.

This finding has significant implications for family practice training. In a recent study of family practice residents,<sup>4</sup> 55% were definitely planning on providing obstetric care. These residents were far more likely to be entering a rural practice. Based on the results from the state of Washington and this present study, family physicians in rural areas are continuing to be involved actively in providing obstetric care. Family practice residency programs need to continue obstetric training to meet the needs of those resi-

dents planning to enter urban or rural areas with the intent of providing high-quality obstetric care.

Malpractice premium was the reason most often cited by those physicians who had already dropped obstetric care from their practice at the time of the survey. In the recent literature, the risk of litigation and increasing malpractice rates have been widely identified as major factors for the discontinuance of practicing obstetrics by family physicians.<sup>3,5-8</sup> In this region, malpractice premiums for family physicians range from \$6,000 to \$13,500 a year, with those policies covering the practice of obstetrics costing more. While the cost of malpractice insurance is having an impact on this region, it appears that for the majority of the physicians, the influence of patient demand for obstetric care and the physicians' interest in obstetrics far outweigh the impact of the malpractice premium and the risk of litigation.

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