

## MATERNITY CARE IN FAMILY PRACTICE

TITLE: Maternity care in family practice: economics and malpractice

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*Clinical question.* How do family physicians in Florida who practice maternity care differ significantly from those who do not?

*Background.* Nationally, the number of family physicians delivering babies has declined over the last 15 years, from over 50% in 1975 to 29% in 1989. Within these national figures, however, lies substantial variation. For instance, in the southeastern part of the United States, only 12% of family physicians practiced maternity care in 1991. This disparity is especially dramatic in Florida, where the rate in 1989 was less than 2%.

*Population studied.* Members of the Florida Academy of Family Physicians (FAFP) who were in full-time private practice and practiced maternity care in Florida in 1992 (the "OB" group, n=16) and a random sample of FAFP family physicians not practicing maternity care (the "non-OB" group, n=129). Of the 293 eligible family physicians, 145 responded, for a total response rate of 49.5%.

*Study design and validity.* This research study was a cross-sectional design. Unfortunately, the authors obtained a low response rate, and despite their assurances of similar demographics between the respondents and the nonrespondents in the non-OB group, the low response rate is problematic. Only 16 family physicians who practiced maternity care met the eligibility criteria of full-time private practice. Thus, it is impossible to know if negative findings reflect a true lack of difference between groups, or simply that the number of physicians in the maternity care group was too small to detect a difference.

Finally, as the authors state, cross-sectional studies cannot prove cause and effect associations, and the questionnaire was based on self-reports, a design feature that is susceptible to many kinds of bias, particularly on an emotionally charged topic such as maternity care.

*Outcomes measured.* Comparisons between the two groups included demographic variables, practice profiles (such as the number and type of patients, and the number of hours worked), training characteristics, procedures performed, reimbursement, self-report malpractice insur-

ance costs, claims and lawsuits, and measures of professional and personal satisfaction.

*Results.* The OB group, as expected, had a younger patient panel than did the non-OB group, resulting in more pediatric experiences. The non-OB group, which had an older patient panel and thus more than twice as many Medicare patients (28% vs 12%), performed more cardiology, pulmonary medicine, emergency department care, and counseling/psychiatric care. The OB group reported the following significant positive findings: higher financial compensation, fewer bureaucratic problems, more professional dissatisfaction attributed to "stress and lack of time," higher malpractice costs, and performance of more overall procedures. While the OB group reported taking 2 more weeks of annual vacation time as compared with the non-OB group, the OB group also worked an average of 9 hours more per week than the non-OB group did, resulting in an overall average of 340 more hours worked per year by the family physicians who practiced maternity care.

*Recommendations for clinical practice.* The authors state that their data are reassuring to family medicine residents who are contemplating practicing maternity care but may be concerned about disruptions in personal and professional lifestyles. However, their data actually appear to confirm many residents' impressions: the OB group worked more hours per year than did the non-OB group, reported more problems associated with stress and insufficient time, and while performing more "procedures," also may have had less time for counseling patients about psychosocial concerns.

This tradeoff probably reflects an accurate picture of the much larger tradeoff that all future family physicians will make. As the number of procedures available to family physicians continues to increase, trainees must make decisions about their scope of practice and decide which aspects of family medicine they will devote more time to. Dr Larimore's research shows that there are clear, important, and positive reasons why 16 family physicians practice maternity care in Florida. Within the last year, moreover, it appears that the number of family physicians choosing to deliver babies has increased nationally. Such trends, if they continue, will show that health services research on family practice and obstetrics by family physician leaders such as Dr Larimore can be used to help maintain and increase the number of family physicians who provide maternity care to their patients.

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