

## **Family Physicians Provide Maternity Care to Hundreds of Thousands of Women**

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In the September 27, 2021 Federal Register, the Health Resources and Services Administration (HRSA) posted a request for public comment regarding “Criteria for Determining Maternity Care Health Professional Target Areas (MCTA).” As stated in the request for comment, “Section 332(k)(1) provides that HRSA shall identify shortages of maternity care services “within health professional shortage areas (HPSA).” Section 332(k)(1) further requires HRSA to identify MCTAs and distribute maternity care health professionals within HPSAs using the MCTAs so identified.”

HRSA proposed to eliminate family physicians from their calculations of maternal care target areas. They commented that because family physicians providing maternity care services have been in decline and the limited data on family physician time spent providing maternity care is not readily available, they should not be included in the calculation of the maternity care workforce.

It is well known that family physician participation in maternity care, specifically deliveries, has been declining over the past decade. The percent of family physicians delivering babies is now less than 10%. However, because there are 3-4 times as many family physicians as obstetricians, the percent may be less important than the number of physicians and their delivery volume.

### **Family Physicians and maternity care services – specifically deliveries**

Family Medicine residencies provide education and training in the broad spectrum of maternity care. Graduates of accredited family medicine residencies must demonstrate competence in maternity care: pregnancy, prenatal care, vaginal delivery, basic obstetrical emergencies, and post-partum care.<sup>1</sup> Some family medicine residencies provide additional training and maternity care fellowships for high-risk and surgical maternity care.

Barreto et al<sup>2</sup> describe the intention to deliver babies and the actual report of doing deliveries based on the American Board of Family Physicians Certification exam questionnaire. While 23% of new graduates plan to deliver babies, 5-10 years later just 9% report delivering babies. However, 9% of the 95,750 board certified family physicians equals about 8618 family physicians who report delivering babies.

Barreto et al<sup>3</sup> also report on the volume of deliveries reported by practicing family physicians. They found that approximately 1050 (1.1%) family physicians report delivering 50 or more babies each year, 1900 (2%) family physicians report 25-50 deliveries per year, and about 4100 (4.3%) family physicians report 5-24 deliveries per year. This more conservative estimate results in just over 7050 family physicians delivering babies. Based on conservative volume estimates, family physicians deliver somewhere in the range of 120-230,000 babies each year.

1.1% high volume (1050 FPs) >50 deliveries per year (50) x 1050 = 52,000 deliveries

2% medium volume (1900 FPs) 25-50 per year (25-50) x 1900 = 47,500 – 95,000  
 4.3% low volume (4100 FPs) <25 deliveries per year (5-20) x 4100 = 20,500 – 82,000

**Total Family Physician Deliveries 120,000 – 229,000 deliveries**

**Family Physicians comprise 17-23% of the total physician delivery workforce**

Based on the published data noted above there are about 7,000-10,000 family physicians who do deliveries. There are no available data to make a reasonable estimate of obstetricians that do deliveries. The range of obstetricians, 34,000-43,000, provides a baseline<sup>4,5</sup>. If all obstetricians deliver babies (Scenario 1), then family physicians comprise 17-19% of the physician delivery workforce. If 80% of obstetricians still deliver babies (Scenario 2), then family physicians comprise 20-23%. Furthermore, family physicians provide the majority of maternity care services and deliveries in US rural hospitals, including cesarean deliveries<sup>6</sup>.

	OB Physicians	Delivering FP	Total Physicians Delivering	% of Delivery workforce-FP
Scenario 1	43,000	7-10,000	53,000	17-19%
Scenario 2	34,400	7-10,000	44,400	20-23%

**Ambulatory prenatal care and Hospitalist delivery models**

Obstetricians are moving to a labor and delivery hospitalist model.<sup>7</sup> That is, fewer obstetricians are doing deliveries. There are about 34,000 members of the American College of Obstetrics and Gynecology<sup>8</sup>, and upwards of 43,000 total Ob/Gyns.<sup>9</sup> Many obstetricians maintain their ambulatory care of pregnant women, provide prenatal care, post-partum care, and other women’s health services, yet not as many deliver babies. The research is not clear as to the extent of this new hospitalist delivery model and the impact it will have on the total number of Ob/gyn’s who continue to do deliveries, but it demands further research.

The hospitalist model for delivery has been part of family physician practice for many years. There are many family physicians who provide prenatal care, post-partum and newborn care, and long-term women’s healthcare for their patients, while utilizing a hospitalist delivery model. Family physician hospitalist delivery may be through family physician partners, obstetrician partners, or family physician or obstetrical residency services. Understanding the workforce that provides ambulatory care and hospital delivery care is essential. Further research on family physician and obstetrician participation in the broad spectrum of maternity healthcare (prenatal, labor and delivery, post-partum) is necessary to inform health policy related to maternity care and maternity care workforce.

**How to increase access through expanding the maternity care physician workforce?**

Understanding the current maternity care workforce and supporting continued growth of the workforce are important steps in ensuring equitable access and high-quality healthcare for all pregnant patients. In order to do this, we recommend the following action steps from stakeholders around the country.

- Improve, increase, fund and support maternity care workforce research.
- Conduct research on maternity care service delivery models and how they impact access. Specifically:
  - Ambulatory prenatal and post-partum care
  - Hospital and birthing center deliveries
- Consider the number of physicians providing maternity care rather than the percent of a specialty.
- Increase maternity care training opportunities for Family Physicians in residency (GME) programs, maternity care fellowships for high risk and surgical delivery, and long-term training programs for practicing physicians (5,10,20 years in practice) to maintain their skills.
- Provide adequate funding and support to ensure some, if not all, family medicine residencies continue to train residents to provide maternity care services.
  - Ambulatory prenatal, post-partum care
  - Hospital and birthing center deliveries
- Implement policies to support hospitals and health systems to include family physicians in their maternity care services

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1 ACGME. (2020). *ACGME Program Requirements for Graduate Medical Education in Family Medicine*.

2 Intention to deliver and actual family physicians who deliver babies.

<https://www.jabfm.org/content/jabfp/30/4/405.full.pdf>

3 Family Physician delivery volume. <https://www.aafp.org/afp/2017/0615/p762.html>

4 Distribution of OB/Gyns in the United States <https://pubmed.ncbi.nlm.nih.gov/22525913/>

5 OB/Gyn workforce <https://www.ajmc.com/view/physician-shortage-likely-to-impact-obgyn-workforce-in-coming-years>

6 Maternity care services provided by family physicians in rural hospitals.

<https://pubmed.ncbi.nlm.nih.gov/28062819/> - and  
<https://www.jabfm.org/content/jabfp/34/1/6.full.pdf>

7 The Obstetric and Gynecologic Hospitalist. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2016/02/the-obstetric-and-gynecologic-hospitalist>

8 Distribution of OB/Gyns in the United States <https://pubmed.ncbi.nlm.nih.gov/22525913/>

9 OB/Gyn workforce <https://www.ajmc.com/view/physician-shortage-likely-to-impact-obgyn-workforce-in-coming-years>