

# Similar outcomes for mothers and babies at low risk delivered by FPs and obstetricians

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For pregnant women who are at low risk of complications giving birth, the risk of newborn death and maternal complications is similar for obstetric deliveries by family physicians and obstetricians, according to a large study published in *CMAJ* (*Canadian Medical Association Journal*).

"It is common to assume that more specialized or higher-volume medical care will result in improved outcomes," writes Dr. Kris Aubrey-Bassler with the Primary Healthcare Research Unit, Discipline of Family Medicine, Memorial University of Newfoundland, St. John's, Newfoundland. "The obstetric literature has consistently shown that outcomes for high-risk newborns and [mothers](#) are best at higher-volume, more specialized hospitals; however, findings from the literature on low-risk [deliveries](#) are variable."

Researchers looked at data on births in Canada (excluding Quebec) over 3 years from 2006 to 2009 to determine if the type of physician, whether generalist or specialist, affected [birth outcomes](#). Among 799 823 infants delivered, there were 3600 deaths and 14 394 cases of [maternal complications](#) at 390 hospitals.

"We found no difference in the risk of perinatal mortality or maternal morbidity and mortality between deliveries by family physicians and those by obstetricians," write the authors.

Although several small studies have found similar results, this large study of almost 800 000 babies and mothers expands the evidence by using a

statistical method that also accounts for unmeasured or unobserved factors. For instance, the presence of diabetes may be known to a research team studying obstetric deliveries, but the degree of severity of diabetes, although important, is likely unmeasured. Such variables contribute to the tendency to choose a generalist or specialist provider.

The authors note that because of the limitations of the [statistical method](#), the findings should only be applied to deliveries that could conceivably be performed by either a generalist or a specialist. High-risk mothers should continue to be cared for by specialists. In addition, the researchers acknowledge that infant outcomes other than death may differ between generalists and specialists, but additional outcomes were not examined in this study.

"Because of the analytical approach used, these findings apply only to mothers and infants who would be eligible for delivery by either [family physicians](#) or specialists in at least some jurisdictions in the country," and not to high-risk mothers who are referred to specialists based on risk criteria.

**More information:** *Canadian Medical Association Journal*,  
[www.cmaj.ca/lookup/doi/10.1503/cmaj.141633](http://www.cmaj.ca/lookup/doi/10.1503/cmaj.141633)

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