

Study identifies the impact of family physicians in rural maternity care

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A new multi-state study that included University of Minnesota Medical School researchers shows that family medicine physicians are essential providers of maternity care in rural communities for vaginal and cesarean delivery in United States' hospitals. Published in the journal *Birth*, their findings demonstrate the loss of rural obstetrical services as a serious public health concern for pregnant people and their families.

Emily Onello, MD, a board-certified [family physician](#) and assistant professor involved in rural [physician](#) training at the U of M Medical School, Duluth Campus, is one of the co-authors.

"We found that at many rural critical access hospitals, family physicians were the only doctors providing maternity care," Dr. Onello said. "Even accounting for a declining overall trend in the numbers of babies delivered at rural hospitals, the proportion of births by family physicians remained stable. This suggests the ongoing importance of family physicians in providing maternity care, even as rural population demographics shift."

The team considered the availability of prenatal care, vaginal and cesarean birth and the impact on the distance that pregnant people and their families would have to travel for care should family [medicine](#) physicians not provide maternity care locally.

The team's final study population consisted of 185 rural hospitals across ten different states. The hospitals were administered a survey inquiring about the number of babies delivered from 2013 to 2017. The survey asked about the types of delivering physicians and the maternity services offered. After the surveys were collected, researchers then calculated the percentage of rural hospitals in the sample where family physicians performed vaginal deliveries, cesareans, vaginal births after cesarean and the percentage of all babies delivered by family doctors.

The study found that:

- Family physicians delivered babies in 67% of these hospitals and were the only physicians who delivered babies in 27% of these hospitals. These findings suggest that [family medicine residency programs](#) should ensure that trainees who intend to practice in rural locations have adequate maternity care training to maintain

and expand access to obstetrical care.

- Patients would have to drive an average of 86 miles round-trip to access care if those family physicians were to stop delivering babies. One hundred rural hospitals have closed in the past ten years and the loss of access is compounding the discontinuation of delivery services.

"Physicians trained in the specialty of [family](#) medicine are the most widely distributed and accessible clinicians equipped to offer maternity care in rural areas," Dr. Onello said. "Results of this research provide critical information to workforce planners and policymakers who can target programming and funding to support the quality of rural maternity care."

Onello and her colleagues hope to follow the trends in maternity care delivery and how medical schools select and support future physicians to provide quality [maternity](#) care to rural women.

"Existing studies have demonstrated that longer distances to care are associated with poorer maternal and infant outcomes and a greater likelihood of an unplanned out-of-hospital birth, and preterm birth," Dr. Onello said. "It is also important to understand how [rural communities](#) are coping with the loss of obstetrical care and what the short and long consequences of this may be."

More information: Mark Deutchman et al, The impact of family physicians in rural maternity care, *Birth* (2021). [DOI: 10.1111/birt.12591](https://doi.org/10.1111/birt.12591)

Provided by University of Minnesota Medical School

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