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Obstetric Training in the Southeast U.S.: A 2019 CERA study

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Purpose

Family physicians in the United States provide aspects of obstetrical care to varying degrees. Some regions have very few family physicians who provide maternity care due to privileging constraints and malpractice rates.¹⁻³ Obstetrical training is a standard requirement for all family medicine residents,⁴ yet there continues to be debate regarding how much obstetrical training should be required in family medicine residency.⁵⁻⁸

The objectives of this study are to describe obstetric training in South Atlantic family medicine residencies in 2019 and to determine factors which might contribute to continuity deliveries, vaginal deliveries and residents who continue OB after graduation in residency programs in the South Atlantic region.

Methods

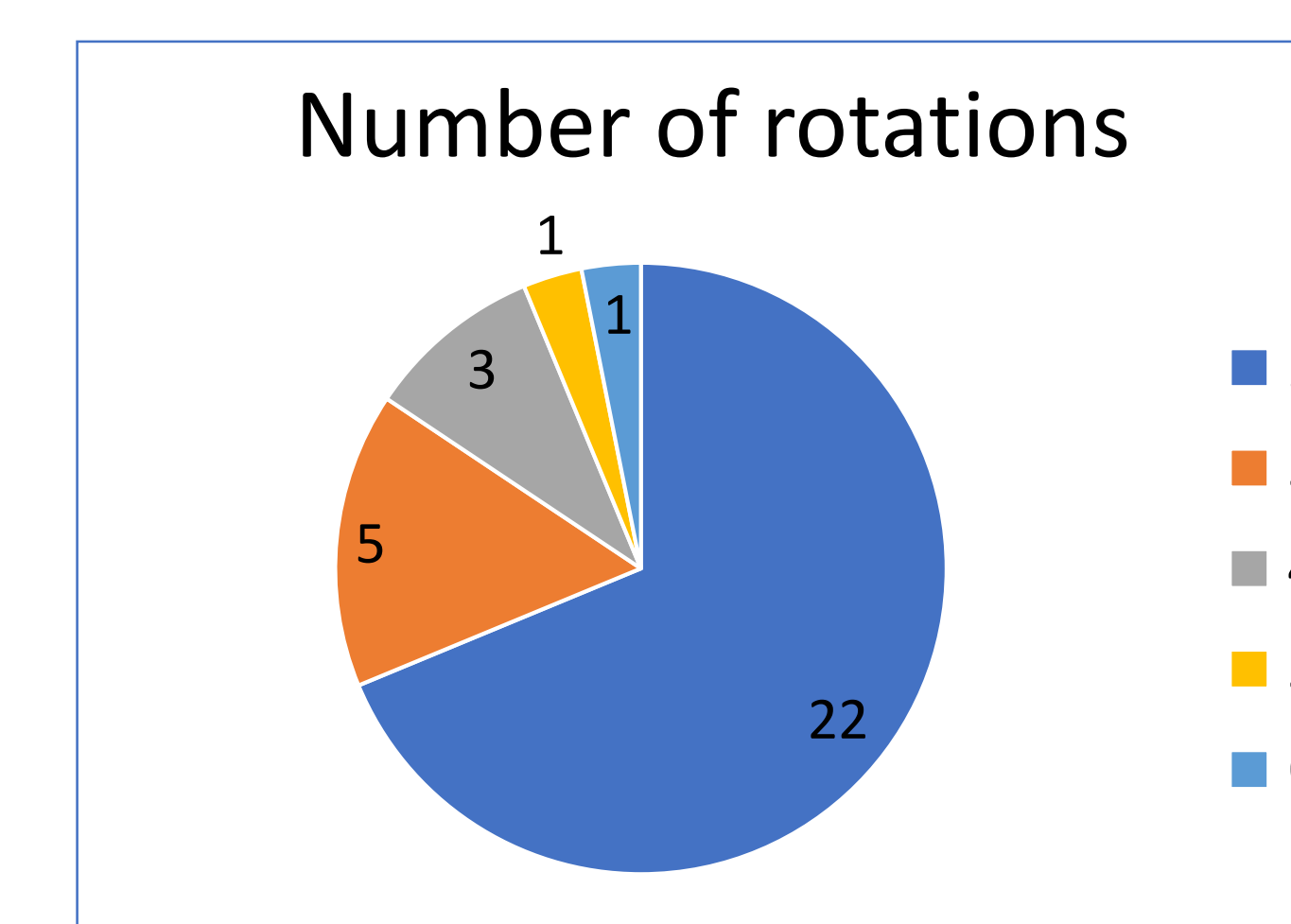
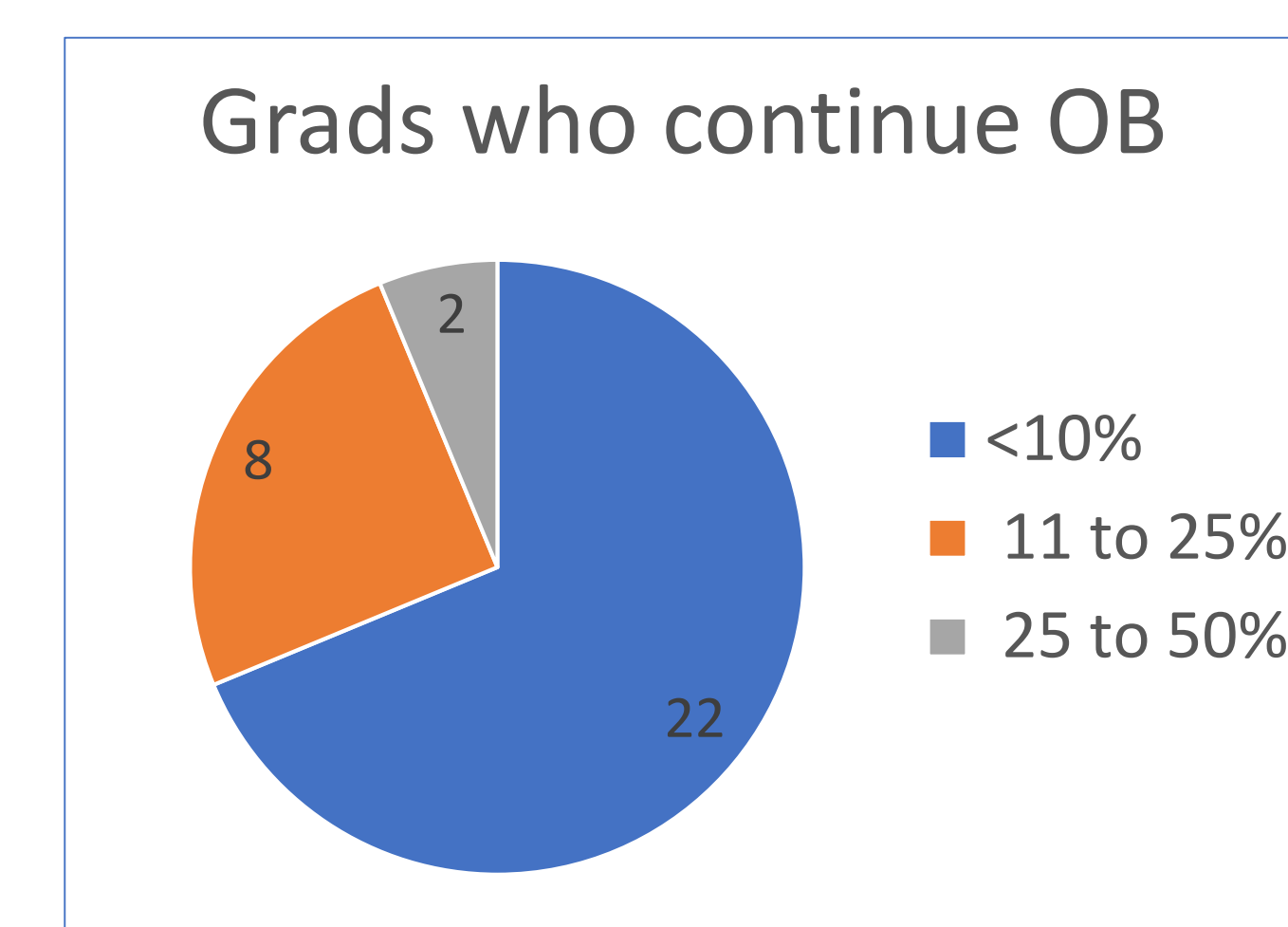
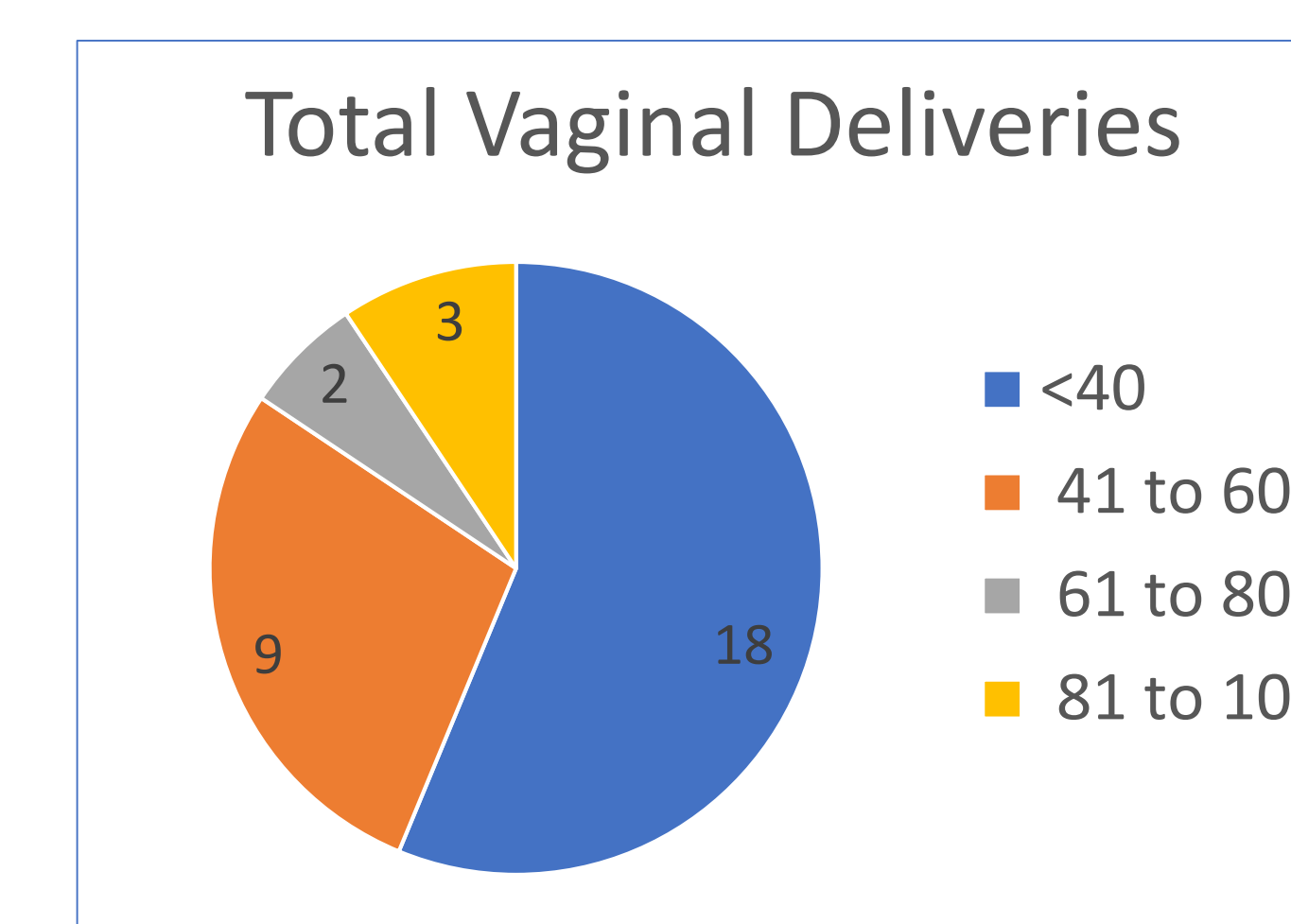
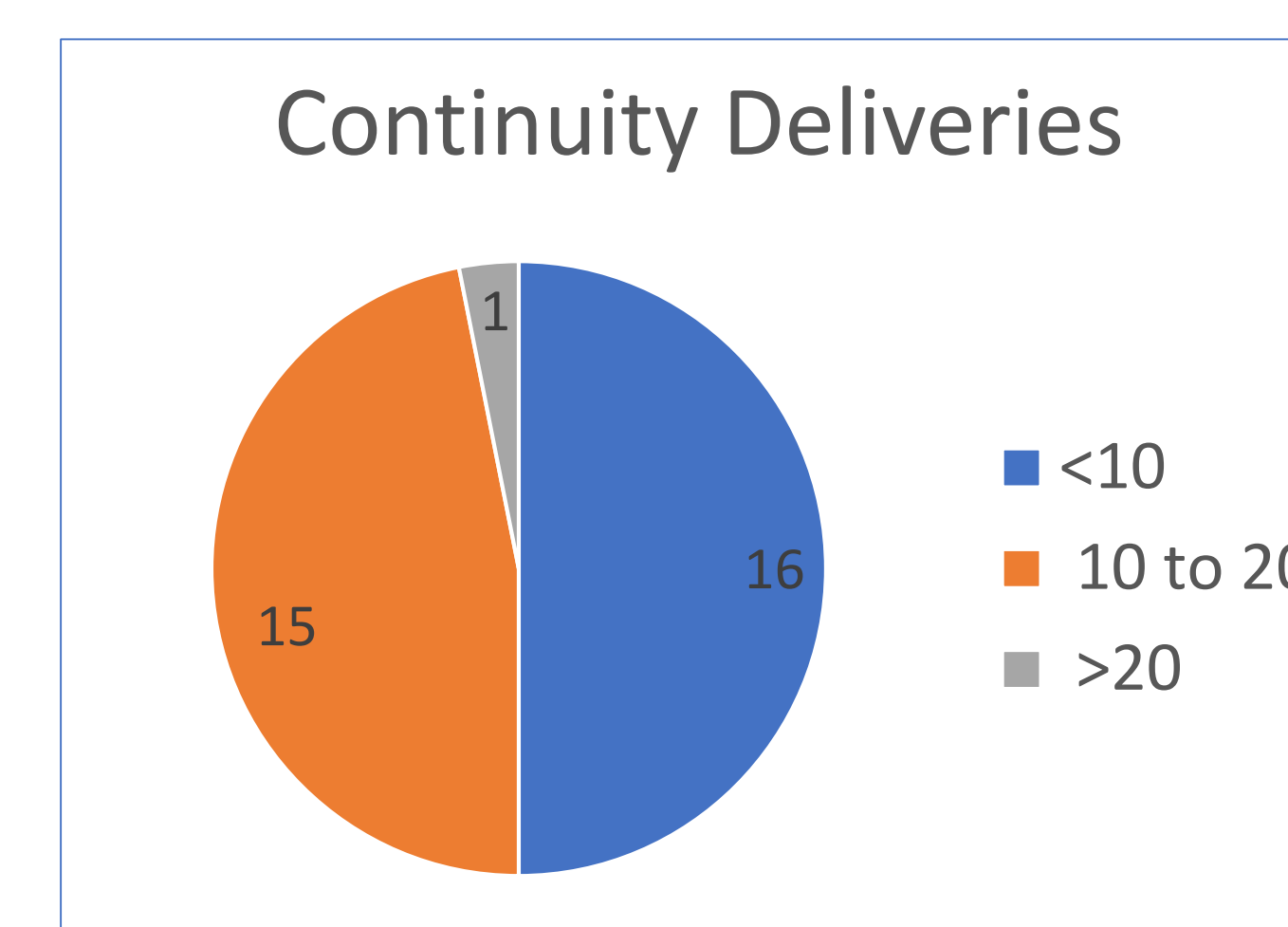
Questions related to obstetric training were part of a larger omnibus survey conducted by the Council of Academic Family Medicine Educational Research Alliance (CAFM) administered in 2019. The methodology of CAFM has been explained in detail.⁹ The project was approved by the American Academy of Family Physicians Institutional Review Board, the Lee Health Institutional Review Committee, the Florida State University Institutional Review Board, and the Healthcare Corporation of America Institutional Review Board.

All ACGME accredited U.S. family medicine residency program directors, as identified by the Association of Family Medicine Residency Directors, were invited to participate. The overall response rate for the 2019 survey was 42.4%. We took the answers from South Atlantic programs (FL, GA, SC, NC, VA, DC, WV, DE or MD) that completed all OB survey questions (n=32).

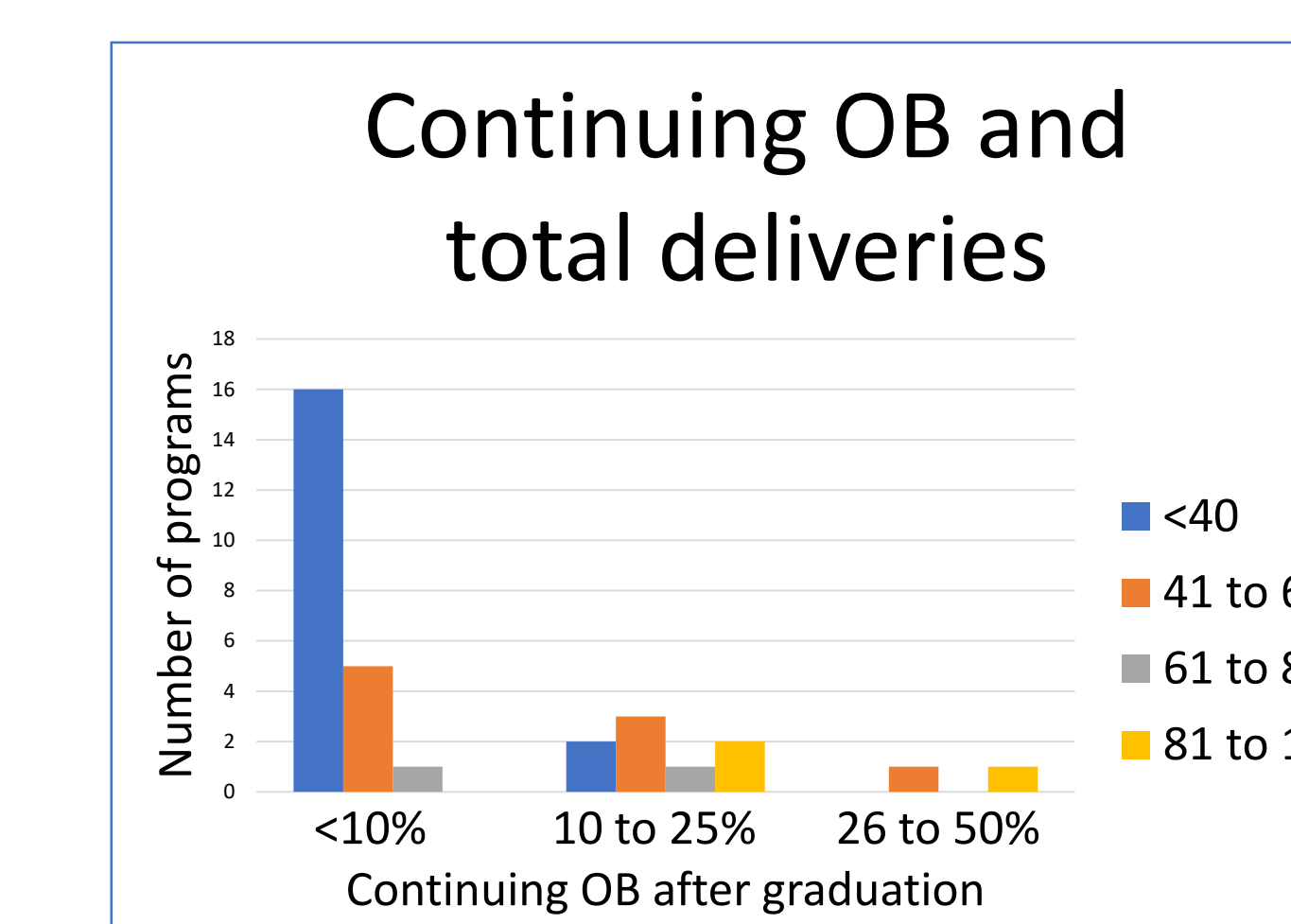
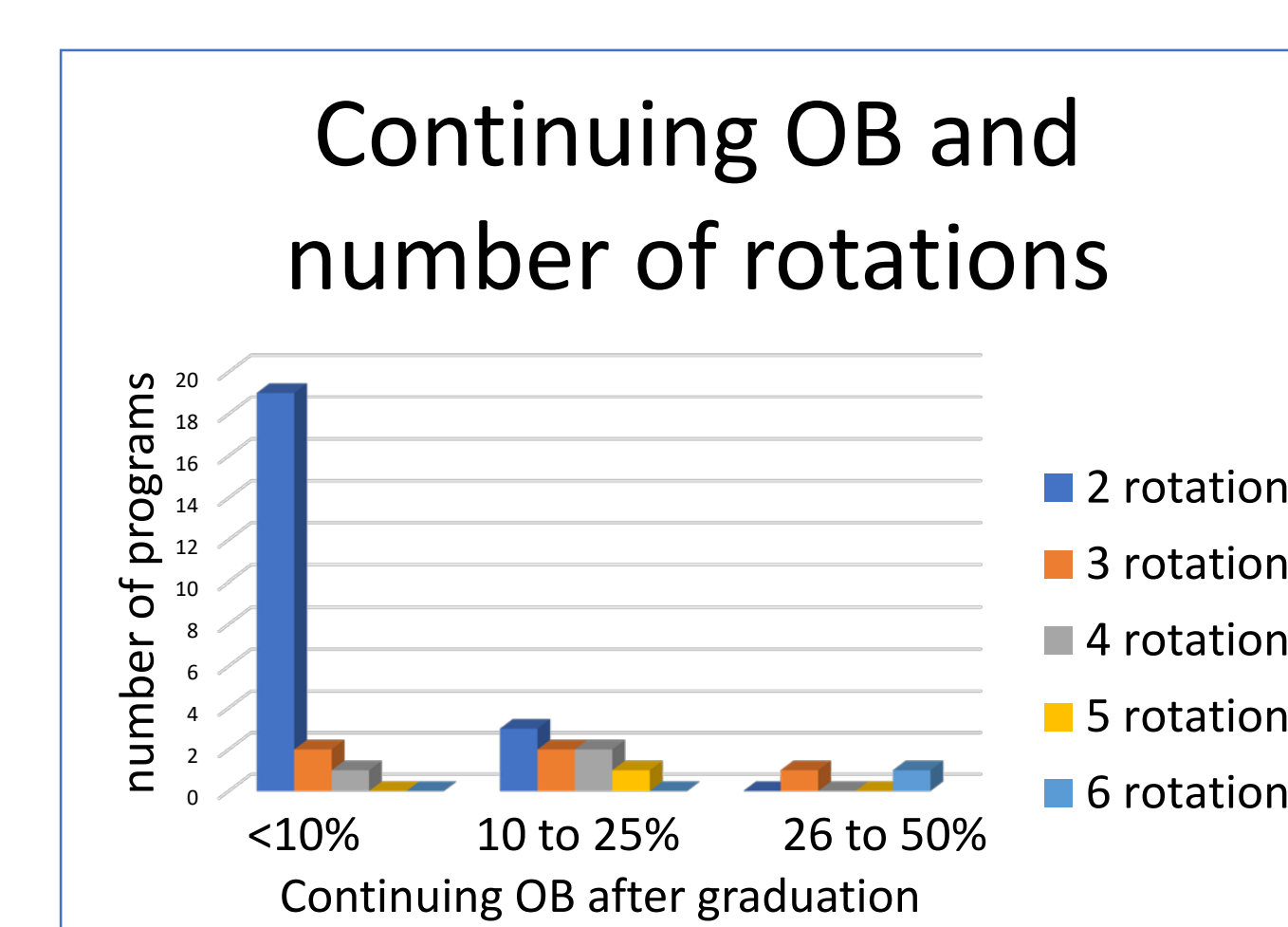
We used chi-square tests and Kruskal-Wallis rank test to compare variables. Statistical analysis was completed using STATA 14.

Results

Half of the programs (n=16) surveyed had graduates with less than 10 continuity deliveries. Over half (n=18) had graduates with less than 40 total vaginal deliveries. A majority (n=22) had the minimum two rotations on obstetric training. A majority (n=22) had less than 10% of graduates continue OB after graduation.

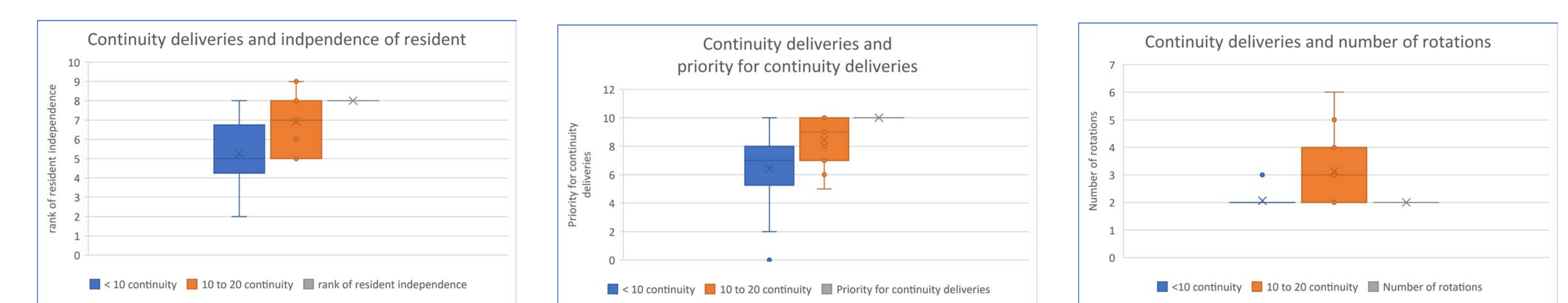


The following factors were significant for graduates who continue OB: number of rotations (P=0.0027) and total vaginal deliveries (P=0.047). The following factors were not significant for graduates to continue OB: independence of residents (P=0.068), priority for continuity deliveries (P=0.14), and continuity delivery number (P=0.14).

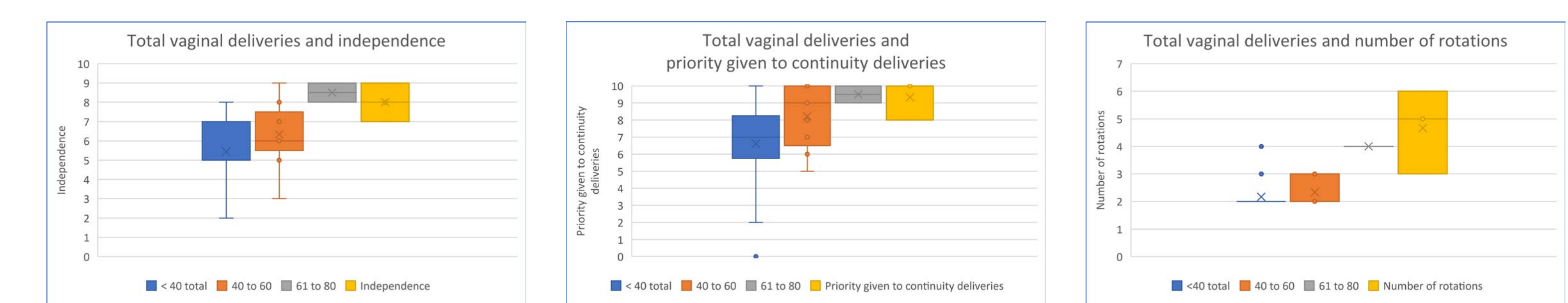


Results (cont'd)

For continuity deliveries, the following factors were significant: independence of residents (P=0.017), priority for continuity (P=0.024) and hours on rotation (P=0.024).



For total vaginal deliveries, the following factors were significant: Independence of residents (P=0.017), priority of continuity deliveries (P=0.044) and rotation hours (P=0.007).



Conclusion

To help fill the need for more physicians doing maternal care in practice, family medicine residency programs in the South Atlantic region should consider increasing the amount of time residents have on rotation and number of vaginal deliveries they perform.

To increase the number of vaginal deliveries, residencies should consider the independence of their residents on rotation and the priority they place on obtaining continuity deliveries.

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