Shared Antenatal Care: An Improved Paradigm for Women's Health Care

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Routine prenatal and postpartum care is an important and overlooked issue in family medicine. When this service is provided by a person who does not deliver the baby, it is called "shared care," "shared prenatal care," or "shared antenatal care." At least 50% of first-year family physicians and 75% of all family physicians are not providing shared care, and as a result, in some locations, infant death rates are higher than they should be.

Shared care is done in conjunction with physicians or midwives who will deliver the baby. This kind of care is beneficial to the physician, to the patient and her family, and to society, and there is little to prevent family physicians from adding prenatal care to their practices. So, why has our specialty abandoned these simple and inexpensive maternity care services and left them to the obstetricians?

I have had the opportunity to ask this question in an unscientific and informal way of several hundred family physicians as I have traveled around the country. There are two answers that surfaced with alarming frequency. The most frustrating is that the family physicians do not believe that the obstetricians will allow them to provide pre- and postnatal care. Indeed, most obstetricians believe that family physicians neither can nor should provide routine maternity care.[1] However, the most common answer is that the physician had not thought of the possibility of providing that kind of service.

Who Should Provide Antenatal Care?

I invite you all to consider the possibility that all family physicians could, and probably should, provide maternity care services for their patients. The work of Roberts and colleagues[2] in this issue of the *Journal* is a necessary addition to the research that has evaluated the role of maternity care in family practice. It complements previous research that demonstrates the many benefits that maternity care can provide to a family physician, such as increased personal and professional satisfaction, increased income, and improved practice diversity.[3] Yet, physicians who choose not to deliver babies seem also to have forgotten about prenatal care. This is one of the most important times in a young family's life, and physicians in our specialty often refer these families to other specialists. And, usually, the family does not bring the delivered baby back to the family doctor's practice.[3]

Fortunately for women and their families, other countries have thought of recruiting and utilizing family physicians and general practitioners for routine antenatal and postpartum care. Shared antenatal care has been studied in a randomized, controlled manner and found to be safe and effective.[4] It has been reported that at least 80% of pregnant women would benefit from shared maternity care.[5] Therefore, shared care is growing in such diverse countries as Australia, England, Scotland, Denmark, Finland, India, Saudi Arabia, Zaire, Zimbabwe, and most of continental Europe.[6]

In addition, research of shared-care outcomes has revealed a number of advantages to the patient, the family physician, and the health care system, including: (1) reduced antenatal costs[5]; (2) improved continuity of care[5]; (3) favorable perinatal and maternal outcomes, improved communication between women and health care providers, and improved patient satisfaction; (4) reduced perinatal death rates; (5) increased satisfaction among general practitioners; (6) reduced workload in overcrowded hospital antenatal clinics[7]; (7) reduced travel time and waiting time for pregnant women and their families, easier access to antenatal care, and increased continuity of care; and (8) reduction in maternity care admissions and length of stay.[8] The vast majority of women in shared care prefer that their local family physician provide as much maternity care as possible,[7,9,10] and the physicians find the care enjoyable and satisfying.[9,10] Most women believe that their family physician is competent enough to provide prenatal care and their confidence is an important determinant in the success of both improved outcomes and decreased costs.[11]

To my knowledge, there have been no studies

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about shared maternity care in the United States; however, data from a small study published in 1995 are applicable.[3] The intent of this study was to compare family physicians in Florida who delivered babies (the OB group) with those who did not deliver babies (the non-OB group). Both groups lived and practiced in the same communities and were in full-time, community-based, non-HMO practice settings. Within the non-OB group were a number of physicians who did not deliver babies, but who did provide antenatal care (the shared-care group). During secondary analysis of these data, we discovered that for every benefit the OB group reported (eg, increased income, satisfaction, practice diversity, numbers of complete families in the practice, and reduced malpractice risk compared with the non-OB group), the shared-care group reported the same benefits. The degree of benefit for the shared-care group was always close to or equal to that of the OB group. Most of the same benefits of adding shared care to a family practice have been reported by physicians providing shared care in other countries.[5] Therefore, family physicians who do not want to deliver babies but who do want to increase their practice satisfaction, diversity, and income, while lowering their risk of malpractice suit, should consider providing shared maternity care. In addition, family practice residencies and family medicine departments may wish to consider modeling, researching, and teaching shared maternity care to those residents and family physicians who prefer not to deliver babies or who will practice in outpatient environments.

How Can I Provide Antenatal Care?

There are several steps you can take if you choose to add this exciting service to your practice. First, look up some of the references at the end of this editorial. Several contain tested model protocols that you can use or adapt.[5,6,8,10,12-14] Second, learn the CPT codes that make shared care easy to report to third-party payers. Ask the third-party payers what they pay for care using these CPT codes. You will probably be pleasantly surprised. Third, consider the insurance costs; in most states, family physicians can add shared antenatal care to their practice with no increase in malpractice insurance cost, because the vast majority of malpractice suits for maternity care are based on intrapartum events. If you use an insurance company that does not cover shared care, your state's Academy of Family Physicians should be able to assist you. From 1991 to 1992, the Florida Academy of Family Physicians was able to convince every company in Florida that did not provide this coverage for physicians to include it in the basic coverage.[15] Fourth, talk to midwives, family physicians, or obstetricians in your area who deliver babies and who you know and trust and discuss the concept with them. You can set up your own protocol. Then, fifth, go ahead and begin to provide this rewarding service to your patients.

Why Should I Provide Antenatal Care?

It has been said that maternity care is intrinsic to the formation of the family and that family medicine without maternity care is not family medicine, it is just medicine.[16] Most family practice residents intuitively realize this and enter their residencies wanting to provide maternity care, even in states such as Florida where less than 100 of the state's 3000 family physicians provide maternity services to their patients.[17-18] I think that those who have chosen not to deliver babies have never considered, nor been taught, shared maternity care. It should be considered. It must be. Family physicians who do not provide shared maternity care may be failing those women who need the care and want us to provide it.[5,9,12] For example, in areas where family physicians are the only local source of shared maternity care and do not provide it, the infant death rate appears to be higher and the perinatal outcomes are worse.[18-20] I believe that if the average family physician knew of this association, he or she would certainly provide this needed shared maternity care to their patients. In many of these areas, family physicians are the primary caregivers, yet they have not risen to the challenge of providing shared care.

One observer put it this way, "The [family physician] is trained to provide continuing, comprehensive health maintenance and medical care for the entire family. Despite this mandate, however, the scope of family practice is shrinking and family practitioners are providing less prenatal care."[21] Even though the present maternity care system in the United States is not providing adequate clinical services for childbearing women nor improving infant health, family physician training institutions, state and federal maternity care agencies, and professional specialty societies have not funded nor encouraged the training and role-modeling of shared maternity care. Another system is needed, and clearly family physicians can and should play a role. In fact,

among all primary care providers in the United States, the family physician is best positioned to address this crisis of necessary prenatal care services.[22]

There will be obstacles. Many obstetricians and some midwives are opposed to family physicians providing these services.[23,24] One thoughtful journal editor said, "When the needs for a strong primary maternity care system are so great, it makes good sense for all maternity care practitioners to support one another, to rethink their philosophies and priorities, and most important of all, to put the needs of the pregnant woman and her family first."[25] And a mentor of mine reflected, "Competition between primary and secondary caregivers does harm to both of them, but most harm to the women over whose bodies the battle is fought. Territorial preoccupation and defensive attitudes are formidable barriers to effective care."[26]

Our governor here in Florida has said, ". . .the test of a nation is how it treats its children in the dawn of life."[20] Perhaps that could also be a test of the various practitioners involved in maternity care. In 20 years, will family medicine be seen as the specialty that abandoned female patients and their children? Currently, it appears that in the provision of prenatal care that we are doing so. But, we can change course. All family physicians can begin to provide shared maternity care to their patients who want and need this care. It is for the US maternity care system, in general, and for family physicians, in particular, "an opportunity too ripe to remain and too grand not to grasp."[27]

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