



Maternity care report

Janus Project: Family Physicians Meeting the Needs of Tomorrow's Society

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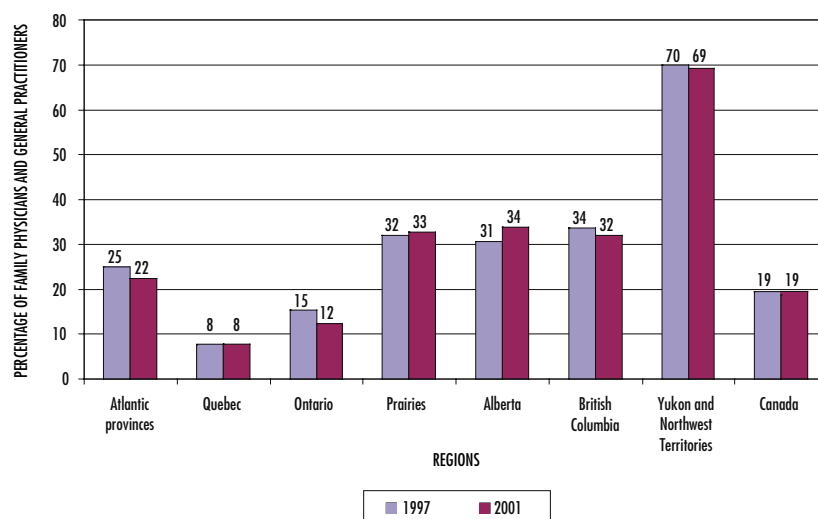
The College of Family Physicians of Canada conducted its second survey for the Janus Project: Family Physicians Meeting the Needs of Tomorrow's Society in 2001, 3 years after the initial survey to observe changes in services provided by family physicians. Maternity care results from the initial survey were published in *Canadian Family Physician* in 2000.¹ The most recent data indicate where maternity care is headed in Canada.

The 2001 study differed from the first study in that all family physicians and general practitioners in the country were sent the survey, not just a random sample. Methods are reported on the College website (www.cfpc.ca/research/janus/janushome.asp). To summarize, the original survey was updated, pre-tested, and sent to all 28340 FP/GPs listed in the IMS Health database. A modified Dillman technique was used to send out two follow-up mailings to nonresponders. A final response rate of 51.2% was reached. Responders were more likely to be women than men and to be College members.

Overall, 64% of FP/GPs responding to the 2001 survey provided some aspect of maternity care: prenatal, intrapartum, postpartum, or newborn care as compared with 53% in 1998. For intrapartum care, the overall percentage decreased

slightly from 19.4% to 18.7% (**Figure 1** compares regions). Of family physicians practising intrapartum care, 85% listed vacuum extractions as one of their skills; 44% did low forceps, 4% did midforceps and rotations, and 5% did cesarean section deliveries. The average number of births attended yearly was 53 for women FP/GPs and 32 for men FP/GPs in 2001 as compared with 55 and 30, respectively, in 1997.

Figure 1. Provision of intrapartum care by region in 1997 and 2001



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In 2001, 23% of FP/GPs in group practices provided intrapartum care as opposed to 11% of those working in solo practices.

As expected, the percentage of FP/GPs providing intrapartum care dropped with age, but among those younger than 35, the percentage was slightly higher in the 2001 study (Figure 2). The 2001 survey also showed that younger women FP/GPs more frequently attended births than younger men (Figure 3).

The most important limitation of the survey is that only half the family physicians in the country responded. It is, therefore, possible that the percentage of FP/GPs involved in maternity care could be lower, due to potentially lower involvement by nonresponders.

What does this survey show? It indicates that, while there is an increase in prenatal, postnatal, and newborn care by family physicians, the gradual withdrawal from intrapartum care continues across the country, except

the Prairies. Even British Columbia, historically strong in FP/GP obstetrics, is following this trend. The crisis in numbers of maternity caregivers has not diminished.²

The only flicker of encouragement is the increase in the number of younger FP/GPs and in the percentage of women who are offering intrapartum care. Given that approximately 55% of recent family medicine graduates are women (personal communication from Iona Mitchell, College Examination Manager), this allows some hope for the future. Lifestyle issues for both women and men, however, must be addressed. Successful models of practice already show that FP/GPs can continue to provide intrapartum care if they work in supportive groups.³ In doing so they can still have a life outside obstetrics while providing high-quality maternity care; pregnant women appreciate this type of care.^{4,5} This message needs to be delivered strongly.

Patterns of family practice maternity care continue to evolve in Canada. More family physicians are becoming involved in practice outside intrapartum care while a small corps of family physicians is more heavily involved in attending births.

References

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Figure 2. Provision of intrapartum care by age cohort in 1997 and 2001

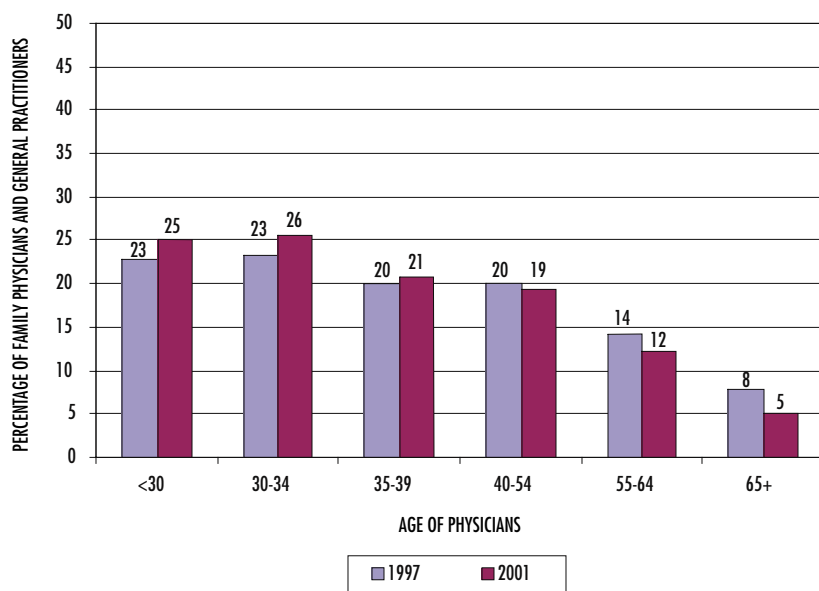


Figure 3. Provision of intrapartum care by age and sex in 2001

