

## The family medicine obstetrical home

by Anne Biringer MD CCFP FCFP



I have been catching babies since my first year of practice in 1981. I have lived, breathed and taught family medicine maternity care in my professional and academic life. The theme of my career has been to promote maternity care as an integral part of family medicine and to ensure that our residents complete their training with the requisite skills. I attend my own patients' deliveries when I am able and have had the privilege of attending at least 2000 births - each one unique and moving. So when my eldest daughter, who lives in a city 90 minutes away, showed me a photo of the "blue line" I was ecstatic that she would become a mother and I would become a grandmother.

When I asked about her choice of accoucheur she told me that her family doctor would be providing prenatal care and then transferring to an obstetrician. I contained my disappointment that she was not choosing a family doctor to attend her birth. After all, this was her choice and she adores her own family doctor who does not provide maternity care. However, when she had her first visit with the obstetrician and told me his name, I googled him and found that he is, in fact, a family doctor like me - similar vintage with a special interest in maternity care. She immediately liked him and trusted him.

Claire's pregnancy was uneventful from a medical perspective. Of course, as a future grandmother, I felt somewhat trepidatious with each test knowing all of the possible ways that a pregnancy can deviate from the expected. It did not help that for one month of the pregnancy, I was teaching in Addis Ababa - which felt much too far away. My poor Canadian family medicine colleague had to deal with my "worry box"!

Several months later, at 40 weeks and 3 days, Claire called me in the evening to say that she was starting to cramp. I logged into my EMR and personally called and rebooked my morning list of patients. I awoke at 0500 to a text from Claire who was laboring in the bathtub with what she described as aggressive contractions. She wanted to stay at home as long as she could tolerate and was waiting to call her doula. However, when the doula arrived at 0830, she took one look at Claire and decided that they were heading to the hospital. I was simultaneously on the highway hoping that I would not be stopped for speeding towards my laboring daughter who was 8 cm dilated on arrival at the hospital.

Taking turns with Claire's mother-in-law, we supported Claire and her husband for the last part of the first stage of labour - now more tolerable with an epidural. But when it came time to push, Claire was insistent that I stay. It was a tough second stage - but my daughter is a tough woman. I was holding one leg and felt profoundly grateful that the steady tick-tick of baby's heart was never anxiety-provoking to the doctor in me. She pushed out 8-lb 3-oz Franklin despite his starting off in the occiput posterior position. The lovely family medicine R3 caught him while the staff doctor looked on with complete confidence in his very competent learner.

As Claire's beautiful son emerged - bald and cone-headed from the long second stage - she grabbed him from between her legs and pulled him to her chest with the ferocity and tenderness of a mother bear. As she closed her eyes in exhaustion, there wasn't a dry eye in the room. I left the new family to themselves and called my 94-year-old mother to tell her that she was a great grandmother. The family doctor found me in the waiting room and gave me a big hug of congratulations as I hugged him back in gratitude for keeping my babies safe.

A few days later, Claire reflected on the experience. She commented on the Family Medicine Resident - a tall, enthusiastic woman with a long brown ponytail. She had felt very confident in her care and enjoyed her friendly manner. She commented that "I think you might have been like her when you were a resident". I paused and told her that there might be some truth in that observation - I had been an enthusiastic, ponytailed resident. But that, really, the seasoned family doctor in the room was more like her mother now - still awe-struck by the wonder of birth but committed to sharing the experience with our learners. But then again, in that room, I had assumed a brand new role - the besotted grandmother. All of these alter egos existed in a confluence of my personal and professional selves - feeling completely at home in my Family Medicine Obstetrical Home.

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