

Maternity Care Is Essential to Family Medicine

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The last delivery I performed by myself was over 20 years ago. It did not go well. I was covering labor and delivery for one of my colleagues. The hospital was unfamiliar; I had never done a delivery there. The nursing staff didn't know me at all.

The patient was a first-time mother whom I'd met once before. Her labor went ok, but then there were some problems: meconium, prolonged pushing, and fetal heart decelerations.

As the baby started to crown, I was worried about dystocia. Do I get this baby out, or suction first? I opted for the former. The nurse looked at me disapprovingly. A laceration and a difficult repair. The baby was resuscitated smoothly and did well.

I saw the mom several times over the following weeks. Baby was fine and Mom recovered from the delivery, but I was done.

There is no question that experience matters in medical care. You need to do deliveries to be good at it. The curves of learning, competence, and expertise are steep in medicine.

I can identify all the factors that conspired to make it a difficult delivery: the hospital, the nursing, but none more so than me. I was out of practice and out of my element. I have not performed another delivery since. Maternity care dropped out of my practice as I focused on research, teaching, and policy. Quickly, my brief experience doing OB became a limiting factor, and retraining was increasingly daunting.

But let me now be very clear. Maternity and obstetric care is and must always be a central pillar of family medicine training. The pregnancy and birth experience is a foundational element of our scope as family physicians. Maternity care directly grows and supports our pediatric care. It also teaches us procedural skills and familiarity. Most importantly, it ties us to the broad scope of care for women, children, and families. It cannot be diluted or lost.

We know that our residents are well trained and prepared to deliver high-quality obstetric care, as well as pediatric, hospital, and outpatient services. We also know that only a fraction of new family physicians perform these skills in practice.^{1,2}

In the residency programs that serve communities in the Pacific Northwest, maternity care is an important and vital part of life in rural areas. Family doctors are the ones who live and work in these places, and indeed provide the majority of maternity care. There will always be rural areas and there will always be a need for family physicians who deliver babies.

STFM has and always will strongly support family physicians' ability to learn, teach, and practice maternity care. In fact, our new strategic plan doubles down on teaching the full scope of practice for all family doctors.

In a recent issue of *Family Medicine*, Goldstein et al identified multiple opportunities to support and learn from each other at STFM conferences and in our online communities.³

To join STFM *CONNECT*, go to connect.stfm.org, for STFM members only. Join the Family-Centered Maternity Care Collaborative by going to the My Connections section of your STFM profile and modify your selections.

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