EDITORIAL
Family Medicine Obstetrics: A Wide Spectrum of Training and Practice

Optimal maternal child health outcomes depend in part on access to providers who are prepared to manage complications that not uncommonly arise during pregnancy and childbirth, including surgical delivery when indicated. While there is room to improve our knowledge about the indications for cesarean section, there is no doubt that this procedure is at times a necessary and even life-saving procedure for some women and infants. A physician with the skill, training, and experience needed to care for the majority of perinatal clinical needs, including surgical intervention, is a vital resource for any community. In some practice settings, family physicians manage the full scope of perinatal care including operative delivery. Family physicians with advanced skill and training provide full-scope maternity care in settings where obstetricians act either as peers or as supervising physicians and also in settings where there are no obstetricians. In fact, a recent survey revealed that roughly half the counties in America lack even a single obstetrician. Family physicians have long been and continue to be a critical part of the maternity care workforce, often locating in areas where others do not. Advance practice providers and midwives, in particular, are known for providing much needed maternity care services and are well-established members of the health workforce. However, the scope of practice for midwives does not include surgical or advanced medical complications. In almost every setting, pregnancy and childbirth includes ready access to a safe and timely surgical intervention.

Two papers in this issue of the *Journal* look critically at the care provided by family physicians in comparison to obstetricians practicing in the same institution. The authors report on several commonly observed quality and outcome indicators for maternity care in a setting where obstetricians and family physicians with advanced training in maternity care practice alongside one another as peers. Surveillance of standard quality measures is the usual and customary method of assessing provider performance and is considered a proxy for assessing the competency of practicing clinicians. The authors' conclusions from the data presented both support and help to replicate several other studies, which have looked at similar measures in other practice settings. These two papers are timely amidst the current debate on the role of maternity care as a core family medicine competency. This is of particular concern in the context of three converging physician workforce trends among obstetricians: 1) increasing movement among residency graduates to non-delivering subspecialties, 2) an exodus from maternity care among senior physicians, and 3) a tendency for practicing obstetricians to choose practice locations in populated, already-served locales. From a population health perspective, there is simply no question that we need some family physicians with the skill and training needed to provide full-scope maternity care. Preparing physicians to provide family medicine obstetrics, however, has proven to be easier said than done. An array of barriers and competing interests have coalesced to make maternity care among the most challenging issues for many family medicine training programs, where experiences are not uncommonly described as hostile or toxic.

At the heart of this debate is an unsustainably wide range of maternity care practice and experience among family medicine training programs. On one end of this spectrum, we have family physicians whose maternity care ended after satisfying the minimum exposure provided during residency. On the other end of the spectrum, we have fellowship or equivalently trained family physicians practicing full-scope family medicine obstetrics with skill and privileging equivalent to that of obstetricians. Regardless of the eventual outcome in terms of national training standards, it is likely that the ongoing needs in the maternity care workforce will generate an increased emphasis on programs and institutions offering advanced training in family medicine obstetrics. Considering the realities in both health profession training and the distribution and supply of our physician workforce, it seems clear that we will continue to see a scope of family medicine maternity care ranging from inconsequential on one end to essential on the other. Simply put, a one-size-fits-all approach to maternity care training, practice, certification, and privileging does not meet the need and is no longer applicable.

Family medicine is a comprehensive, family-centered specialty. Family physicians are uniquely prepared to care for women and infants and are far more likely than obstetricians and pediatricians to make underserved settings a vocationally desired destination. As a result, family physicians are not only uniquely prepared to provide an essential and much needed scope of care, but in many communities they are the only providers available to do so. It is difficult to imagine a more readily attainable and clinically effective solution to the workforce aspects of disparate outcomes than increasing the number of family physicians who provide full-spectrum maternal child health care. The need for rigorous training and evidence-based assessment of quality and performance has never been greater. All the more reason to study the descriptive and observational data from family medicine obstetrics as reported in this issue of the *Journal*.

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