

Editorials

Credentialing Family Physicians Who Provide Maternity Care

Michael Loeven, MD, Lancaster General Hospital Family Medicine Residency Program, Lancaster, Pennsylvania

There is a passionate group of family physicians dedicated to the practice of obstetrics who provide vital access to maternity care, especially in underserved areas. However, most family physicians no longer deliver infants.¹ Recent survey data show that only 6.7% of family physicians are performing deliveries.² The Accreditation Council for Graduate Medical Education's requirement that physicians perform a minimum number of deliveries during residency training was removed in 2014.³ Consequently, family physicians no longer receive the minimum standard of maternity care as part of their education. Without national standards of credentialing based on competency, family physicians who provide obstetric care may struggle to obtain hospital privileges because each institution sets individual requirements. Family physicians are more likely to include maternity care in their scope of practice if they do not face significant hurdles in obtaining hospital privileges.^{4,5}

The American Board of Physician Specialties has offered an obstetrics board certification option for family physicians since 2012, and the process was revamped this year to reflect different levels of maternity care services. There are now two options that validate training and competency with an official board certification. This change provides support to physicians who are qualified to practice obstetrics but have faced challenges obtaining hospital privileges, a hurdle that has prevented some family physicians from offering obstetric care.⁵

Board Certification in Family Medicine Obstetrics

Family physicians who perform comprehensive obstetric care, including vaginal deliveries, but do not perform cesarean deliveries as the primary surgeon, may now pursue board certification in family medicine obstetrics.

A complete list of the requirements to apply for this certification is available at <https://www.abpsus.org/family-medicine-obstetrics-eligibility>.

To meet the experience qualification, physicians must have completed a family medicine residency program, although they may begin the application process before completion. They must also obtain sufficient experience, which includes performing at least 60 vaginal deliveries and providing references attesting to their clinical skill and competency.

Candidates who meet the requirements can take the written board examination, a 200-question, multiple-choice examination covering prenatal, intrapartum, and postpartum care. The board certification is valid for eight years.

Board Certification in Family Medicine Obstetrics With Surgical Qualification

Family physicians who perform comprehensive obstetric care and have completed an obstetrics fellowship, including training in cesarean deliveries, or have equivalent experience through residency training or practice, may apply for board certification in family medicine obstetrics with surgical qualification.

To meet the experience requirements for this certification, physicians must first complete the requirements for the board certification in family medicine obstetrics. In addition, candidates must have served as the primary surgeon for at least 50 cesarean deliveries. This number is a minimum standard, and the board recognizes that many applicants will require additional experience before achieving competency. Applicants are required to have proctors who can attest to their surgical ability. Candidates who meet the experience requirements may then take the written board examination. Because of the advanced nature of this qualification, candidates must also undergo a comprehensive oral examination.

The American Board of Physician Specialties allows physicians to meet the experience requirements during residency training and in practice.

This flexibility is intended to help physicians who struggled to meet volume requirements during residency but are able to be proctored in the community after residency. It also allows a pathway for those who have not provided maternity care for years to work toward certification after gaining experience in a supervised setting.

These two certifications lend credibility to those who worked hard to learn the skills required to deliver infants safely. As fewer family physicians choose to include obstetrics in their scope of practice, it becomes even more important to remove barriers that prevent qualified physicians from providing maternity care. Offering a pathway to board certification allows family physicians to demonstrate their skills and will hopefully facilitate the process of obtaining hospital privileges in the future.

Address correspondence to Michael Loeven, MD, at michael.loeven@pennmedicine.upenn.edu. Reprints are not available from the author.

Author disclosure: No relevant financial relationships.

References

1. Tong STC, Makaroff LA, Xierali IM, et al. Proportion of family physicians providing maternity care continues to decline. *J Am Board Fam Med.* 2012;25(3):270-271.
2. Tong ST, Eden AR, Morgan ZJ, et al. The essential role of family physicians in providing cesarean sections in rural communities. *J Am Board Fam Med.* 2021;34(1):10-11.
3. Accreditation Council for Graduate Medical Education. ACGME program requirements for graduate medical education in family medicine. July 1, 2020. Accessed September 1, 2021. https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/120_FamilyMedicine_2020.pdf
4. Boyle GB, Banks JW III, Petrizzi MJ, et al. Sharing maternity care. *Fam Pract Manag.* 2003;10(3):37-40. Accessed March 21, 2022. <https://www.aafp.org/fpm/2003/0300/p37.html>
5. Barreto TW, Eden A, Hansen ER, et al. Opportunities and barriers for family physician contribution to the maternity care workforce. *Fam Med.* 2019;51(5):383-388. ■

You do so much for your patients to keep them healthy

Let the ExoDx™ Prostate Test help:

- Identify patients at high-risk of prostate cancer
- Avoid over treatment of low-risk patients



The *right* patient, the *right* intervention, at the *right* time



Visit us at www.exosomedx.com
or scan for more information

