

## MC4BC: Supporting family physicians' return to obstetrics

**T**rail BC family physician Dr Blair Stanley is training to do something he hasn't done since his residency 14 years ago—deliver babies.

"I'm excited about getting into obstetrics and this community badly needs it," says Dr Stanley, who is enrolled in a new program supporting general practitioners and family practitioners to refresh and regain their obstetrical skills. Maternity Care for BC (MC4BC), developed by the joint BCMA/Ministry of Health General

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Practice Services Committee (GPSC), also supports additional training for graduating family practice residents interested in incorporating obstetrics into their practice from the start.

In Victoria, Dr Marina Thibodeau has just completed her retraining through MC4BC and has started delivering babies after a 5-year break.

"I used to do high volume obstetrics in Halifax," says Dr Thibodeau. "One month I delivered 12 babies—at that rate you're in and out of hospital all the time."

But 5 years ago, with the competing demands of a young family, Dr Thibodeau gave up obstetrics. In doing so, she became part of a national trend resulting in fewer family physicians practising obstetrics than ever before. In 1983, about 68% of FPs and GPs reported attending deliveries, but by 2001 a College of Family Physi-

cians of Canada survey indicated the percentage had fallen to approximately 17%. A further survey in 2004 revealed just 12.9% of Canadian FPs were delivering babies.<sup>1</sup>

There are a variety of reasons for this trend, chief among them little recognition of or compensation for the disruption that obstetrical care causes to personal lives and regular practice schedules. Demographic factors also contribute to the decline. As family physicians become older, they are less likely to provide intrapartum care. Finally, fewer new family physicians are choosing to practise obstetrics.

MC4BC is working to reverse this trend—and BC physicians are taking advantage of the opportunity. Dr Stanley enrolled when he discovered he could receive training customized to his own needs with a preceptor in his home community instead of traveling to an urban centre, which most training requires.

"Trail was facing an obstetrics crisis last fall," says Dr Stanley. "So few of our local doctors were doing primary care obstetrics that we almost ended up referring patients to Nelson, 70 kilometres away."

Dr Thibodeau enrolled for a different reason—she missed delivering babies. "I have a lot of young women in my practice and when I sent them elsewhere to have their babies I'd miss one of the most important times of their lives."

Because Dr Thibodeau had considerable and relatively recent obstetrical experience, she needed only five supervised deliveries and completion of a neonatal resuscitation course to requalify for obstetrical care. She has now finished her training and has already delivered five babies. "I'm glad to be back into it," she says.

MC4BC is open to any GP, locum,

or new family practice medical graduate licensed by the College of Physicians and Surgeons to practise family medicine in BC. Funding is provided to participants for income loss, a preceptor stipend, liability insurance, neonatal resuscitation program training, and travel and accommodation during training.

Program participants are eligible for up to \$45 645 of funding, including a training stipend of up to \$30 744. This stipend, for income loss, provides compensation for two GP sessions per birth up to a maximum of 40 births.

The preceptor stipend of up to \$4000 compensates preceptors for up to 40 births in addition to their regular fee-for-service billings associated with births.

A maximum of \$9500 is available to participants for travel and accommodation costs during the training period. The program also provides up to \$400 for CMPA obstetrical insurance, and up to \$1000 for additional educational requirements. MC4BC will run until 31 March 2010, or until available funding has been allocated.

In Trail, Dr Stanley has completed two supervised deliveries and expects to finish his training this fall. "Right now there are three Trail physicians in the program, and we're hoping to get more doctors involved," he says. "The goal is to build a large enough call group to take care of this community's obstetrical needs."

For more information, visit [www.bcma.org](http://www.bcma.org).

—Greg Dines  
Senior Program Advisor, BCMA

### References

1. CIHI Report (2004) - Giving Birth in Canada: Providers of Maternity and Infant Care [http://secure.cihi.ca/cihiweb/products/GBC2004\\_report\\_ENG.pdf](http://secure.cihi.ca/cihiweb/products/GBC2004_report_ENG.pdf).