

The Path of Family Medicine Obstetrics in Rhode Island: Steps Toward a Bright Future for Families

MARY BETH SUTTER, MD; KIRA NEEL, MD; JENNIFER BUCKLEY, MD; SUSANNA MAGEE, MD, MPH

IN RECENT YEARS, HEALTHCARE PROVIDERS, COMMUNITY activists and politicians have recognized the importance of improving maternal child health and addressing underlying disparities in care worsened by systemic factors, including racism.^{1,2} The former Surgeon General Dr. Alex Azar's 2020 call to action to improve maternal health reverberated what many are critically aware of every day: "Optimizing maternal health is...crucial to the well-being of future generations."³ The state of Rhode Island has made improving maternal child health a priority,⁴ recognizing that improvement of preconception, pregnancy, postpartum and early childhood health has significant benefits for the future of our state. Family medicine physicians have a unique role in addressing maternal child health disparities because they are trained in primary care, preventive medicine, obstetrics, and pediatrics, and can be the care provider for multiple generations of the same family. It is critical to strengthen and expand the training of family medicine physicians practicing obstetrics and prenatal care, as these physicians are particularly important players in caring for and reducing disparities for underserved populations.

Comprehensive prenatal care

Comprehensive prenatal care is essential to assess for and address unmet medical, housing, food and social needs. Delayed prenatal care is highest among uninsured and publicly insured patients, and overall highest in the urban core of Rhode Island – Providence, Pawtucket, Central Falls and Woonsocket.⁵ Delayed prenatal care correlates with increased low birth weight infants, preterm delivery and higher infant mortality, which have ongoing effects on child health and development.⁵ Health problems, learning difficulties and behavioral issues can contribute to already existing disparities in school completion and job availability seen in the core cities and among lower-income families.⁵ These health and economic disparities disproportionately affect families and communities of color.⁵ The immediate postpartum period is a critical time for bonding and breastfeeding establishment, and it is also a period of significant health risk for families.⁶ Events during the peripartum and early childhood periods can correlate with lifelong health, social and economic challenges or successes.

It is important to invest in clinics and providers that work in and for communities most affected by poor maternal child health outcomes, many of which are served by family physicians. Family physicians trained in obstetrics have been

shown nationally to have lower rates of primary cesarean sections and higher rates of vaginal births after cesareans than obstetrician colleagues in similar regions, including when caring for high-risk pregnancies.⁷ Vaginal birth is associated with lower maternal and infant morbidity, shorter recovery, and higher rates of breastfeeding initiation.^{8,9}

Maternal Child Health fellowship program

Rhode Island has a successful history of training full-spectrum family medicine physicians. The Maternal Child Health fellowship, now a nationally recognized program, was started in 1991 by family physicians at Memorial Hospital in Pawtucket.¹⁰ Residency faculty collaborated with the Blackstone Valley Community Health Center to launch a program aimed at improving the health of the Pawtucket community through comprehensive prenatal, obstetric and pediatric care. They started a mother-baby service at Memorial to ensure continuity of physician care through both inpatient and outpatient settings. The program reduced the cesarean rate at Memorial by half within a few years and improved the quality of prenatal and pediatric care.¹¹ Integral to the program was the dedicated leadership of family medicine faculty to ensure that fellows had real-time mentorship with experienced preceptors for vaginal and cesarean deliveries. Many fellowship graduates have moved on to provide health care in underserved communities across the country where obstetricians are scarce.¹¹ Nearly all graduates of the fellowship at Memorial served as faculty in family medicine upon graduation, teaching a new generation of doctors the necessary skills to provide full-spectrum family medicine, including obstetrics in underserved communities.¹¹

In 2016, when Memorial closed and the obstetrical training for the family medicine residency moved to Women & Infants Hospital in Providence, the Care New England leadership team decided that the fellowship would not be able to continue at the larger facility, and therefore was moved to Landmark Medical Center, partnering with Thundermist Health Center, in Woonsocket. The new program has a reputation in Rhode Island as a holistic place to birth, employing family physicians, midwives and obstetricians to provide a multidisciplinary model of care, including gentle cesarean sections.¹²

Family medicine residency obstetrical service

The Brown family medicine residency obstetrical service at Women & Infants Hospital currently provides antenatal, labor, delivery, postpartum and routine newborn care to