

# Opinions of consultant obstetricians in the Northern Region regarding the provision of intrapartum care by GPs

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## SUMMARY

Consultants with experience of GP intrapartum care believe it is safe for the low-risk woman. However, GPs are perceived as lacking enthusiasm and as having varying degrees of obstetric expertise. Consultants feel that women themselves are not requesting more intrapartum care from GPs.

Keywords: intrapartum care; obstetrics.

## Introduction

WOMEN believe that general practitioners (GPs) provide the greatest continuity of care during pregnancy.<sup>1</sup> *Changing childbirth* recommended increased choice for women and advocated greater GP participation in intrapartum care.<sup>2</sup> Less than five per cent of GPs participate at present.<sup>3</sup> Many feel discouraged by the attitudes of consultant obstetricians.<sup>4</sup> However, consultants' opinions have not been formally studied.

## Method

In autumn 1994, a confidential questionnaire was sent to all practising consultant obstetricians in 17 units in the Northern Region. Responses were analysed using the Epi-info computer software package.

## Results

The response rate was 89.7% (61/68). GPs participated in home deliveries in 15 unit areas and in hospital deliveries at 7 integrated and 3 remote units. Eighty-five per cent (52/61) of the consultants had experience of GP intrapartum care. Nearly 43% (26/61) of consultants had GPs active in their district ('consultants with active general practitioners').

Overall, 65% (39/60) of consultants believed that, for the low-risk woman, GP intrapartum care is as safe as consultant-led care; 35% (21/60) thought it less safe. Those with active GPs believed it safe (21/26 versus 18/34;  $P < 0.05$ ), while those with non-active GPs considered it less safe (16/34 versus 5/26;  $P < 0.05$ ). Among consultants, 95.1% (41/61) felt that GPs lack enthusiasm for intrapartum care. A 68.5% majority (41/61) believed that women would not prefer GP care, with 20% (12/61) replying 'don't know'.

Eighty-two per cent (50/61) favoured the integrated unit. Consultants with active GPs favoured the integrated setting (25/26 versus 25/35;  $P < 0.02$ ). Among those believing it safe,

home deliveries (21/39 versus 3/21;  $P < 0.01$ ), remote setting (14/39 versus 1/21;  $P < 0.02$ ), and a parallel setting (26/39 versus 7/21;  $P < 0.03$ ), were considered appropriate.

Important criteria for participation care were previous obstetric experience and possession of the Diploma of the Royal College of Obstetricians and Gynaecologists. Consultants in units with no activity required an annual minimum number of deliveries greater than 10 (20/35 versus 6/26;  $P < 0.02$ ). Table 1 shows various interventions considered suitable for GPs. A 78.7% majority (48/61) believed that GPs should do more than conduct normal deliveries.

Seven out of 61 consultants (11.5%) planned to increase GP participation. Plans included teaching GPs more practical obstetrics and developing team care. Most (5/7) of those planning to increase participation were units where GPs were non-active. Fifty-three consultants (89.6%) felt that trainee GPs should have an attachment in obstetrics in order to learn antenatal and postnatal care. The midwife was considered the most appropriate provider of intrapartum care in the community by 50.8% (30/61) of consultants. Nearly 48% (29/61) believed that the midwife and the GP were jointly most appropriate. Commitment and expertise was seen to vary among GPs regarding intrapartum care.

## Discussion

The GP depends on the consultant for his training and support. A majority of consultants believe GP care is safe. Those believing it safe also accept home, remote and parallel settings as appropriate. However, the most favoured setting was the integrated unit. GPs may be less involved in practical obstetrics here than in the other settings.<sup>5</sup>

The small number of consultants with plans to increase GP intrapartum care is at odds with the recommendations of *Changing childbirth*. Low enthusiasm among GPs and lack of demand by women were cited as reasons for the absence of plans. Consultants are likely to have an idea of women's preference. Even if one disputes their collective opinion, one must also question whether the Winterton<sup>6</sup> and Cumberlege<sup>2</sup> reports are representative of the views of the majority of women. Consultants who believe that GP care is safe were less likely to believe that women would prefer GP care. These were more likely to be the consultants with active GPs. Perhaps where women do have a choice, consultants know that women do not choose their GP. Achieving maternal choice requires accurate measurement of their opinions in order to develop appropriate services.

**Table 1.** Number of consultant obstetricians who agreed that the following intrapartum procedures were appropriate for general practitioners to perform ( $n=61$ ).

|                        | Number agreeing (%) |
|------------------------|---------------------|
| Induction of labour    | 28 (45.9)           |
| Augmentation of labour | 30 (49.2)           |
| Instrumental delivery  | 27 (44.3)           |
| Normal delivery        | 55 (90.2)           |
| CTG interpretation     | 38 (62.3)           |

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Consultants perceive little demand for change from women themselves. Those offering a choice to women have no objection on the grounds of safety to increased participation by GPs.

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