

# General practitioners' attitudes to the development of midwifery group practices

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## SUMMARY

**Background.** The report *Changing childbirth* (1993) has led to the development of midwifery-led schemes that aim to increase the continuity of maternity care.

**Aim.** To determine the impact of midwifery group practices on the work of general practitioners (GPs) and their perceptions of midwifery group practice care.

**Method.** Postal questionnaires were sent to 58 GPs referring women to the care of midwifery group practices (group-practice GPs), and a shorter questionnaire was sent to the remaining 67 GPs (non-group-practice GPs) within the same postcode area as a comparison group. In-depth interviews were conducted with 12 GPs.

**Results.** Questionnaires were returned by 71% of group-practice GPs and 81% of non-group practice GPs. One third of the group practice GPs felt that they were seeing group practice women too few times, and 50% thought midwives discouraged women from visiting their GP for antenatal checks. Over 80% of group practice GPs believed that midwives had the skills to detect deviation from the normal, and 66% would confidently refer women to their care. However, only 14% of group practice GPs believed that their own role was clear, while 64% agreed that communication with group practice midwives was poor, and concerns were expressed about the level of consultation before establishing schemes. Of the non-group practice GPs, 87% said they would consider referring women to the care of a midwifery group practice in the future.

**Conclusions.** General practitioners were generally positive about the quality of care provided by midwifery group practices but identified issues that require addressing in developing this model of care.

**Keywords:** midwifery; continuity; antenatal care; professional roles.

## Introduction

THE Department of Health's report *Changing childbirth*<sup>1</sup> set out a framework for change in the planning and provision of maternity services. Central to this was the assertion that maternity care should be woman centred, with a major aim being to reduce the fragmentation of services and increase the continuity of care experienced by women. This has resulted in the establish-

ment of a number of new 'midwifery-led' schemes. These vary considerably in their structure and organization, with some requiring individual midwives or pairs of midwives to be responsible for their own caseload of women from the antenatal through to the postnatal setting and others involving teams of midwives who are jointly responsible for a caseload of women. However, whatever their structure, the new schemes allow midwives to provide continuity of care both in the community and in hospital. This has created a well-defined and leading role for midwives in providing 'total' care to women.<sup>2,3</sup> *Changing childbirth*<sup>1</sup> stated that: 'GPs should continue to play a valuable role in providing continuity of care for women and their families at this very important time in their lives.' However, the precise role that the general practitioner (GP) should play in these new initiatives has been less clear, and concerns have been raised that current developments might lead to the exclusion of GPs from their role in antenatal care.<sup>4-6</sup>

Our research examined the attitudes of GPs who referred women to the care of four midwifery group practices set up by an inner London trust and a comparison group of GPs who did not refer to midwifery group practices. Two midwifery group practices were set up as pilot schemes in 1994-95, followed shortly by the establishment of two further schemes. Each midwifery group practice comprised six midwives providing 'total' care to a defined caseload of women. They look after women antenatally with input from GPs, care for women during labour and delivery, and provide post-natal care both on the wards and in women's homes. Women are referred to obstetricians only when it is felt to be medically necessary.

## Method

In May 1996, questionnaires were sent to all GPs in 17 general practices identified as referring women to the care of the four community-based midwifery group practices (group practice GPs). The questions sought opinions on their role in antenatal care, the importance of continuity of care, the quality of midwifery group practice care, and the implications for GPs of working with a group practice of midwives. A shorter version of the questionnaire, omitting questions related to experiences of working with a midwifery group practice, was sent to the remaining GPs (non-group practice GPs) within the same postcode area as a comparison group. Both questionnaires included statements with five-point scales to which respondents were required to rate their level of agreement. Two reminder letters were sent.

The 12 general practices referring women to the two longest established midwifery group practices were asked if they would be willing to be interviewed. Seven practices responded and agreed to be interviewed. The interviews were open ended and examined issues covered in the postal questionnaire in greater depth. Each interview lasted between 20 minutes and one hour. In four practices, an individual GP was interviewed and, in the other three practices, two or more GPs were interviewed together, with a total of 12 doctors participating in the interviews.

Data from the postal questionnaires were analysed using chi-squared tests of significance. The interviews were tape recorded, transcribed, and analysed thematically.

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## Results

Questionnaires were returned by 41 of the 58 group practice GPs (71%) and 54 of the 67 non-group practice GPs (81%). The practice sizes of these two groups were very similar; not more than 7% of GPs in both groups were single-handed, and 51% of group practice GPs and 58% of non-group practice GPs worked in practices with between two and four doctors.

Thirty-five (85%) group practice GPs and 49 (91%) non-group practice GPs carried out antenatal care themselves. Fifteen group practice GPs referred all their patients and 20 referred only some of their patients to midwifery group practice care. This reflected the different policies operated by the midwifery group practices. Two catered for all women attending designated general practices, and the other two provided care for only a proportion of women (depending on women's proximity to the midwifery group practice and their personal choice, rather than on their medical history).

### Midwifery group practices — the implications for GPs

Of the 41 group practice GPs, 34% usually saw women they referred to midwifery group practices no more than twice for antenatal checks, and another 59% saw them three or four times. Only 6% of group practice GPs saw group practice women five times or more for antenatal checks, whereas 74% of the 20 GPs who referred only some of their women to midwifery group practices saw the 'other' women they looked after (i.e. those not receiving care from a group practice of midwives) five times or more ( $\chi^2 = 27.1$ ,  $df = 1$ ;  $P < 0.001$ ). Nearly all group practice GPs were happy with the number of times they saw 'other' women, but one-third felt that they were seeing midwifery group practice women too few times. In the interviews, the majority of GPs also expressed concern that the midwives either were not offering an informed choice to their women or, in some cases, were dissuading women from coming to see their GP at all:

'They always say of course if they're not coming to see you it's maternal choice. Now that makes it sound like the woman sat down and said "I'd rather not see the GP thank you". But if on the other hand the midwife says "either you could go back to your GP next, or I could see you..." it depends how you put it.'

'In fact they actually spread disinformation about the fact that we won't want to see them. This has actually been said by more than one person ... one said "do you know that the midwives are saying that we should go back to them and shouldn't go back to our GP."'

This fear is backed up by the questionnaire data; half of the group practice GPs surveyed agreed or strongly agreed with the statement that 'group practice midwives discourage women from seeing their GP for antenatal checks' (Table 1).

Worries among group practice GPs that they are 'missing out' on antenatal care are further illustrated by their views on who should be involved in antenatal care. The survey revealed that

group practice GPs are more sensitive to the issue of GP involvement in antenatal care than their non-group practice counterparts. Significantly more group practice GPs (85%) than non-group practice GPs (65%) agreed that all women should see their GP more than once after their booking visit ( $\chi^2 = 4.48$ ,  $df = 1$ ;  $P = 0.034$ ).

### Consultation and communication

General practitioners at three of the seven general practices where interviews were conducted were very critical that the midwifery group practices had been set up without what they regarded as satisfactory prior consultation and believed that they should have been more involved in initial negotiations and had some input into the final plans:

'Everything started off very wrong. We were informed that we were going to be a pilot project. It was stated to us that we had had prior consultation, but it then became very clear that there had been absolutely no prior consultation, but we were simply informed that we were going to be a pilot site.'

General practitioners expressing critical views regarding the establishment of midwifery group practices also emphasized that they already offered a good antenatal service involving shared care before the scheme and felt that this had not been taken into account in planning the service.

Both the survey results and interviews indicated that the GPs were unsure of their role and believed that there were communication problems between themselves and the group practice midwives. Statements with five-point scales from 'strongly agree' to 'strongly disagree' on the questionnaire indicated that only 14% of the 41 group practice GPs either agreed or strongly agreed that the role of GP and midwife were clear under the scheme, less than half (44%) agreed that they had a good working relationship with the group practice midwives, and 64% agreed that communication with group practice midwives was poor (Table 1). When asked about regular meetings with midwives, 92% of group practice GPs reported they did not have regular meetings to discuss the care of individual women, and 78% did not have regular meetings to discuss general issues and problems. Altogether, 74% did not have either type of meeting with group practice midwives.

### Role of the GP — continuity of care

The majority of GPs wanted to remain involved in maternity care because they viewed it as fundamental to general practice; 92% of group practice GPs, 94% of non-group practice GPs, and all but one of the GPs interviewed agreed that maternity care is an essential part of general practice. Those interviewed stressed that providing maternity care was an area of work that they enjoyed and was important in providing long-term continuity to women and their families:

'It's a very important time in a woman's life when she is pregnant ... that is an invaluable start to her family and the

**Table 1.** Group-practice GPs' views on their relationship with midwifery group practices.

Statement	Number (%) of group-practice GPs		
	Agree	Neither agree nor disagree	Disagree
I have a good working relationship with group-practice midwives	16 (44%)	9 (25%)	11 (31%)
Group-practice midwives discourage women from seeing their GP for antenatal checks	18 (50%)	11 (31%)	7 (19%)
The roles of GP and midwife are clear under group-practice care	5 (14%)	7 (19%)	24 (67%)
Communication with group-practice midwives is poor	23 (64%)	7 (19%)	6 (17%)

relationship with her children and her family for later on. I would be very sorry to miss out on that altogether for both points of view, from the GP's point of view and obviously from the patient's point of view.'

'I think it's very important that you know what goes on in somebody's pregnancy because we're looking after them afterwards and what happens during pregnancy can have a profound effect on problems they might have following.'

The survey data identified the importance for GPs of the provision of long-term continuity to patients and their families; 88% of group practice GPs and 87% of non-group practice GPs rated women seeing their GP for antenatal checks as an 'important' or 'very important' part of continuity of care.

Group practice GPs were given lists of the possible advantages and disadvantages of working with a midwifery group practice and were asked to indicate which applied to them (Table 2). Nearly half (46%) claimed that there were no advantages to them of working with midwifery group practices, while only 19% indicated that there were no disadvantages. The disadvantage most frequently mentioned was reduced continuity of care with patients, cited by 60% of the group practice GPs, while large proportions identified the related disadvantages of reduced involvement and deskilling in antenatal care.

### Quality of midwifery care

Over 80% of both group practice and non-group practice GPs believed that midwives have the skills to detect deviation from the normal requiring referral. In the survey of group practice GPs (Table 3), nearly two-thirds agreed that they could trust the clinical judgment of group practice midwives and would confidently refer women to care from a group practice of midwives. Only 17% were dissatisfied with the standard of care given by group practice midwives.

### The future

A total of 21 (57%) group practice GPs surveyed agreed that group practices were the way forward for maternity services, and a further 10 GPs (27%) were unsure and neither agreed nor dis-

agreed with this statement. Forty-two (87%) of the non-group practice GPs agreed that they would consider referring women to the care of a midwifery group practice in the future, although one-third of these stressed that they would only consider this if they were still able to provide some antenatal checks.

### Discussion

The development of midwifery group practices leads to a shift in the balance of care with some reduction in GP input to antenatal care. This was a cause of concern, with one-third of group practice GPs reporting that they saw women too few times. This was not related to worries about the quality of the midwifery care that women would receive, but rather because it was an area of work that they enjoyed and forms part of GPs' traditional role in providing lifelong medical care to their patients.<sup>7,8</sup> This identifies the need to clarify roles and balance the demands of midwifery-led care and general practice, and forms one aspect of more general changes in primary care that are decreasing the personal continuity of care provided by GPs.<sup>9</sup> A few GPs were in the process of agreeing protocols with the midwives, which stated a minimum number of GP visits in the antenatal period, and it was hoped that these would alleviate some of the problems they were experiencing. However, if routine GP visits form an addition to rather than reducing the schedule of midwifery-provided care, this raises concerns about efficiency and the appropriateness of resource use.

Cooperation among different professional groups is vital in determining the successful development of midwifery group practices, with an initial requirement being the need for consultation with GPs before the introduction of new schemes. The interviews in our study revealed some resentment among GPs that the group practices had been set up without what they perceived to be adequate discussion. This occurred despite what was viewed by the Trust as a relatively long period of formal consultation. These differing perspectives may reflect issues of who is involved in formal consultation processes and the extent to which this takes the form of the provision of information about planned change rather than more active involvement by GPs. In particular, some GPs in the study believed that, when setting up

**Table 2.** Group-practice GPs' views of the advantages and disadvantages to them of midwifery group practices.

		Number (%) of group-practice GPs
Advantages	No advantages	17 (46%)
	Better communication with midwives	11 (30%)
Disadvantages	No disadvantages	7 (19%)
	Reduced continuity of care with patients	22 (60%)
	Reduced involvement in antenatal care	18 (49%)
	Becoming de-skilled in antenatal care	16 (43%)
	Reduced job satisfaction	12 (32%)
	Worse communication with midwives	11 (30%)

**Table 3.** group-practice GPs' views on the quality of midwifery group-practice care.

Statement	Number (%) of group-practice GPs		
	Agree	Neither agree nor disagree	Disagree
I am dissatisfied with the standard of care given by group-practice midwives	6 (17%)	9 (25%)	21 (58%)
I feel I can trust the clinical judgment of group-practice midwives	23 (64%)	10 (28%)	3 (8%)
I would confidently refer women to care from a group practice of midwives	24 (66%)	10 (28%)	2 (6%)
The group practice of midwives refer to me for trivial things	4 (11%)	8 (23%)	23 (66%)
I feel that group practices of midwives are the way forward for maternity services	21 (57%)	10 (27%)	6 (16%)

the schemes, little consideration had been taken of the type or quality of care they already provided to women.

Communication once schemes are up and running remains an important issue. In their study of GPs' views on the implementation of community-led maternity care, Fleissig *et al*<sup>10</sup> identified communication problems between GPs and midwives, and confusion over the role of the GP in caring for women who receive all their antenatal care from midwives. Our study revealed similar concerns about communication between GPs and midwives working in the group practices, and a lack of clarity of roles. The GPs in our study favoured a team approach, with midwives and GPs working together. Provided they were not excluded from the routine antenatal care of their patients and there was good communication between themselves and the midwives, the majority would be happy to see more development of midwifery group practices. The precise role that GPs should play and the extent to which they should be involved in routine antenatal care, however, are matters for further discussion.

## References

1. Department of Health. *Changing childbirth. (Part 1.)* [Report of the Expert Maternity Group.] London: HMSO, 1993.
2. Turnbull D, Reid M, McGinley M, Shields NR. Changes in midwives' attitudes to their professional role following the implementation of the midwifery development unit. *Midwifery* 1995; **11**: 110-119.
3. Stock J, Wraight A. *Developing continuity of care in maternity services: the implications for midwives.* Brighton: Institute of Manpower Studies, 1993.
4. Zander LI. The contribution of the general practitioner to maternity care. In: Chamberlain G, Patel N. (eds). *The future of the maternity services.* London: RCOG Press, 1994.

5. Smith LFP. Views of pregnant women on the involvement of general practitioners in maternity care. *Br J Gen Pract* 1996; **46**: 101-104.
6. Smith LFP. Should general practitioners have any role in maternity care in the future? *Br J Gen Pract* 1996; **46**: 243-247.
7. Sikorski J, Clement S, Wilson J, *et al*. A survey of health professionals' views on possible changes in the provision and organisation of antenatal care. *Midwifery* 1995; **11**: 61-68.
8. Freeman G. Priority given by doctors to continuity of care. *J R Coll Gen Pract* 1985; **5**: 423-426.
9. Baker R. Will the future general practitioner remain a personal doctor? *Br J Gen Pract* 1997; **47**: 831-834.
10. Fleissig A, Kroll D, McCarthy M. General practitioners' views on the implementation of community-led maternity care in South Camden, London. *Br J Gen Pract* 1997; **47**: 45-46.

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