

Views of pregnant women on the involvement of general practitioners in maternity care

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SUMMARY

Background. The reorganization of maternity services in England following the report *Changing childbirth is likely to impinge upon general practitioners' contribution to maternity care*. Professionals and managers are increasingly expected to take account of patients' views when reorganizing services.

Aim. This study aimed to elicit women's views about the involvement of general practitioners in maternity care and to establish the extent of continuity provided by general practitioners.

Method. A prospective cohort postal questionnaire survey was undertaken in the Bath health district to elicit the views of pregnant women about the general practitioner's role in maternity care, the continuity provided, patient satisfaction and the general practitioner-patient relationship. Responses were rated on five-point Likert scales. Women completed questionnaires at 24 and eight weeks before the birth and at two and eight weeks after the birth.

Results. Of 164 women entering the study (28 of whom were booked for home delivery and 136 for hospital delivery), 116 (71%) completed all four survey questionnaires. Of respondents 68% agreed that general practitioners play an important role in routine antenatal care and 53% that they have an important role in normal labour. These opinions appeared to be stable over time. Most women (73%) were cared for throughout their pregnancy by one general practitioner whom they knew well; such continuity was desired by nearly all the women in the study. Approximately three quarters of women were satisfied with the antenatal, postnatal and overall care provided by their general practitioner. Over half of respondents (56%) wished to get to know the doctor who would be present at the birth; the general practitioner was involved in 19 labours (16%), being present at the birth for only nine women. Women delivering at home were significantly more likely to agree with the statement that they knew the doctor present at the birth compared with those women delivering at hospital. Most women (91%) had their final six-week postnatal check with their general practitioner.

Conclusion. Most women in this study believed that general practitioners are important in maternity care, providing continuity of antenatal and postnatal care but not of intrapartum care. These beliefs might be an indicator of the future situation in the United Kingdom when more women give birth at home and under non-consultant care. The vocational training and continuing education of general practitioners should accommodate their possible future roles in maternity care.

Keywords: maternity services; general practitioner services; continuity of patient care; patients' attitudes.

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Introduction

IN response to the report *Changing childbirth*¹ and the subsequent National Health Service Executive letter, *EL (94)9*, the organization of maternity care in England is undergoing major changes to make maternity care more woman-centred, enhance the central role of the midwife and improve continuity of care.¹ These changes are likely to affect the general practitioner's role. At present most general practitioners provide antenatal and postnatal care,^{2,3} and a considerable minority provide intrapartum care either at home⁴ or in hospital,³ providing more continuity of care than midwives or hospital doctors.¹

Care provided should reflect patients' views. This study sought the opinions of pregnant women about what they considered to be the role of their general practitioner in maternity care. The survey encompassed women booked for home as well as hospital delivery because the opinions of the two groups may well differ and because the balance of deliveries between the two groups could change in the future.⁵

Method

Between 1 September 1992 and 28 February 1994 the names and addresses of all pregnant women planning home delivery in the Bath health district were obtained from midwifery managers. Women who were less than 17 weeks pregnant at notification to the researcher were matched in the ratio 1: 6 by parity (first pregnancy or subsequent pregnancy) and age (within three years) with women planning a hospital delivery. This ratio could indicate the probable future balance between home and hospital deliveries.⁵ All women were of low obstetric risk as defined in the district booking policy.

Postal questionnaires were to be completed on four occasions: at 24 and eight weeks before the birth (for antenatal experiences) and at two weeks (delivery experiences) and eight weeks after the birth (postnatal experiences). The first questionnaire was accompanied by a covering letter and a consent form.

The questionnaires sought the women's opinions (using five-point Likert scales from 'strongly agree', marked as one, to 'strongly disagree', marked as five) on the following subjects:

- The general practitioner's role in their care;
- Continuity of care received;
- Satisfaction with the care received; and
- The general practitioner-patient relationship.

Women's experiences in previous pregnancies and the role of hospital doctors were also investigated.

Some open questions and demographic questions were included. The Likert scale questions used were modified from a survey of women's experiences of maternity care.⁶

The present paper reports only the views of relevance to general practitioners; women's views about the role of the midwife are reported elsewhere.⁷

Statistical analysis

Non-parametric statistics were used to analyse the Likert scale

responses using the Mann Whitney *U*-test or Friedman tests as appropriate. Nominal data were analysed using the Pearson chi square test. Replies from women booked for home delivery were compared with those from women booked for hospital delivery.

Results

Of 196 women approached, 164 (83.7%) completed the first questionnaire and returned the consent form: all 28 women booked for home delivery, and 136 of 168 (81.0%) booked for hospital delivery. Of these, 134 completed both antenatal questionnaires, 120 completed the delivery questionnaire and 116 completed all four. Some women did not answer all the questions.

The women in the two groups studied were comparable with regard to social class, cohabitation status, employment status and parity (Table 1). Those booked for home delivery tended to be slightly older than those booked for hospital delivery ($P<0.05$). Only five women had had a previous home delivery but all were expecting another home birth. Multiparous women did not differ in their stated satisfaction with the antenatal, intrapartum or postnatal care they had received in previous pregnancies (median scores of two, indicating satisfied).

Role of the general practitioner

Antenatal care. Of the 134 replies to the antenatal questionnaires 48 women (35.8%) reported that they did not usually see their general practitioners at routine antenatal appointments. Seventy per cent believed, particularly if a home delivery was anticipated ($P<0.05$), that general practitioners should not be excluded from antenatal care (Table 2). Before the birth, most women agreed that general practitioners had an important role in routine antenatal care (67.7% of 164, Table 2); their beliefs were the same after delivery (median score of two on the statements both before and after delivery).

The two most frequently mentioned benefits of antenatal care provided by their general practitioners were good communication (mentioned by 23.7% of 93 women who commented) and

the fact that the general practitioner knew the patient and her family (mentioned by 22.6% of 93 women). When asked what could be improved, most women (42.7% of 75 who replied) wished for better communication, although 33.3% felt that the care they received from their general practitioner could not be improved.

Intrapartum care. Of the 164 replies to the first questionnaire 48 women (29.3%) reported that they had discussed choice of place of birth with their general practitioners and 86 (53.1% of 162) thought that general practitioners play an important role in labour (Table 2); their beliefs were the same after the birth (median score of two on the statements both before and after delivery). Opinion varied about whether women should be booked under sole general practitioner care (Table 2). Most general practitioners were not apparently involved in planning labour care with their patients, especially if delivery was to take place in hospital ($P<0.05$; Table 2).

Postnatal care. Most women (68.5% of 162 who replied) believed before the birth that general practitioners have an important role in postnatal care, particularly if a home delivery was anticipated ($P<0.05$; Table 2); these beliefs did not change after delivery (median score of two on the statements both before and after delivery).

Continuity of care, patient satisfaction and general practitioner-patient relationship

Of 109 women who answered the relevant question, 73.4% were usually looked after by the same general practitioner throughout pregnancy (Table 3). Such general practitioner care throughout pregnancy did not significantly affect the number of women stating after delivery that they knew their general practitioner well (median score of two on the statements both before and after delivery). In contrast, of 101 women who answered the relevant question, 57 (56.4%) saw a hospital doctor at some stage: 19 saw only one hospital doctor, 23 saw two, 12 saw three or four hospital doctors, and three women saw five or more. Thus, of these 57 women, 66.7% were not looked after by the same hospital doctor throughout their pregnancy.

Nearly all women (92.5% of 133 replies) believed that it is better to see the same doctor at all antenatal checks (Table 3). Of 120 women who completed the third questionnaire, 67 (55.8%) saw only one general practitioner, 21 (17.5%) saw two, 17 (14.2%) saw three or four, and nine women (7.5%) saw five or more general practitioners (in six replies the number of general practitioners seen was not stated).

Women were generally satisfied with the care that the general practitioners provided antenatally, postnatally and overall. Of 120 women, 108 (90.0%) had a normal vaginal delivery, four (3.3%) an assisted delivery and eight (6.7%) underwent caesarean section. One or more general practitioners was involved at some stage of labour for 19 women and at nine deliveries the woman's general practitioner was present. Over half of the women (56.2% of 130) wished to get to know the doctor who might be present at the birth, especially if a home delivery was planned ($P<0.01$; Table 3). Those booked for a home delivery were more likely to agree with the statement that they knew well the doctor present at the birth ($P<0.01$; Table 3).

Of the 116 women who replied to the fourth questionnaire, 31 (26.7%) were visited in hospital by their general practitioner. After discharge from hospital, 46 of 117 women responding to the third questionnaire (39.3%) stated that their general practitioner visited them at home; 20 within two days and 26 later than this. Of the 107 women who stated that they attended for their final six-week postnatal check, most (97 women; 90.7%) were

Table 1. Sociodemographic characteristics of women planning for home or hospital delivery taking part in study.

Characteristic	% of women having	
	Home birth (n = 28)	Hospital birth (n = 136)
Age (years)*		
20-24	3.6	14.0
25-29	28.6	45.6
30-34	42.9	30.9
35+	25.0	9.6
Social class ^a		
1/2	53.6	39.7
3N/M	25.0	35.3
4/5	14.3	13.2
Unemployed	3.6	11.8
Living with partner	75.0	72.8
Employed	53.6	55.9
Multiparous	82.1	80.1

n = number of women in group. ^aSocial class data based on woman's or partner's employment; data not known for one woman having home birth. Difference in age distribution between women planning hospital and home births: * $P<0.05$.

Table 2. Women's level of agreement with statements about the role of the general practitioner in antenatal, intrapartum and postnatal care, and median Likert scale scores for women booked for home and hospital delivery.

Statements about care	% of women who					Median score among women having	
	Strongly agree	Agree	Are neutral	Disagree	Strongly disagree	Home birth	Hospital birth
<i>Antenatal</i>							
GPs are important in providing routine antenatal care (<i>n</i> = 164) ^a	22.6	45.1	18.3	10.4	3.7	2	2
Healthy pregnant women do not need to be seen antenatally by a GP (<i>n</i> = 163) ^a	3.1	11.0	16.0	52.8	17.2	3	4*
At antenatal check-ups there is always a GP to listen if I want to talk (<i>n</i> = 114) ^b	18.4	47.4	15.8	11.4	7.0	2	2
At antenatal check-ups there is always a GP who encourages me to ask questions (<i>n</i> = 114) ^b	18.4	37.7	21.9	14.9	7.0	2	2
<i>Intrapartum</i>							
GPs are important in providing care in normal labour (<i>n</i> = 162) ^a	11.1	42.0	29.0	16.0	1.9	2	2
GPs should be allowed to book women for delivery under their sole care (<i>n</i> = 160) ^a	9.4	30.6	34.4	20.6	5.0	3	3
I was encouraged by my GP to plan what I would like to happen when I was in labour (<i>n</i> = 96) ^b	3.1	21.9	26.0	42.7	6.3	3	4*
<i>Postnatal</i>							
GPs are important in providing routine postnatal care (<i>n</i> = 162) ^a	13.0	55.6	19.8	10.5	1.2	3	2*

n = number of respondents. ^aStatement on first antenatal questionnaire. ^bStatement on postnatal questionnaire. Difference in median score between women planning home and hospital births: **P*<0.05.

attended by their own general practitioner, usually (in 85 cases) alone. The six-week baby check was usually performed by the woman's general practitioner (in 52.0% of 102 cases) but occasionally (in 36.3% of 102 cases) by another general practitioner.

Discussion

In the Bath health district general practitioners provide much maternity care and most of the women surveyed in the present study wished this involvement to continue. This is consistent with the wishes of existing^{3,4} and future general practitioners.⁸ Women in areas where general practitioners are not as closely involved in intrapartum care might not view this as so important. The critical point made by the present study is that where general practitioners play an important role in maternity care their input is much valued by the women in their care.

A second important finding is that a considerable minority of women (about 15%) do not believe that general practitioners have a role in their maternity care. This may be difficult to accept but maternity services need to be flexible enough to accommodate the wishes of these women.

These findings have two important implications on the future situation as more women may wish to give birth at home under non-consultant care. First, as maternity services are changing, general practitioners must be encouraged to continue their involvement if their patients wish; secondly, general practitioners need to be appropriately educated to provide maternity care, both initially as registrars and through continuing education. Vocational training has been criticized in the past,^{8,9} although a joint statement on training¹⁰ should improve education. Little is known about the continuing medical education of general practitioners providing maternity care but it would seem sensible that

recertification (comparable to that required for midwives) is introduced, in line with the probable future requirement for general practitioners to be recertified as competent practitioners every five to seven years.¹¹

The present study was planned to include a balance of home (14%) and hospital bookings similar to that envisaged in the future (5–15%)⁵ rather than the present national average (1–2%). A higher percentage (20%) was actually achieved, but the views elicited may be valid as a guide to planning future maternity services.

*Changing childbirth*¹ aims to improve continuity of maternity care from a known carer. Over 90% of women in the present study wanted to see the same doctor throughout antenatal care, and three quarters were cared for by the same general practitioner throughout pregnancy, thus receiving continuous primary medical care from a previously known carer.¹² As all these women were at low obstetric risk, and nearly all had a normal vaginal delivery, there was no apparent medical reason to see a hospital doctor, unless they wished to.¹³ Over half of the women surveyed saw hospital doctors at some stage in their pregnancy but most did not receive continuity of secondary medical care.

This study has its limitations: it was performed in an atypical district in which many women give birth outside of the consultant unit.¹⁴ The results of this survey may be of more than local use, although multiparous women and social classes 1 and 2 were over-represented in this sample and any extrapolation from these results must be cautious. However, non-consultant care is expected to increase nationally¹ and rather than survey a 'typical' district to guide future planning of maternity services, it may be more valid to study an area where the future pattern of care already exists. Thus, women in the Bath health district can provide informed opinions to aid planning.

Table 3. Women's level of agreement with statements about continuity of care, satisfaction with care and general practitioner-patient relationship, and median Likert scale scores for women booked for home and hospital delivery.

Statements about care	% of women who					Median score among women having	
	Strongly agree	Agree	Are neutral	Disagree	Strongly disagree	Home birth	Hospital birth
<i>Continuity</i>							
It is better to see the same doctor at each check up ($n = 133$) ^a	48.1	44.4	6.8	0.8	0	2	2
For my antenatal care I usually saw the same GP ($n = 106$) ^b	43.4	42.5	4.7	7.5	1.9	2	2
Throughout pregnancy I usually saw the same GP ($n = 109$) ^b	33.0	40.4	10.1	12.8	3.7	2	2
<i>Satisfaction</i>							
I am entirely satisfied with the antenatal care from my GP ($n = 113$) ^b	31.0	55.8	6.2	5.3	1.8	2	2
I am entirely satisfied with the postnatal care from my GP ($n = 67$) ^b	28.4	46.3	25.4	0	0	2	2
I am entirely satisfied with the care from my GP throughout my pregnancy ($n = 111$) ^b	36.0	42.3	15.3	4.5	1.8	2	2
<i>GP-patient relationship</i>							
While pregnant I would like to get to know the doctor who might be present when I give birth ($n = 130$) ^a	27.7	28.5	36.2	7.7	0	2	3**
At my surgery there is always a doctor who has got to know me from one visit to the next ($n = 114$) ^b	27.2	44.7	12.3	9.6	6.1	2	2
I knew well the doctor present at the birth ($n = 32$) ^b	12.5	25.0	9.4	31.3	21.9	2	4**
At the start of my pregnancy I knew my GP well ($n = 111$) ^b	32.4	40.5	9.0	10.8	7.2	2	2
At the end of my pregnancy I knew my GP well ($n = 112$) ^b	39.3	44.6	8.0	5.4	2.7	2	2

n = number of respondents. ^aStatement on second antenatal questionnaire. ^bStatement on postnatal questionnaire. Difference in median score between women planning home and hospital births: ** $P < 0.01$.

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