

REPORT

**Whatcom Alliance for Healthcare Access  
Obstetric Care Gap Analysis  
Summer 2007**

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## • INTRODUCTION

In the summer of 2007, the Whatcom Alliance for Healthcare Access (WAHA) collaborated with Western Washington University's College of Business and Economics' Small Business Development Center (SBDC) to assess the current capacity and future needs of the Whatcom County population in terms of obstetric care.

In the 2006 survey, the capacity of obstetric care in Whatcom County was identified as an area in need of further study. Specifically, the American Medical Association (Solucient 2005) indicated that Whatcom County needed 22 obstetric providers but in reality only had 11.5 FTE in the summer of 2006.

There were several goals of this comprehensive research project:

- Assess the discrepancy, if any, between Whatcom County's birth counts compared to the individual OB provider's birth count (discrepancy analysis)
- Establish a count of the number of patients each of the obstetric provider types provided prenatal care to (prenatal count)
- Describe the trends of transitioning patients from licensed midwives (LM) to family practitioners (FP) and from FPs to obstetricians (OB) (transition analysis)
- Compare current and future obstetric care capacity with the current and future needs of the Whatcom County population (gap analysis)
- Identify other challenges and areas for improvement from the obstetric providers' perspective (qualitative analysis)

The Whatcom County Health Department, St. Joseph Hospital, and Applied Research Northwest also contributed to this study and resulting report.

## • METHODOLOGY

The expectation for this study was that every provider that delivers babies in Whatcom would complete the short survey. This includes licensed midwives, one certified nurse midwife, family practitioners, and obstetricians. However, there are currently two providers that have been non-responsive to multiple attempts to gather their information. One is a licensed midwife currently under Board review and will probably not respond. The second is a family practitioner that may still respond with further attempts.

The final sample includes five (5) LMs, eleven (11) OBs, and twenty-four (25) FPs.

To conduct the data collection phase of the project, an introductory email was sent directly to each provider. This first email included an explanation of the survey, a description of the purpose, and an emphasis of importance. A second email was sent a couple days later that included the actual provider-specific survey and a reminder about the importance of 100% participation. The intent was for a research analyst at the SBDC to call each provider to conduct a phone interview, but most completed surveys were sent by email or fax. Follow-up phone calls were made to clarify survey responses.

Each provider type (OB, FP, and LM) was given a slightly different version of the survey (please see Appendix B), although the gist of each of the eight surveys questions across the three versions of the survey were very similar. Each provider was asked directly to complete the survey, though office managers or the providers' nurses were likely commissioned to document historical data such as the number of deliveries in 2006.

In some cases, ranges were given by the provider instead of a specific count. For data analysis purposes, the ranges were converted to the midpoint value. Also, when projected data were not provided by the providers and if the research analysts were not told that the provider was quitting their practice, 2006 delivery counts were used as estimates of 2007 and 2008 capacity.

Finally, the surveys instruct providers to count and project 'deliveries.' It was assumed that 'deliveries' referred to an industry-specific definition that addresses instances of multiple births, but this could not be confirmed by the County Department of Health or by other efforts to contact practice managers. Therefore, it is assumed that each birth is counted as a delivery, and since the providers were given the term 'delivery' on the survey, that term is used throughout this report.

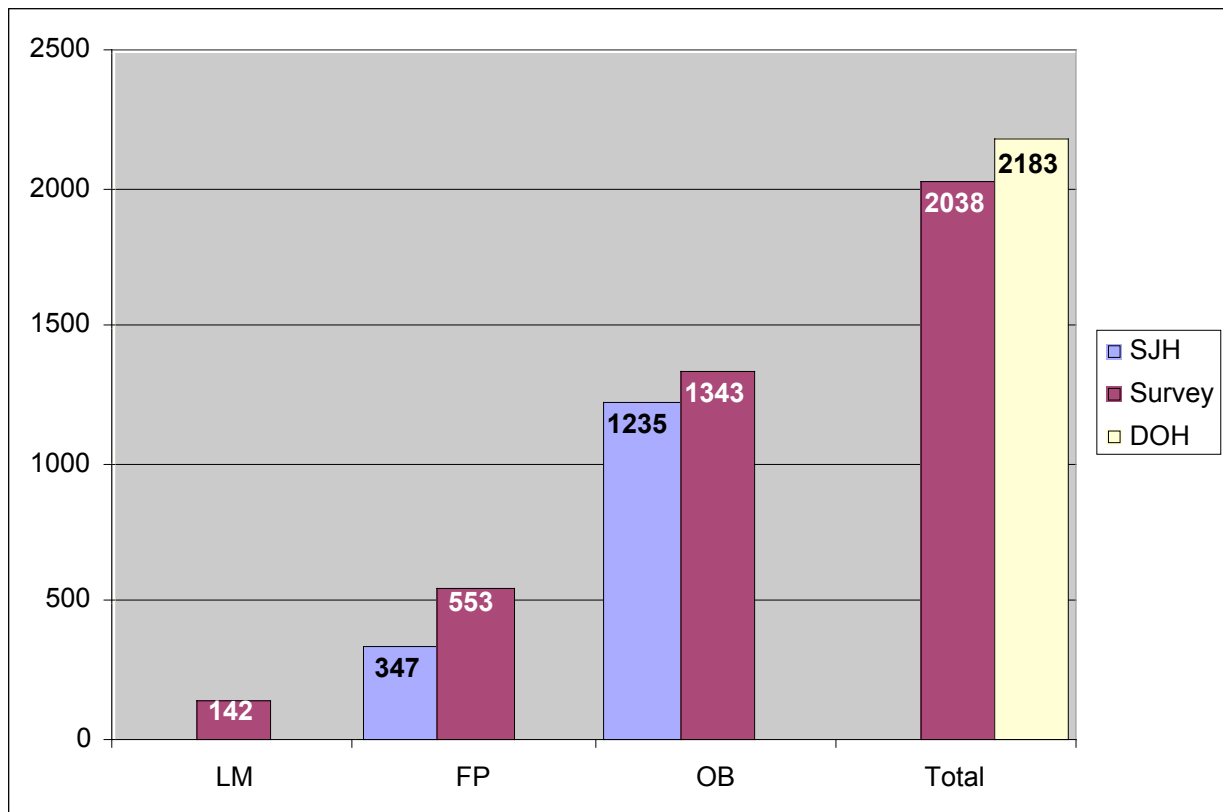
## DISCREPANCY ANALYSIS

Figure 1 compares the number of births recorded in 2006 by St. Joseph Hospital or the State Department of Health with the number of births reported by the obstetric providers and/or their offices.

While accurate counts were desired, the self-report nature of the survey introduced a certain margin of error. Therefore, conclusions should be drawn carefully. The data are accurate enough, especially the total number of births in Whatcom county as recorded by the State Department of Health, that relationships can be analyzed.

As the figure shows, there is a pattern of obstetric providers giving higher counts than the hospital. However, the counts provided by family practitioners (FP) on the survey are somewhat inflated due to the fact that many of the SeaMar providers and one LM deliver babies in multiple counties.

**Figure 1. Comparison of Delivery Counts in 2006 between St. Joseph Hospital/DOH and OB Providers**



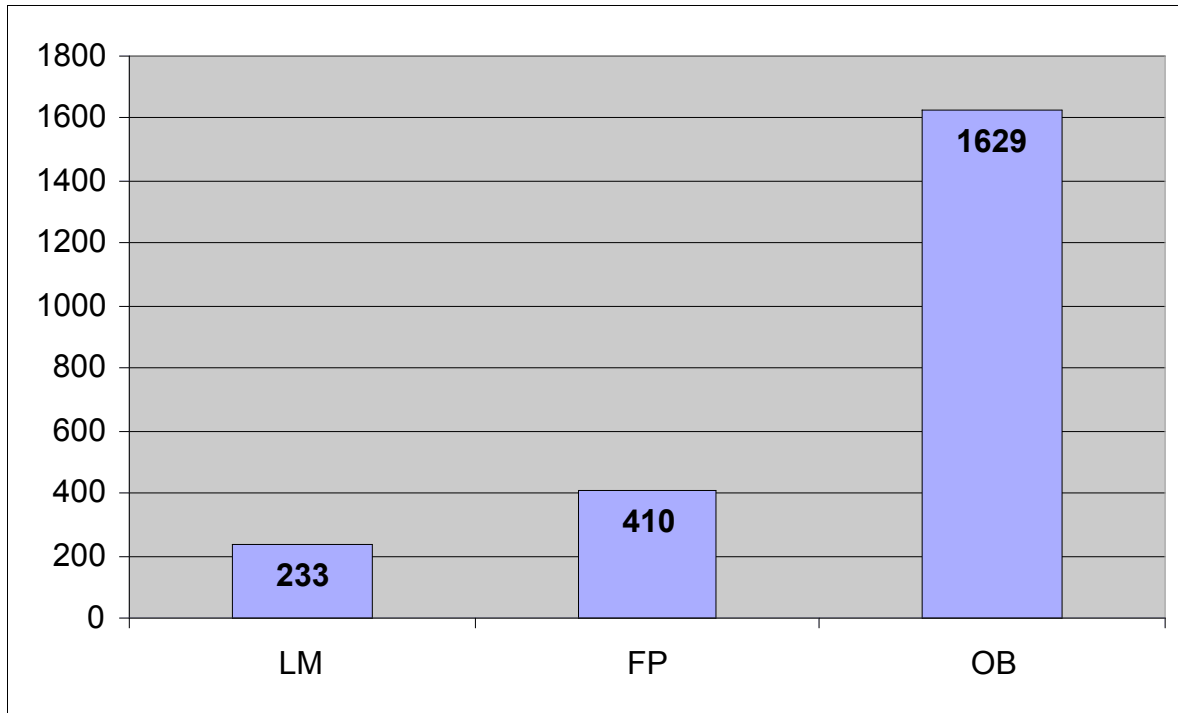
Please note that hospital counts for licensed midwives were not applicable. Therefore, the count in the yellow 'total' bars (N=2183) was not provided by St. Joseph Hospital but was instead provided by the Washington State Department of Health. Part of the discrepancy in the 'total' bars is due to missing data from one of the licensed midwives and one family practitioner.

## PRENATAL CARE COUNT

Providers that delivered babies in Whatcom County were asked to report the number of women they provided prenatal care to in 2006.

As figure 2 shows, the vast majority of pregnant women in Whatcom County (1629 = 74%) visited OBs for prenatal care.

**Figure 2. Number of Women Seen by each Provider Type for Prenatal Care in 2006**



Please note that the total number of prenatal patients shown in figure 2 (N=2272) is larger than the State Department of Health counts for total deliveries shown in figure 1 (N=2183). This is most likely due to patients transitioning from one provider type to another for prenatal care and the fact that some providers also service Skagit County patients. This can also be due to the fact that no definition of 'prenatal care' was provided in the survey and therefore it is not known if providers were reporting one-visit patients or patients that were seen for the duration of their pregnancy.

## TRANSITION ANALYSIS

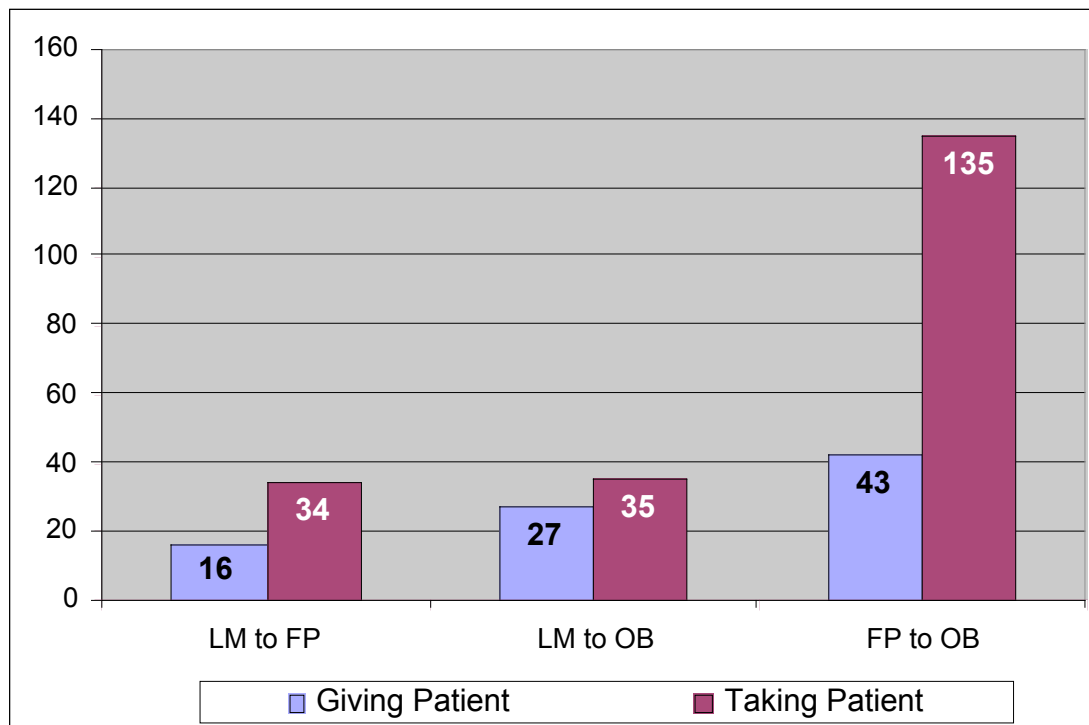
As prenatal patient needs change and as obstetric provider workload shifts, it is not common for providers to refer their patients to another provider with more specialized expertise. In other words, licensed midwives might refer a challenging patient to a family practitioner or a family practitioner might want to refer a patient to an obstetrician.

The figure below shows the number of deliveries that were transitioned to another provider type in 2006, crosschecked from the records/perspectives of each provider type involved. In other words, OBs were asked how many deliveries they made for LMs and LMs were asked how many deliveries they transitioned to OBs.

Please note that in each transition scenario, the receiving providers consistently reported receiving more patients than the giving providers reported giving. While the exact numbers might be slightly different, the conceptual trend shown in this graph indicates a difference of perception among the providers.

Note that OBs received 170 (about 13%) unexpected deliveries from LMs and FPs over the course of 2006.

**Figure 3. Number of Deliveries Transitioned from Provider Type to Provider Type in 2006**



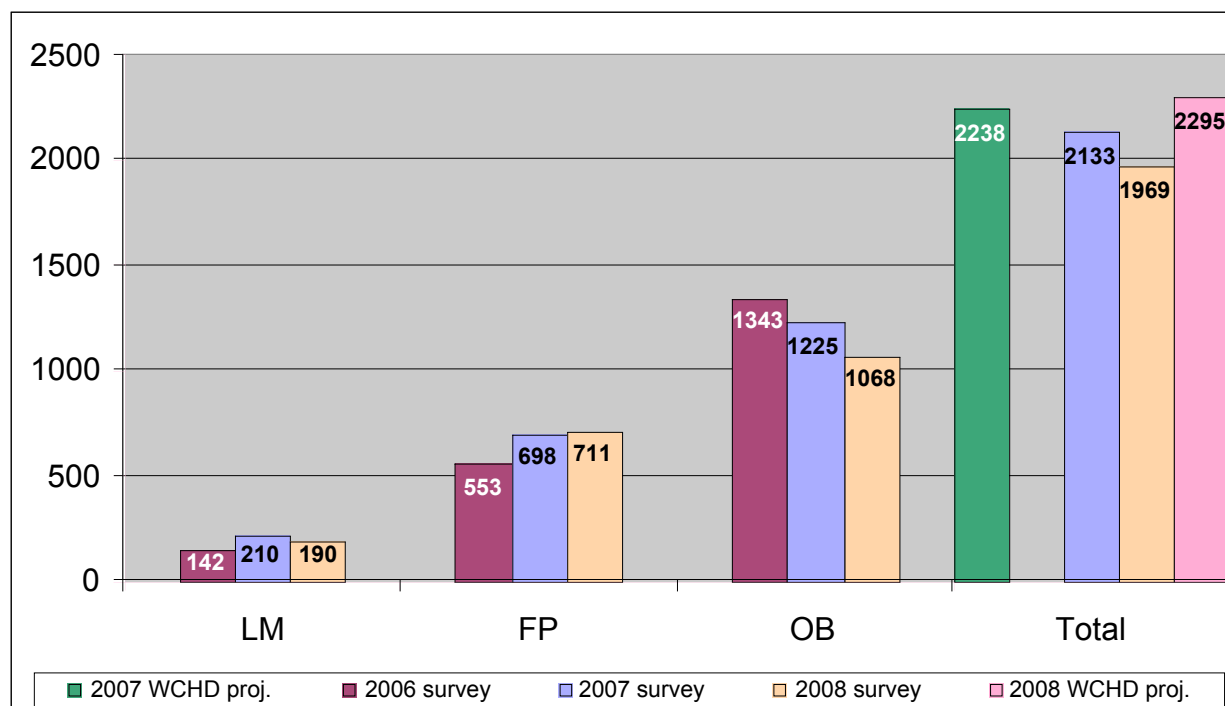
## PLANNED DELIVERIES BY PROVIDER TYPE

Each provider type was asked how many deliveries they plan to perform in 2007 and 2008. As figure 4 shows, only family practitioners plan to deliver slightly more babies in 2008 than they will in 2007.

Remember that when projected data were not provided by the providers and if the research analysts were not told that the provider was quitting their practice, 2006 delivery counts were used as estimates of 2007 and 2008 projections.

The overall drop in the total number of planned deliveries from 2007 to 2008 in the 'total' column is 164, with the vast majority of this decrease coming from OBs.

Figure 4. Number of Deliveries Planned in 2007 and 2008, by Provider Type



As a point of reference, an ACOG survey reported that the national average for OB deliveries is 138 per year (11.5 per month). In Whatcom County, the OBs reported an average of 126 deliveries in 2006 (10.5 per month).

Additionally, estimates from Solucient (2005) and Health Affairs (1997) analyses both estimate that Whatcom County's population should have 21-22 OBs.

## APPENDIX A: DEFINITION OF TERMS

### Midwife definitions.

#### Certified Professional Midwives

*Certified Professional Midwives* (CPMs) may gain their midwifery education through a variety of routes. They must have their midwifery skills and experience evaluated through the [North American Registry of Midwives \(NARM\)](#) certification process and pass the NARM Written Examination and Skills Assessment. Legal status varies from state to state. In some states, midwives' services are reimbursable through Medicaid and private insurance carriers.

#### Certified Nurse-Midwives

*Certified Nurse-Midwives* (CNMs) are educated in both nursing and midwifery. After attending an educational program accredited by the [American College of Nurse-Midwives](#) Certification Council (ACC), they must pass the ACC examination and can be licensed in the individual states in which they practice. CNMs practice most often in hospitals and birth centers.

#### Direct-Entry Midwives

*"Direct-entry" midwives*, who are licensed in some states, are not required to become nurses before training to be midwives. The Midwifery Education and Accreditation Council (MEAC) is currently accrediting direct-entry midwifery educational programs and apprenticeships in the U.S. Direct-entry midwives' legal status varies according to state and they practice most often in birth centers and in homes.

## MIDWIFERY IN WASHINGTON STATE

Midwives attend births in a variety of settings, including homes, freestanding birth centers, and hospitals in accordance with the standards of practice of the State of Washington.

Washington State recognizes two separate paths for professional midwives:

- **Licensed Midwives (LMs)** complete an accredited midwifery program and are [licensed by the State of Washington](#).
- **Certified Nurse-Midwives (CNMs)** are educated in the two disciplines of nursing and midwifery, are certified by the [American College of Nurse-Midwives](#), and are [licensed by the State of Washington](#).

Licensed midwives are covered by all Washington-based insurance companies. Many out of state policies also provide coverage for midwifery services. However, your actual coverage may depend on the terms of the plan you subscribe to. It's always best to contact your insurance provider and check if you are covered.

## APPENDIX B: PROVIDER TYPE-SPECIFIC SURVEYS

### Obstetrics Specialty Proposed Survey

1. What is the number of babies that your office records indicate were delivered in 2006?  
\_\_\_\_\_
  2. How many women did you provide prenatal care to in 2006?  
\_\_\_\_\_
  3. How many deliveries did you perform in 2006 for Family Practitioners?  
\_\_\_\_\_
  4. How many deliveries did you perform in 2006 for Licensed Midwives?  
\_\_\_\_\_
  5. What is your planned number of deliveries for all of ...
    - a. 2007? \_\_\_\_\_
    - b. 2008? \_\_\_\_\_
  6. What was / is your maximum capacity for newborn deliveries in ...
    - c. 2006? \_\_\_\_\_
    - d. 2007? \_\_\_\_\_
    - e. 2008? \_\_\_\_\_
  7. [If there is a difference *in any given year* between actual or expected deliveries and capacities]
    - What, in your opinion, explains the differences?
- 
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8. In your opinion, what could be done to improve the access to OB services in Whatcom County?
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### **Family Practice Specialty Proposed Survey**

1. What is the number of babies that your office records indicate were delivered in 2006?  
\_\_\_\_\_
2. How many women did you provide prenatal care to in 2006?  
\_\_\_\_\_
3. How many (or what percentage) women that you provided prenatal care to were transferred to an obstetrician for delivery in 2006?  
\_\_\_\_\_
4. How many deliveries did you perform in 2006 for Licensed Midwives?  
\_\_\_\_\_
5. What is your planned number of deliveries for all of ...
  - a. 2007? \_\_\_\_\_
  - b. 2008? \_\_\_\_\_
6. What is your maximum capacity for new born deliveries in ...
  - a. 2006? \_\_\_\_\_
  - b. 2007? \_\_\_\_\_
  - c. 2008? \_\_\_\_\_
7. [If there is a difference *in any given year* between actual or expected deliveries and capacities]
  - What, in your opinion, explains the difference?

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8. In your opinion, what could be done to improve the access to OB services in Whatcom County?  

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**Licensed Midwives Proposed Survey**

1. How many babies did you deliver in 2006?  
\_\_\_\_\_
  
2. How many women did you provide prenatal care in 2006?  
\_\_\_\_\_
  
3. How many women who you provided prenatal care for were transferred to an obstetrician for delivery in 2006?  
\_\_\_\_\_
  
4. How many women that you provided prenatal care for were transferred to a Family Practice physician for delivery?  
\_\_\_\_\_
  
5. What is your planned number of deliveries for all of ...
  - a. 2007? \_\_\_\_\_
  - b. 2008? \_\_\_\_\_
  
6. What is your maximum capacity for new born deliveries in...
  - c. 2006? \_\_\_\_\_
  - d. 2007? \_\_\_\_\_
  - e. 2008? \_\_\_\_\_
  
7. (If there is a difference *in any given year* between actual or expected deliveries and capacities)
  - What, in your opinion, explains the differences?

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8. In your opinion, what could be done to improve the access to Obstetric services in Whatcom County?  

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